

**WILLOWS EVALUATION STUDY - GHANA
WOMEN'S BASELINE SURVEY, VERSION 2.0 May 2018**

GHANA

Principal Investigator: Professor Ayaga Bawah, Regional Institute for Population Studies, University of Ghana

CONSENT

INSTRUCTIONS: TAKE OUT A PAPER COPY OF THE BASELINE WOMEN CONSENT FORM. READ THE CONSENT FORM ALOUD, OR ASK THE WOMAN TO READ THROUGH IT. AT THE END OF THE CONSENT FORM, WHEN IT IS TIME TO COLLECT THE RESPONDENT'S SIGNATURE, ASK THE FOLLOWING QUESTION:

CO1	Do you consent to participate in this study?	YES	1	→END
		NO	2	

CONSENT FORM SIGNATURES

RESPONDENT SIGNATURE OR THUMBPRINT

SIGNATURE OF RESPONDENT INDICATES INFORMED CONSENT WAS PROVIDED.

				2	0	1	
DAY		MONTH		YEAR			

ENUMERATOR SIGNATURE

SIGNATURE OF ENUMERATOR CONFIRMS THAT INFORMED CONSENT WAS PROVIDED.

				2	0	1	
DAY		MONTH		YEAR			

RESPONDENT IDENTIFICATION

DISTRICT/METRO/SUBMETRO/MUNICIPALITY

COMMUNITY

CLUSTER NUMBER

HOUSEHOLD ID NUMBER

HOUSEHOLD LOCATION
/DIRECTIONS

DESCRIPTION OF HOUSE/
LANDMARKS

GPS COORDINATES

_____ Latitude _____ Longitude

RESPONDENT ID NUMBER

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RESPONDENT CONTACT INFORMATION

FULL NAME (INCLUDING COMMON NAME) _____

PRIMARY PHONE NO. OF WOMAN _____

ALTERNATE PHONE NO. OF WOMAN _____

E-MAIL OF WOMAN _____

FULL NAME (INCLUDING COMMON NAME) OF FRIEND/RELATIVE _____

PHONE NO. OF FRIEND/RELATIVE _____

LOCATION/DIRECTIONS TO FRIEND/RELATIVE _____

INTERVIEWER CONTACTS/VISITS

	1	2	3	FINAL CONTACT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NEXT CONTACT: DATE TIME	_____	_____	_____	INT. NO. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>								
				RESULT* <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
				TOTAL NUMBER OF CONTACTS <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td></tr> </table>								

*RESULT CODES: 1 COMPLETED 7 OTHER _____ 11 MOVED/MIGRATED
 2 NOT AVAILABLE SPECIFY 12 BOARDING SCHOOL
 3 RESCHEDULED 8 CANNOT LOCATE 13 DOES NOT EXIST
 4 REFUSED 9 DECEASED
 5 PARTLY COMPLETED # NOT ELIGIBLE
 6 INCAPACITATED

LANGUAGE OF QUESTIONNAIRE**

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 LANGUAGE OF INTERVIEW**

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 NATIVE LANGUAGE OF RESPONDENT**

--	--

LANGUAGE OF QUESTIONNAIRE** _____ **LANGUAGE CODES:
 01 ENGLISH 02 GA 03 ASANTI/TWI 04 EWE
 05 OTHER: _____

PLEASE ENTER THE LOCATION OF INTERVIEW HOME 1
 OTHER 2

INTRODUCTION

In this survey I will ask you questions about your health and well-being. The questions in this survey usually take less 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our research team that will analyze the information collected from all women together. 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.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
001	RECORD THE DATE OF THE INTERVIEW.	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><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> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><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> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																	
002	RECORD THE TIME INTERVIEW BEGINS.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><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> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><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>																	

1. HOUSEHOLD ROSTER

LINE NO.	USUAL RESIDENTS NAMES	RELATIONSHIP TO WOMAN RESPONDENT	SEX	YEAR OF BIRTH	AGE	IF AGE 15 OR OLDER	IF AGE 5 YEARS OR OLDER		IF AGE 5-30 YEARS		IF AGE 0-4 YEARS
							EVER ATTENDED SCHOOL	CURRENT/RECENT SCHOOL ATTENDANCE	BIRTH REGISTRATION		
101	102	103	104	105	106	107	108	109	110	111	112
	Please give me the names of the persons who usually live in your household, starting with yourself. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTION 113A AT THE END OF THE LISTING SECTION TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS 105-112 FOR EACH PERSON.	What is the relationship of (NAME) to you? SEE CODES BELOW. PROMPT: "What do you call them? She/he is my..."	Is (NAME) male or female?	In what year was (NAME) born?	How old was (NAME) on his/her last birthday?	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER AS IF MARRIED 2 = DIVORCED/SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED OR NEVER LIVED TOGETHER 9 = REFUSED	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed? SEE CODES BELOW.	Change to Is (NAME) attending school during the 2017-2018 year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE OBSERVED 2 = HAS CERTIFICATE NOT OBSERVED 3 = REGISTERED 4 = NEITHER 8 = DON'T KNOW
01		<input type="text"/>	M F 1 2	YEAR <input type="text"/>	IN YEARS <input type="text"/>	<input type="text"/>	Y N 1 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/> ↓	Y N 1 2 ↓ NEXT LINE	LEVEL GRADE <input type="text"/> <input type="text"/> ↓	<input type="text"/>
02		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>
03		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>
04		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>
05		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>
06		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>
07		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>
08		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>
09		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>
10		<input type="text"/>	1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	1 2 ↓ NEXT LINE	<input type="text"/> <input type="text"/> ↓	<input type="text"/>

CODES FOR Q. 103: RELATIONSHIP TO WOMAN RESPONDENT			CODES FOR Qs. 109 AND 111: EDUCATION										
01 = SELF	08 = BROTHER OR SISTER	16 = COUSIN	LEVEL	GRADE									
02 = HUSBAND	09 = OTHER RELATIVE	88 = DON'T KNOW	0 = NONE	80 = Pre-school	06 = P6	13 = JSS1/JHS3	21 = S3				28 = Teacher Training		
03 = SON OR DAUGHTER	10 = ADOPTED/FOSTER/STEPCHILD	99 = REFUSE	1 = PRIMARY	00 = Kindergarten	07 = M1	14 = SS1/SHS1	22 = S4				29 = Nursing		
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = NOT RELATED		2 = MIDDLE/JHS/JSS	01 = P1	08 = M2	15 = SS2/SHS2	23 = S5				30 = Polytechnic		
05 = GRANDCHILD	12 = GRANDPARENT		3 = SECONDARY	02 = P2	09 = M3	16 = SS3/SHS3					31 = University		
06 = PARENT	13 = BROTHER IN LAW/SISTER IN LAW		4 = HIGHER	03 = P3	10 = M4	18 = SHS4	25 = L6				32 = Other		
07 = PARENT-IN-LAW	14 = NIECE/NEPHEW		8 = DON'T KNOW	04 = P4	11 = JSS1/JHS1	19 = S1	26 = U6				88 = Don't know		
	15 = AUNT/UNCLE		9 = REFUSED	05 = P5	12 = JSS1/JHS2	20 = S2	27 = Voc/Tech/Agric/Computer				99 = Refused		

11		<input type="checkbox"/>	M F 1 2	YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	Y N 1 NEXT LINE ↓	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	Y N 1 2 NEXT LINE ↓	LEVEL GRADE <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	1 2 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	1 2 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
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15		<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	1 2 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	1 2 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	1 2 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	1 2 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	1 2 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	1 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	1 2 NEXT LINE ↓	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

TICK HERE IF CONTINUATION SHEET USED

113A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?

YES TO TABLE NO

2. HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																
201	Now I would like to ask you questions about your household. What is the main source of drinking water for members of your household?	PIPED WATER 1 WELL OR BOREHOLE 2 TANKER TRUCK/CART 3 RAIN/SURFACE WATER (RIVER/DAM) 4 BOTTLED/SACHET WATER 5 OTHER _____ 96 (SPECIFY) REFUSED 99																																																																																	
202	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET 1 PIT LATRINE 2 BUCKET TOILET 3 PUBLIC TOILET (KVIP) 4 NO FACILITY/BUSH/FIELD/S 5 OTHER _____ 96 (SPECIFY) REFUSED 99	→ 205																																																																																
203	Do you share this toilet facility with other households?	YES 1 NO 2 REFUSED 99	→ 205																																																																																
204	How many households use this toilet facility (including your own)?	NO. OF HOUSEHOLDS <input type="text"/> <input type="text"/> DON'T KNOW 88 REFUSED 99																																																																																	
205	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>RF</th> </tr> </thead> <tbody> <tr> <td>1 ELECTRICITY</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>2 WALL CLOCK</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>3 TELEVISION</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>4 CELL PHONE</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>5 NUMBER OF CELL PHONES</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>88</td> <td>99</td> </tr> <tr> <td>6 REFRIGERATOR</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>7 DVD VCR</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>8 CABINET</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>9 MP3</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>10 IRON</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>11 MICROWAVE</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>12 RICECOOKER.....</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>13 DECODER.....</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>14 COMPUTER</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> <tr> <td>15 WATCH</td> <td>1</td> <td>2</td> <td>88</td> <td>99</td> </tr> </tbody> </table>		YES	NO	DK	RF	1 ELECTRICITY	1	2	88	99	2 WALL CLOCK	1	2	88	99	3 TELEVISION	1	2	88	99	4 CELL PHONE	1	2	88	99	5 NUMBER OF CELL PHONES	<input type="text"/>	<input type="text"/>	88	99	6 REFRIGERATOR	1	2	88	99	7 DVD VCR	1	2	88	99	8 CABINET	1	2	88	99	9 MP3	1	2	88	99	10 IRON	1	2	88	99	11 MICROWAVE	1	2	88	99	12 RICECOOKER.....	1	2	88	99	13 DECODER.....	1	2	88	99	14 COMPUTER	1	2	88	99	15 WATCH	1	2	88	99	
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206	What type of fuel does your household mainly use for cooking?	ELECTRICITY 1 WOOD, CROP RESIDUE, SAWDUST, OR ANIMAL WASTE 2 KEROSENE OR CHARCOAL 3 LPG/GAS 4 NO FOOD COOKED IN HOUSEHOLD 95 OTHER _____ 96 (SPECIFY) REFUSED 99	→ 209																																																																																
207	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY) REFUSED 99	→ 209																																																																																
208	Do you have a separate room which is used as a kitchen?	YES 1 NO 2 REFUSED 99																																																																																	

209	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION, IF POSSIBLE OR ENQUIRE WHEN OBSERVATION IS NOT POSSIBLE	NATURAL FLOOR (EARTH OR DUNG) 1 RUDIMENTARY FLOOR (WOOD OR BAMOC 2 FINISHED FLOOR (CEMENT/CERAMIC/CAR 3 OTHER _____ 96 (SPECIFY) NOT OBSERVED / NOT REPORTED 99	
210	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION, IF POSSIBLE OR ENQUIRE WHEN OBSERVATION IS NOT POSSIBLE	NATURAL ROOFING (NONE OR THATCH) 1 RUDIMENTARY ROOFING (CARDBOARD/W 2 FINISHED ROOFING (METAL/TILE/CERAMIC 3 OTHER _____ 96 (SPECIFY) NOT OBSERVED / NOT REPORTED 99	
211	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION, IF POSSIBLE OR ENQUIRE WHEN OBSERVATION IS NOT POSSIBLE	NATURAL WALLS (CANE/PALM/TRUNKS/NC 1 RUDIMENTARY WALLS (MUD/PLASTER/WC 2 FINISHED WALLS (CEMENT/STONE/BRICK) 3 OTHER _____ 96 (SPECIFY) NOT OBSERVED / NOT REPORTED 99	
212	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/> NOT OBSERVED / NOT REPORTED 99	
213	Does any member of this household own: A bicycle? A motorcycle or motor scooter? A motorking? An animal-drawn cart (oxcart)? A car or truck? A boat with a motor?	YESNO DK RF 2 BICYCLE 1 2 88 99 3 MOTORCYCLE/SCOOTER 1 2 88 99 4 MOTORKING 1 2 88 99 5 ANIMAL-DRAWN CART 1 2 88 99 6 CAR/TRUCK 1 2 88 99 7 BOAT WITH MOTOR 1 2 88 99	
214	Does any member of this household own any agricultural land?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ 216
215	How much agricultural land do members of this household own? RECORD IN UNITS RESPONDENT USES	HECTARES 1 <input type="text"/> <input type="text"/> . <input type="text"/> ACRES 2 <input type="text"/> <input type="text"/> . <input type="text"/> PLOTS 3 <input type="text"/> <input type="text"/> . <input type="text"/> DON'T KNOW 998 REFUSED 999	
216	Does any member of this household have a bank account?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
217	Does someone in your household own your home?	YES 1 NO 2 REFUSED 99	

3. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	In which region or country were you born?	Western 1 Central 2 Greater Accra 3 Volta 4 Eastern 5 Ashanti 6 Brong Ahafo 7 Northern 8 Upper East 9 Upper West 10 Nigeria 11 Liberia 12 Sierra Leone 13 Gambia 14 Togo 15 Burkina Faso 16 Cote d'Ivoire 17 Other ECOWAS state 18 Africa other t 19 Europe 20 Americas 21 Asia 22 Oceania 23 Other (not listed): 96 Refused 99	
304	For how long have you resided in this neighborhood/area?	MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> DON'T KNOW 888 REFUSED 999	
305	What is your religion?	CATHOLIC 1 ANGLICAN 2 METHODIST 3 PRESBYTERIAN 4 PENTECOSTAL/CHARISMA 5 OTHER CHRISTIAN 6 MOSLEM 7 TRADITIONAL/SPIRITUALIS 8 NO RELIGION 9 OTHER 96 (SPECIFY) REFUSED 99	
G_3_1	How often do you attend religious services?	NEVER 9 MORE THAN ONCE PER WEEK 1 ONCE PER WEEK 2 NEARLY EVERY WEEK 3 2-3 TIMES PER MONT 4 ABOUT ONCE PER MONTH 5 SEVERAL TIMES PER YEAR 6 ONCE OR TWICE A YEAR 7 LESS THAN ONCE A YEAR 8 REFUSED 99	
306	What is your tribe or ethnic group?	AKAN 1 GA/DANGME 2 EWE 3 GUAN 4 MOLE-DAGBANI 5 GRUSI 6 GURMA 7 MANDE 8 OTHER 96 (SPECIFY) REFUSED 99	

4. REPRODUCTION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>Now I will read you a list of statements, and I would like you to tell me how many of the statements are true for you. You should not tell me which statements are true, only how many. By giving only the number of statements that are true for you, this will preserve your privacy as I will not know which statements are true for you. After I read the list, please tell me how many of these statements are true for you. First, we will complete an example:</p> <ol style="list-style-type: none"> 1. I have three children. 2. I am 22 years old. 3. I have received antenatal care during a pregnancy. 4. I have had a tetanus toxoid vaccination. <p><i>How many</i> of these statements are true for you?</p>	<p>NUMBER OF STATEMENTS <input type="text"/></p> <p>REFUSED 99</p>	
402	<p>Do you have any questions about how to answer these questions?</p>	<p>YES 1</p> <p>NO 2</p>	ANSWER QUESTIONS
403	<p>Now we will complete the first real list of statements about your health. I will read you the list of statements, and I would like you to tell me how many of these statements are true for you.</p> <ol style="list-style-type: none"> 1. I have heard of an illness called tuberculosis (TB) 2. I have been told I have hypertension or high blood pressure 3. I have ever smoked cigarettes 4. I had malaria as a child 5. I have had an induced abortion (ended a pregnancy on purpose) <p><i>How many</i> of these statements are true for you?</p>	<p>NUMBER OF STATEMENTS <input type="text"/></p> <p>REFUSED 99</p>	
404	<p>Here is the next list of statements about your health. Please tell me how many of these statements are true for you.</p> <ol style="list-style-type: none"> 1. I have had a cold in the last year 2. I have heard of an illness called diabetes (high blood sugar) 3. I know someone who has told me they are HIV-positive 4. I have been diagnosed with cancer 5. I have had an induced abortion (ended a pregnancy on purpose) <p><i>How many</i> of these statements are true for you?</p>	<p>NUMBER OF STATEMENTS <input type="text"/></p> <p>REFUSED 99</p>	
G_4_1	<p>Now I would like to ask some questions about marriage and sexual activity in order to gain a better understanding of some important life issues.</p> <p>CHECK 107: Just to make sure that I have this right: your current marital status is _____. Is that correct? <i>If NOT correct, please change the roster information and return here.</i></p> <p>EVER MARRIED <input type="checkbox"/> (Options 1,2 or 3)</p>	<p>NEVER MARRIED <input type="checkbox"/> OR NEVER LIVED TOGETHER, OR REFUSED Option 4 or 9</p>	406
405	<p>How old were you when you first got married or started living with your partner as if married?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/></p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>	

4. REPRODUCTION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
406	How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOU... 0 AGE IN YEARS ... <input type="text"/> <input type="text"/> REFUSED ... 99	501 408
407	When was the last time you had sexual intercourse? (RECORD IN UNIT RESPONDENT USES) <i>If less than 12 months ago, answer must be recorded in months, weeks, or days. Enter 0 days for today.</i>	<input type="text"/> <input type="text"/> Days ago <input type="text"/> <input type="text"/> Weeks ago <input type="text"/> <input type="text"/> Months ago <input type="text"/> <input type="text"/> Years ago DON'T KNOW ... 88 REFUSED ... 99	
408	Now I would like to ask about all the live births you have had during your life. Have you ever given birth?	YES ... 1 NO ... 2 REFUSED ... 99	420
409	How old were you when you gave birth for the first time?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW ... 88 REFUSED ... 99	
410	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ... 1 NO ... 2 REFUSED ... 99	412
411	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'. IF REFUSED, RECORD '99'	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
412	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ... 1 NO ... 2 REFUSED ... 99	414
413	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. IF REFUSED, RECORD '99'	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
414	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ... 1 NO ... 2 REFUSED ... 99	416
415	How many boys have died? And how many girls have died? IF NONE, RECORD '00'. IF REFUSED, RECORD '99'	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
416	SUM ANSWERS TO 411, 413, AND 415, AND ENTER TOTAL. IF NONE, RECORD '00'. IF REFUSED, RECORD '99'	TOTAL BIRTHS <input type="text"/> <input type="text"/>	

4. REPRODUCTION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
417	CHECK 416: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/>		411
418	CHECK 416: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		420
419	C FOR EACH BIRTH SINCE JULY 2015 (Column 1), ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
420	Now I would like to ask you some questions about pregnancy. Are you pregnant now?	YES 1 NO 2 DON'T KNOW / UNSURE 88 REFUSE! 99	if 418=1 to 424 if 418=0 425
421	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 88 REFUSE! 99	
422	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2 DON'T KNOW 88 REFUSE! 99	425
423	Did you want to have a baby later on or did you not want any more children?	LATER 1 NO MORE/NONE 2 DON'T KNOW 88 REFUSE! 99	425
424	Have you given birth within the last six months?	YES 1 NO 2 REFUSE! 99	
425	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth (no signs of life)?	YES 1 NO 2 REFUSE! 99	501
426	When did the last such pregnancy end? (RECORD IN UNIT RESPONDENT USES)	<input type="text"/> <input type="text"/> Days ago <input type="text"/> <input type="text"/> Weeks ago <input type="text"/> <input type="text"/> Months ago <input type="text"/> <input type="text"/> Years ago DON'T KNOW 88 REFUSED 99	
427	How many pregnancies were miscarried, ended by induced abortion, or ended in a stillbirth?	NUMBER OF PREGNANCY LOSSES <input type="text"/> <input type="text"/> REFUSE! 99	
428	How many pregnancies ended in a stillbirth?	NUMBER OF STILLBIRTHS <input type="text"/> <input type="text"/> NONE 00 DON'T KNOW 88 REFUSE! 99	
429	How many pregnancies were miscarried?	NUMBER OF MISCARRIAGES <input type="text"/> <input type="text"/> NONE 00 DON'T KNOW 88 REFUSE! 99	

4. REPRODUCTION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	How many pregnancies were terminated by induced abortion (intentional termination of pregnancy)?	NUMBER OF ABORTIONS <input type="text"/> <input type="text"/> NONE 00 DON'T KNOW 88 REFUSE! 99	444
431	When was the last induced abortion? (RECORD IN UNIT RESPONDENT USES)	<input type="text"/> <input type="text"/> Days ago <input type="text"/> <input type="text"/> Weeks ago <input type="text"/> <input type="text"/> Months ago <input type="text"/> <input type="text"/> Years ago DON'T KI 88 REFUSE! 99	
435	What was done to have the pregnancy terminated?	SURGICALLY (OPERATION) 1 INJECTION 2 TOOK PILLS/MEDICINES/MEDICATION ABORTION (M 3 INSERTED HERBS OR OBJECT IN WOMB, SPECIFY_ 4 TOOK HOMEMADE MEDICINE SPECIFY _____ 5 OTHER, SPECIFY 96 REFUSE! 99	439 437 439
436	What was the name of the surgical procedure used to end the pregnancy?	VACUUM ASPIRATION (MVA or EVA) 1 DILATION AND CURETTAGE (D&C)/ SHARP CURETTAGE 2 IUD INSERTION 3 OC PILLS/ TABLET 4 OTHER, SPECIFY 96 DON'T KNOW 88 REFUSE! 99	439
437	What kind of medication did you use to end the pregnancy?	MIFEPRISTONE&MISOPROSTOL (MEDABON/MARIPRIST) 1 MISOPROSTOL ALONE (MISOCLEAR/CYTOTEC) 2 ORAL CONTRACEPTIVE PILLS (Lydia, Microgynon) 3 OTHER PILLS 4 N_TABLETS 5 OTHER, SPECIFY 96 DON'T KNOW 88 REFUSE! 99	439
437B	How did you take the pills?	_____ _____ ENTER "DON'T KNOW or REFUSE" in TEXT IF NEEDED	
438	In total, how many tablets or pills did you take to end the pregnancy?	NUMBER OF PILLS <input type="text"/> <input type="text"/> NOT APPLICABLE NA DON'T KNOW 88 REFUSED 99	

4. REPRODUCTION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
432	<p>From whom/where did you receive induced abortion services the last time?</p> <p>SELECT ALL THAT APPLY</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC 11</p> <p>GOVT. HEALTH CENTER/CLINIC 12</p> <p>GOVT. HEALTH POST/CHPS 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR 16</p> <p>OTHER PUBLIC 17</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>PHARMACY 23</p> <p>CHEMICAL/DRUG STORE 24</p> <p>FP/PPAG CLINIC 25</p> <p>MATERNITY HOME 26</p> <p>PROVIDER'S HOME 37</p> <p>OTHER PRIVATE MEDICAL 27</p> <p>(SPECIFY) _____</p> <p>OTHER SOURCE</p> <p>SHOP/MARKET 31</p> <p>COMMUNITY VOLUNTEER 33</p> <p>FRIEND/RELATIVE/PARTNER 34</p> <p>NO SERVICES OBTAINED 35</p> <p>ITINERANT DRUG PEDDLER 36</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>REFUSED 99</p>	
433	<p>Where did you learn about this place (primary source of information)?</p> <p>Select only one (Probe for primary source)</p>	<p>NEIGHBOR 1</p> <p>FRIEND 2</p> <p>MOTHER 3</p> <p>MOTHER-IN-LAW 4</p> <p>HUSBAND/PARTNER 5</p> <p>OTHER RELATIVE 6</p> <p>DOCTOR 7</p> <p>NURSE/MIDWIFE WORKING AT HEALTH FACILITY 8</p> <p>COMMUNITY HEALTH WORKER MAKING A HOME VI: 9</p> <p>FIELD WORKER MAKING A HOME VISIT 10</p> <p>PHARMACIST 11</p> <p>NO ONE 12</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 88</p> <p>REFUSE!... 99</p>	
434	<p>Who influenced you the most when deciding on this place? (Select one)</p>	<p>NEIGHBOR 1</p> <p>FRIEND 2</p> <p>MOTHER 3</p> <p>MOTHER-IN-LAW 4</p> <p>HUSBAND/PARTNER 5</p> <p>OTHER RELATIVE 6</p> <p>DOCTOR 7</p> <p>NURSE/MIDWIFE WORKING AT HEALTH FACILITY 8</p> <p>COMMUNITY HEALTH WORKER MAKING A HOME VI: 9</p> <p>FIELD WORKER MAKING A HOME VISIT 10</p> <p>PHARMACIST 11</p> <p>NO ONE 12</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 88</p> <p>REFUSE!... 99</p>	
440	<p>After termination, did you experience any health problems? (Select all that apply)</p>	<p>HEAVY BLEEDING 1</p> <p>VOMITING/NAUSEA 2</p> <p>ABDOMINAL PAIN 3</p> <p>FEVER 4</p> <p>FOUL-SMELLING DISCHARGE/INFECTION 5</p> <p>NO HEALTH PROBLEMS 6</p> <p>OTHER, SPECIFY _____ 96</p> <p>REFUSED 99</p>	<p>Section 5</p>
439	<p>Did you seek care or treatment for any of these problems?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED 99</p>	<p>Section 5</p>

4. REPRODUCTION			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	<p>Where did you receive treatment for these problems?</p> <p>SELECT ALL THAT APPLY</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/POLYCLINIC 11</p> <p>GOVT. HEALTH CENTER/CLINIC 12</p> <p>GOVT. HEALTH POST/CHPS 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>FIELDWORKER/OUTREACH/ PEER EDUCATOR 16</p> <p>OTHER PUBLIC 17 (SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 18</p> <p>PRIVATE DOCTOR 19</p> <p>PHARMACY 20</p> <p>CHEMICAL/DRUG STORE 21</p> <p>FP/PPAG CLINIC 22</p> <p>MATERNITY HOME 23</p> <p>OTHER PRIVATE MEDICAL 24 (SPECIFY) _____</p> <p>OTHER SOURCE</p> <p>COMMUNITY VOLUNTEER 25</p> <p>FRIEND/RELATIVE 27</p> <p>OTHER 96 (SPECIFY) _____</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>	
442	<p>Who influenced you the most when deciding on this place?</p>	<p>NEIGHBOR 1</p> <p>FRIEND 2</p> <p>MOTHER 3</p> <p>MOTHER-IN-LAW 4</p> <p>HUSBAND/PARTNER 5</p> <p>OTHER RELATIVE 6</p> <p>DOCTOR 7</p> <p>NURSE/MIDWIFE WORKING AT HEALTH FACILITY 8</p> <p>COMMUNITY HEALTH WORKER MAKING A HOME VISIT 9</p> <p>FIELD WORKER MAKING A HOME VISIT 10</p> <p>PHARMACIST 11</p> <p>NO ONE 12</p> <p>OTHER 96 (SPECIFY) _____</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>	
443	<p>Did you receive any family planning counseling during this visit?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>	
444	<p>C FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN JULY 2015 (Col. 1) OR LATER, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH,</p>		
<p>(1) Year of fieldwork is assumed to be 2018. For fieldwork beginning in 2019 or 2020, the year should be adjusted.</p>			

5. FAMILY PLANNING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about family planning - the various ways or methods that a man and woman can use to delay or avoid a pregnancy. Have you heard of:		
1	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2 REFUSED 99	
2	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2 REFUSED 99	
3	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. (wearing loop or wearing rubber)	YES 1 NO 2 REFUSED 99	
4	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 REFUSED 99	
5	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 REFUSED 99	
6	Pill. PROBE: Women can take a pill every day to avoid become pregnant.	YES 1 NO 2 REFUSED 99	
7	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse to prevent pregnancy.	YES 1 NO 2 REFUSED 99	
8	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse to prevent pregnancy.	YES 1 NO 2 REFUSED 99	
9	Spermicides/Foam tablets. PROBE: Women can place a suppository, jelly or cream in their vagina before sexual intercourse to prevent pregnancy.	YES 1 NO 2 REFUSED 99	
10	Lactational Amenorrhea Method (LAM). PROBE: Women can exclusively breastfeed their children until 6 months of age to avoid pregnancy.	YES 1 NO 2 REFUSED 99	
11	Rhythm/Calendar 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 REFUSED 99	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2 REFUSED 99	
13	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2 REFUSED 99	

5. FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 REFUSED 99	
502	IF "NO" TO ALL of 501 SKIP. Where did you learn about any of these family planning methods? SELECT ALL THAT APPLY	NEIGHBOR 1 FRIEND 2 RELATIVE 3 HUSBAND 4 DOCTOR 5 NURSE/MIDWIFE WORKING AT HEALTH FACILITY 6 NURSE/MIDWIFE MAKING A HOME VISIT 7 FIELD WORKER MAKING A HOME VISIT 8 PHARMACIST 9 BOOK 10 NEWSPAPER OR MAGAZINE 11 TELEVISION 12 INTERNET 13 SOCIAL MEDIA 14 NO ONE 15 BILLBOARD 16 OTHER 96 _____ (SPECIFY) DON'T KNOW 88 REFUSED 99	
503	According to Ghanaian law, under what condition(s) is it legal to have an induced abortion? CIRCLE ALL THOSE MENTIONED SPONTANEOUSLY BY THE RESPONDENT	On request 1 Economic or social reasons 2 Foetal impairment 3 Rape 4 Incest 5 Intellectual or cognitive disability of the woman 6 Mental Health 7 Physical Health 8 Under no conditions/NOT LEGAL 9 Other _____ Don't know 88 Refused 99	SKIP TO 50 SKIP TO 50 SKIP TO 50
504	According to Ghanaian law, up to how many weeks of pregnancy is it permitted to have an induced abortion?	WEEKS <input type="text"/> <input type="text"/> DON'T KNOW 88 REFUSED 99	
505	What methods for induced abortion have you ever heard of? SELECT ALL THAT APPLY.	SURGERY/OPERATION 1 TABLETS/PILLS/MEDICATION ABORTION (MA) 2 HOMEMADE CONCOCTION 3 INSERTING HERBS OR OBJECT IN WOMB 4 MASSAGE 5 NONE 6 INJECTION 7 OTHER 96 _____ (SPECIFY) REFUSED 99	
506	Have you ever sought information about having an induced abortion for an unwanted pregnancy?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	} → 508

5. FAMILY PLANNING																															
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
507	Where did you get information about induced abortion? SELECT ALL THAT APPLY	NEIGHBOR 1 FRIEND 2 RELATIVE 3 HUSBAND 4 DOCTOR 5 NURSE/MIDWIFE WORKING AT HEALTH FACILITY 6 NURSE/MIDWIFE MAKING A HOME VISIT 7 FIELD WORKER MAKING A HOME VISIT 8 PHARMACIST 9 BOOK 10 NEWSPAPER OR MAGAZINE 11 TELEVISION 12 INTERNET 13 SOCIAL MEDIA 14 NO ONE 15 OTHER _____ 96 (SPECIFY) DON'T KNOW 88 REFUSED 99																													
508	In the past 2 years has any visitor come to talk with you about preventing pregnancy or terminating an unintended pregnancy?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	524																												
509	What organization(s) was/were the visitor(s) from? SELECT ALL THAT APPLY	WILLOWS 1 GOVERNMENT 2 OTHER, SPECIFY 96 DON'T KNOW 88 REFUSED 99																													
510	CHECK 509: WILLOWS IF 1 & OTHERS IF 2 OR 96 In the last 2 years, how many times did someone come to visit to provide counseling or information?	<table border="0"> <thead> <tr> <th colspan="2">WILLOWS</th> <th colspan="2">OTHERS</th> </tr> </thead> <tbody> <tr> <td>1 TIME 1</td> <td>(SKIP TO 512) ←</td> <td>1 TIME 1</td> <td>(SKIP TO 512) ←</td> </tr> <tr> <td>2 TIMES 2</td> <td></td> <td>2 TIMES 2</td> <td></td> </tr> <tr> <td>3-5 TIMES 3</td> <td></td> <td>3-5 TIMES 3</td> <td></td> </tr> <tr> <td>MORE THAN 5 TIMES 4</td> <td></td> <td>MORE THAN 5 TIMES 4</td> <td></td> </tr> <tr> <td>DON'T KNOW 88</td> <td></td> <td>DON'T KNOW 88</td> <td></td> </tr> <tr> <td>REFUSED 99</td> <td></td> <td>REFUSED 99</td> <td></td> </tr> </tbody> </table>	WILLOWS		OTHERS		1 TIME 1	(SKIP TO 512) ←	1 TIME 1	(SKIP TO 512) ←	2 TIMES 2		2 TIMES 2		3-5 TIMES 3		3-5 TIMES 3		MORE THAN 5 TIMES 4		MORE THAN 5 TIMES 4		DON'T KNOW 88		DON'T KNOW 88		REFUSED 99		REFUSED 99		
WILLOWS		OTHERS																													
1 TIME 1	(SKIP TO 512) ←	1 TIME 1	(SKIP TO 512) ←																												
2 TIMES 2		2 TIMES 2																													
3-5 TIMES 3		3-5 TIMES 3																													
MORE THAN 5 TIMES 4		MORE THAN 5 TIMES 4																													
DON'T KNOW 88		DON'T KNOW 88																													
REFUSED 99		REFUSED 99																													
511	Did the same person come to visit you more than once?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	YES 1 NO 2 DON'T KNOW 88 REFUSED 99																												
512	What gender was the person(s) who came to visit?	MALE 1 FEMALE 2 BOTH MALE AND FEMALE VISITORS 88 REFUSED 99	MALE 1 FEMALE 2 BOTH MALE AND FEMALE VISITORS 88 REFUSED 99																												
513	What topics did the person(s) talk with you about during the home visit? SELECT ALL THAT APPLY	PREGNANCY 1 FAMILY PLANNING 2 ABORTION 3 SEXUALLY TRANSMITTED INFECTIONS (STIs) 4 PAP SMEAR (CERVICAL CANCER SCREENING) 5 BREAST EXAM 6 INFERTILITY 7 OTHER _____ 96 (SPECIFY) DON'T KNOW 88 REFUSED 99	PREGNANCY 1 FAMILY PLANNING 2 ABORTION 3 SEXUALLY TRANSMITTED INFECTIONS 4 PAP SMEAR (CERVICAL CANCER SCREENING) 5 BREAST EXAM 6 INFERTILITY 7 OTHER _____ 96 (SPECIFY) DON'T KNOW 88 REFUSED 99																												
514	Were you counseled or provided information on using family planning methods?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99 (SKIP TO 516) ←	YES 1 NO 2 DON'T KNOW 88 REFUSED 99 (SKIP TO 516) ←																												

5. FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
515	Which method(s) were you counseled/given information on? CIRCLE ALL MENTIONED.	FEMALE STERILIZATION 1 MALE STERILIZATION 2 IUD 3 INJECTABLES 4 IMPLANTS 5 PILL 6 CONDOM 7 FEMALE CONDOM 8 DIAPHRAGM 9 FOAM/JELLY 10 EMERGENCY CONTRACEPTION 11 STANDARD DAYS/ CALENDAR METHOD 12 LACTATIONAL AMEN. METH 13 RHYTHM METHOD 14 WITHDRAWAL 15 N TABLET 16 OTHER _____ 17 NONE 18 DON'T KNOW/REMEMBER 88 REFUSED 99	FEMALE STERILIZA 1 MALE STERILIZATI 2 IUD 3 INJECTABLES 4 IMPLANTS 5 PILL 6 CONDOM 7 FEMALE CONDOM 8 DIAPHRAGM 9 FOAM/JELLY 10 EMERGENCY CON 11 STANDARD DAYS/ CALENDAR 12 LACTATIONAL AME 13 RHYTHM METHOD 14 WITHDRAWAL 15 N TABLET 16 OTHER _____ 17 NONE 18 DON'T KNOW/REMEMBER 88 REFUSED 99	
516	Who else (besides yourself) participated in the information sessions? CIRCLE ALL MENTIONED.	HUSBAND/PARTNER 1 MOTHER 2 DAUGHTER 3 SON 4 FRIEND/NEIGHBOR 5 OTHERS 6 NO ONE ELSE 7 REFUSED 99	HUSBAND/PART 1 MOTHEF 2 DAUGHT 3 SON 4 FRIEND/NEIGH 5 OTHERS 6 NO ONE ELSE 7 REFUSED 99	
517	Did she/he ever show you examples of contraceptive methods?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
518	Did she/he ever give you brochures or materials about contraceptive methods?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
519	Did she/he ever discuss induced abortion with you?	YES 1 NO 2 DON'T KNOW/ 88 REFUSED 99 (SKIP TO 521) ←	YES 1 NO 2 DON'T 88 REFUSED 99 (SKIP TO 521) ←	
520	Did she/he ever provide brochures or materials about induced abortion to you?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
521	Did she/he ever refer you to a health facility for family planning or reproductive health issues?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99 (SKIP TO 523) ←	YES 1 NO 2 DON'T KNOW 88 REFUSED 99 (SKIP TO 523) ←	
522	Did you go there based on this referral?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
523	Do you think the information provided by the field worker(s) was reliable?	YES 1 SOMEWHAT 2 NO 3 DON'T KNOW 88 REFUSED 99	YES 1 SOMEWHAT 2 NO 3 DON'T KNOW 88 REFUSED 99	

5. FAMILY PLANNING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524	In the past 2 years, have you visited a health facility for care for yourself (or your children)?	YES 1 NO 2 REFUSED 99	→ 526
525	Why have you not visited a health facility in the past 2 years? (Select all that apply)	TOO FAR 1 TOO EXPENSIVE 2 NO NEED 3 OTHER, SPECIFY 96 REFUSED 99	→ 539
526	During any visit in the past 2 years, did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2 REFUSED 99	→ 539
527	Which health facility did you receive family planning information from the last time? PROBE TO IDENTIFY THE TYPE OF FACILITY.	PUBLIC SECTOR GOVT. HOSPITAL/POLYCL 11 GOVT. HEALTH CENTER/CLINIC 12 GOVT. HEALTH POST/CHPS 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER/OUTRE ACH/PEER EDUCATOR/ COMMUNITY HEALTH WORKER 16 OTHER PUBLIC SECTOR 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 18 PRIVATE DOCTOR 19 PHARMACY 20 CHEMICAL/DRUG STORE 21 FP/PPAG CLINIC 22 MATERNITY HOME 23 OTHER PRIVATE MEDICAL 24 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 88 REFUSED 99	
527B	What was this health facility called? (Name)	_____	
528	Who provided you with this information or counseling (during the last visit)? SELECT ALL THAT APPLY	DOCTOR 1 NURSE 2 MIDWIFE 3 FIELDWORKER/OUTRE 4 PEER EDUCATOR 5 PHARMACIST OTHER 96 (SPECIFY) DON'T KNOW 88 REFUSED 99	

5. FAMILY PLANNING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
529	Which method(s) were you counseled on the last time? CIRCLE ALL MENTIONED.	FEMALE STERILIZATION 1 MALE STERILIZATION 2 IUD 3 INJECTABLES 4 IMPLANTS 5 PILL 6 CONDOM 7 FEMALE CONDOM 8 DIAPHRAGM 9 FOAM/JELLY 10 EMERGENCY CONTRACEPTION 11 STANDARD DAYS/ CALENDAR METHOI 12 LACTATIONAL AMEN. METHOD 13 RHYTHM METHOD 14 WITHDRAWAL 15 N TABLET 16 OTHER 17 NONE 18 DON'T KNOW/REMEMBER 88 REFUSED 99	
530	CHECK Q. 107: <input type="checkbox"/> CURRENTLY MARRIED/LIVING WITH PARTNER (Option 1)	NOT CURRENTLY MARRIED <input type="checkbox"/> OR LIVING TOGETHER WITH PARTNER (Options 2,3,4)	532
531	Did your husband/partner participate in the counseling/information session the last time?	YES 1 NO 2 REFUSED 99	
532	In which language(s) were you counseled the last time? SELECT ALL THAT APPLY.	AKAN 1 GA 2 EWE 3 NZEMA 4 DAGBANI 5 ENGLISH 6 OTHER (specify) 96 DON'T REMEMBER/DON'T KNOW 88 REFUSED 99	
533	Did the person who counseled you ask questions about your health?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
534	Were you counseled on what would happen if you chose NOT to use family planning?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
535	Do you feel that you were given enough information about family planning?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
536	Are you satisfied with the FAMILY PLANNING COUNSELING service you received at your last visit?	FULLY SATISFIED 1 SOMEWHAT SATISFIED 2 NOT SATISFIED 3 DON'T KNOW 88 REFUSED 99	
537	Do you think the family planning information provided by this service provider is reliable?	YES 1 SOMEWHAT 2 NO 3 DON'T KNOW 88 REFUSED 99	

5. FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
538	Would you recommend services from this provider to a friend or a relative in a similar situation as you?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
539	Have you <u>ever</u> used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2 REFUSED 99	<input type="checkbox"/> → 541
540	Which method(s) have you ever used? CIRCLE ALL MENTIONED.	FEMALE STERILIZATION 1 MALE STERILIZATION 2 IUD (Copper T, loop, wearing loop) 3 INJECTABLES (Depo-provera, h 4 IMPLANTS (Jadelle, Impla 5 PILL (Secure, Lydia, Microgynon, Microlut) 6 CONDOM 7 FEMALE CONDOM 8 DIAPHRAGM 9 FOAM/JELLY 10 EMERGENCY CONTRACEPTION (Postinor2, 11 STANDARD DAYS/ CALENDAR METHOI 12 LACTATIONAL AMEN. METHOD 13 RHYTHM METHOD 14 WITHDRAWAL 15 N TABLET 16 OTHER 17 NONE 18 DON'T KNOW/REMEMBER 88 REFUSED 99	
541	In choosing a contraceptive method, what feature would be most important to you? SELECT ONE-Probe for most important reason to the respondent	HOW EFFECTIVE IT IS AT PREVENTING PREGNANCY 1 CAN BE USED WITHOUT ANYONE ELSE KNOWING 2 THAT IT PROTECTS AGAINST STIs/HIV 3 NO RISK OF HARMING HEALTH 4 NO EFFECT ON REGULAR MONTHLY BLEEDING 5 NO UNPLEASANT SIDE EFFECTS 6 EASY TO USE 7 EASY TO OBTAIN 8 AFFORDABILITY 9 CAN BE USED FOR A LONG TIME WITHOUT NEED TO VISIT CLINIC OR RE-SUPPLY 10 WILL BE ABLE TO GET PREGNANT WHEN I WANT 11 OTHER 96 (SPECIFY) _____ DON'T KNOW 88 REFUSED 99	
542	CHECK Q. 539: EVER USED <input type="checkbox"/> FAMILY PLANNING	NEVER USED <input type="checkbox"/> FAMILY PLANNING	→ 548
543	CHECK Q. 420: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 555
544	Are you or your husband/partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	<input type="checkbox"/> → 547

5. FAMILY PLANNING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK Q. 539: EVER USED <input type="checkbox"/> FAMILY PLANNING	NEVER USED <input type="checkbox"/> FAMILY PLANNING	579
554	CHECK Q. 544: NOT CURRENTLY USING <input type="checkbox"/> FAMILY PLANNING	CURRENTLY USING <input type="checkbox"/> FAMILY PLANNING	556
555	You mentioned that you are not currently using a family planning method. Which method(s) did you use last? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 1 MALE STERILIZATION 2 IUD 3 INJECTABLES 4 IMPLANTS 5 PILL 6 CONDOM 7 FEMALE CONDOM 8 DIAPHRAGM 9 FOAM/JELLY 10 EMERGENCY CONTRACEPTION 11 STANDARD DAYS/ CALENDAR METHOI 12 LACTATIONAL AMEN. METHOD 13 RHYTHM METHOD 14 WITHDRAWAL 15 N TABLET 16 OTHER 17 NONE 18 DON'T KNOW/REMEMBER 88 REFUSED 99	579
556	Where did you obtain [THE LAST/CURRENT METHOD] the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. [Only for methods 1-11 in Question 545/555]	PUBLIC SECTOR GOVT. HOSPITAL/POLYCL 11 GOVT. HEALTH CENTER/CLINIC 12 GOVT. HEALTH POST/CHPS 13 FAMILY PLANNING CLINIC 14 MOBILE CLINIC 15 FIELDWORKER/O 16 OTHER PUBLIC SECTOR 17 (SPECIFY) _____ PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 18 PRIVATE DOCTOR 19 PHARMACY 20 CHEMICAL/DRUG STORE 21 FP/PPAG CLINIC 22 MATERNITY HOME 23 OTHER PRIVATE MEDICAL 24 (SPECIFY) _____ OTHER SOURCE SHOP/MARKET 25 COMMUNITY VOLUNTEER 26 FRIEND/RELATIVE 27 OTHER 96 (SPECIFY) _____ DON'T KNOW 88 REFUSED 99	557
556 B	What was the name of the facility	NAME OF FACILITY _____	
557	How many kilometers did you have to travel to reach this (SERVICE PROVIDER) to receive (LAST/CURRENT METHOD)? [Only for methods 1-11 in Question 545/555]	KM <input type="text"/> DON'T KNOW 88 REFUSED 99	

5. FAMILY PLANNING					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
558	How many minutes did it take for you to travel to this (SERVICE PROVIDER) to receive [THE LAST/CURRENT METHOD]? [Only for methods 1-11 in Question 545/555]	MINUTES	<input type="text"/>	<input type="text"/>	
		REFUSED	99		
559	What mode(s) of transportation did you use to travel to this (SERVICE PROVIDER) to receive [THE LAST/CURRENT METHOD]? [Only for methods 1-11 in Question 545/555]	NONE (RECEIVED AT HOME)			1
		WALK			2
		BICYCLE			3
		MOTORCYCLE			4
		BUS			5
		CAR / TAXI			6
		OTHER			96
		REFUSED			99
560	How much, in Ghanaian cedis, did you have to pay in total to obtain [THE LAST/CURRENT METHOD]? IF NONE ENTER '00' IF REFUSED ENTER '99' [Only for methods 1-11 in Question 545/555]	COST OF METHOD	<input type="text"/>	<input type="text"/>	
		COST OF SERVICE	<input type="text"/>	<input type="text"/>	
		TRANSPORTATION	<input type="text"/>	<input type="text"/>	
		LOST WAGES	<input type="text"/>	<input type="text"/>	
		CHILDCARE ..	<input type="text"/>	<input type="text"/>	
561	How many minutes did you have to wait at the (SERVICE PROVIDER) before you received [THE LAST/CURRENT METHOD]? [Only for methods 1-11 in Question 545/555] IF REFUSED ENTER '9999'	MINUTES	<input type="text"/>	<input type="text"/>	
562	Did you feel that you got enough information about [THE LAST/CURRENT METHOD]? [Only for methods 1-11 in Question 545/555]	YES			1
		NO			2
		DON'T KNOW			88
		REFUSED			99
563	Did you receive any counseling or information from a health or family planning worker about [THE LAST/CURRENT METHOD]? [Only for methods 1-11 in Question 545/555]	YES			1
		NO			2 → 572
		DON'T KNOW			88
		REFUSED			99
564	Did the person who counseled you explain how [THE LAST/CURRENT METHOD] works to prevent pregnancy? [Only for methods 1-11 in Question 545/555]	YES			1
		NO			2
		DON'T KNOW			88
		REFUSED			99
565	Did the person who counseled you on [THE LAST/CURRENT METHOD] explain how to use it? [Only for methods 1-11 in Question 545/555]	YES			1
		NO			2
		DON'T KNOW			88
		REFUSED			99
566	Did the person who counseled you allow you to ask questions? [Only for methods 1-11 in Question 545/555]	YES			1
		NO			2
		DON'T KNOW			88
		REFUSED			99
567	When you got [THE LAST/CURRENT METHOD], were you told by a health or family planning worker about other methods of family planning that you could use? [Only for methods 1-11 in Question 545/555]	YES			1
		NO			2
		DON'T KNOW			88
		REFUSED			99



5. FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
568	When you got [THE LAST/CURRENT METHOD], were you told by a health or family planning worker about potential side effects or problems you might have with the method(s)? [Only for methods 1-11 in Question 545/555]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
569	When you got [THE LAST/CURRENT METHOD], were you told what to do if you experienced side effects or problems? [Only for methods 1-11 in Question 545/555]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
570	When you got [THE LAST/CURRENT METHOD], were you told about any benefits? [Only for methods 1-11 in Question 545/555]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
571	When you got [THE LAST/CURRENT METHOD], were you told of any disadvantages? [Only for methods 1-11 in Question 545/555]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
576	Was the method you wanted available to you? [Only for methods 1-11 in Question 545/555]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	→ 585

5. FAMILY PLANNING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
577	What method had you wanted during that visit? RECORD ALL MENTIONED.	FEMALE STERILIZATION 1 MALE STERILIZATION 2 IUD 3 INJECTABLES 4 IMPLANTS 5 PILL 6 CONDOM 7 FEMALE CONDOM 8 DIAPHRAGM 9 FOAM/JELLY 10 EMERGENCY CONTRACEPTION 11 STANDARD DAYS/ CALENDAR METHOI 12 LACTATIONAL AMEN. METHOD 13 RHYTHM METHOD 14 WITHDRAWAL 15 N TABLET 16 OTHER 17 NONE 18 DON'T KNOW/REMEMBER 88 REFUSED 99	
578	What was the MOST important reason didn't you obtain the method you wanted?	METHOD OUT OF STOCK THAT DAY 1 METHOD NOT AVAILABLE AT ALL 2 PROVIDER NOT TRAINED TO PROVIDE METHOD 3 PROVIDER RECOMMENDED ANOTHER METHOD 4 NOT ELIGIBLE FOR METHOD 5 DECIDED NOT TO ADOPT A METHOD 6 DECIDED TO ADOPT ANOTHER METHOD 7 TOO COSTLY 8 HUSBAND/PARTNER REFUSED 9 OTHER, SPECIFY 11 DON'T KNOW 88 REFUSED 99	
572	Did you feel pressured into using [THE LAST/CURRENT METHOD]? [Only for methods 1-11 in Question 545/555]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
573	Did you feel you could say no to [THE LAST/CURRENT METHOD]? [Only for methods 1-11 in Question 545/555]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
574	Has the [THE LAST/CURRENT METHOD] caused any problems? [Only for methods 1-11 in Question 545/555]	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
575	Do you feel that you have access to a wide range of family planning methods, or only to a select few? [Only for methods 1-11 in Question 545/555]	A WIDE RANGE 1 A SELECT FEW 2 DON'T KNOW 88 REFUSED 99	
579	CHECK Q. 539: NEVER USED FAMILY PLANNING <input type="checkbox"/> EVER USED FAMILY PLANNING <input type="checkbox"/>		585
580	Do you feel that you have access to a wide range of family planning methods? READ OPTIONS ALOUD	A WIDE RANGE 1 A SELECT FEW 2 NO ACCESS 3 DON'T KNOW 88 REFUSED 99	
581	Have you ever wanted to use a method of family planning?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	585
582	Is the method of family planning you would want to use available to you?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	

5. FAMILY PLANNING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
583	What method do you want or have you wanted most recently? RECORD ALL MENTIONED.	FEMALE STERILIZATION 1 MALE STERILIZATION 2 IUD 3 INJECTABLES 4 IMPLANTS 5 PILL 6 CONDOM 7 FEMALE CONDOM 8 DIAPHRAGM 9 FOAM/JELLY 10 EMERGENCY CONTRACEPTION 11 STANDARD DAYS/ CALENDAR METHOI 12 LACTATIONAL AMEN. METHOD 13 RHYTHM METHOD 14 WITHDRAWAL 15 N TABLET 16 OTHER 17 NONE 18 DON'T KNOW/REMEMBER 88 REFUSED 99	
584	What is the MOST important reason you have not obtained the method you wanted?	METHOD OUT OF STOCK 1 METHOD NOT AVAILABLE AT ALL 2 PROVIDER NOT TRAINED TO PROVIDE METHOD 3 PROVIDER RECOMMENDED ANOTHER METHOD 4 NOT ELIGIBLE FOR METHOD 5 DECIDED NOT TO ADOPT A METHOD 6 DECIDED TO ADOPT ANOTHER METHOD 7 TOO COSTLY 8 HUSBAND/PARTNER REFUSED 9 DIFFICULT TO ACCESS HEALTH CENTER 10 OTHER, SPECIFY 11 DON'T KNOW 88 REFUSED 99	
CHECK IF MARRIED OR LIVING TOGETHER AS IF MARRIED=YES			
585	Does your husband/partner support you in your choices related to contraceptive use?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
586	CHECK: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN Q. 546 YES <input type="checkbox"/> NO <input type="checkbox"/> GO BACK TO 546 PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

5. FAMILY PLANNING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
587	<p>CHECK Q. 546</p> <p>JULY 2015 (6) OR LATER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2015 (7) OR EARLIER </p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JULY 2015 (6).</p>	
588	<p>I would like to ask you some questions about the times you or your husband/partner may have used a method to avoid getting pregnant during the last 30 months.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JULY 2015. (6) USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then? <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> * Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? * IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1. 		

607	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 1</p> <p>OTHER HOME 2</p> <p>PUBLIC SECTOR</p> <p>GOV'T HOSPITAL 3</p> <p>GOV'T HEALTH CENTER/CLINIC 4</p> <p>GOV'T HEALTH POST/CHPS 5</p> <p>MOBILE CLINIC 6</p> <p>OTHER PUBLIC SECTOR 7</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 8</p> <p>FP/PPAG CLINIC 9</p> <p>MOBILE CLINIC MATERNITY HOME 10</p> <p>11</p> <p>OTHER PRIVATE MED. SECTOR 12</p> <p>_____ (SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>REFUSED 99</p>
G_6_1	<p>Did you have a maternal health book (Pink Book) for this pregnancy?</p> <p><i>If yes, ask to see it and use pink book to confirm responses below</i></p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED 99</p>
608	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS <input type="text"/></p> <p>OBSERVED 1</p> <p>REPORTED 2</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>
609	<p>How many times did you receive antenatal care during this pregnancy (at facility or visit at home by provider)?</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>OBSERVED 1</p> <p>REPORTED 2</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>
610	<p>Did you ever receive counseling on family planning during your antenatal care?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED 99</p>

611	<p>Did anyone assist with the delivery of this baby? Who assisted?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSONS(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR ... 1</p> <p>NURSE/MIDWIFE 2</p> <p>COM. HEALTH OFFICER/ NURSE 3</p> <p>OTHER PERSON</p> <p>TRAD. BIRTH ATTENDANT/ TBA 4</p> <p>VILLAGE HEALTH VOLUNTEER 5</p> <p>TRAD. HEALTH PRACTITIONER 6</p> <p>RELATIVE/NEIGHBOUR/FRIEND 7</p> <p>OTHER 8</p> <p>_____ (SPECIFY)</p> <p>NO ONE ASSISTED 10</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>
612	<p>Where did you give birth?</p> <p>PROBE FOR THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>HOME</p> <p>RESPONDENT'S HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOV'T HOSPITAL 21</p> <p>GOV'T HEALTH CENTER/CLINIC 22</p> <p>GOV'T HEALTH POST CHPS 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PUBLIC SECTOR 26</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC 31</p> <p>FP/PPAG CLINIC 32</p> <p>MOBILE CLINIC 33</p> <p>MATERNITY HOME 34</p> <p>OTHER PRIVATE MED SECTOR 36</p> <p>_____ (SPECIFY)</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p> <p>REFUSE 99</p>

613	Did you have a post-natal care visit for this child at any time in the six weeks after the birth?	YES 1 NO 2 NO, BABY DIED..... 3 DON'T KNOW 88 REFUSE 99
614	Did you receive family planning counseling at any post-natal visit?	YES 1 NO 2 DON'T KNOW 88 REFUSE 99

7. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 107: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> EVER MARRIED/ PARTNER </div> <div style="text-align: center;"> <input type="checkbox"/> NEVER MARRIED/ LIVED WITH A MAN </div> </div>		801
GS_7_1	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8 REFUSED 99	703
GS_7_2	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	
GS_7_3	Are you the first, second, ... wife? IF REFUSED, ENTER '99'	RANK <input type="text"/> <input type="text"/>	
706	Does your husband/partner currently live with you?	YES 1 NO 2 REFUSED 99	703 703
707	How long has your husband/partner been away? RECORD IN UNIT RESPONDENT USES	MONTHS <input type="text"/> <input type="text"/> WEEKS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> DON'T KNOW 88 REFUSED 99	
703	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2 REFUSED 99	
704	CHECK 703: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> MARRIED/ LIVED WITH A MAN ONLY ONCE </div> <div style="text-align: center;"> <input type="checkbox"/> MARRIED/ LIVED WITH A MAN MORE THAN ONCE </div> </div> <p>In what month and year did you start living with your (husband/partner)?</p> <p>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONT 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 8888 REFUSED 9999	
705	How old were you when you first started living with him? IF REFUSED ENTER '99'	AGE <input type="text"/> <input type="text"/>	

SECTION 8. FERTILITY PREFERENCES & CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
801	CHECK 545: NEITHER HE OR SHE STERILIZED <input type="checkbox"/>	HE OR SHE STERILIZED <input type="checkbox"/>	SECTION 9								
802	CHECK 420: PREGNANT <input type="checkbox"/>	NOT PREGNANT OR UNSURE <input type="checkbox"/>	804								
803	Now I have some questions about the future. After the child you 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 88 REFUSE! 99	805 811								
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW '88 REFUSE! 99	807 812 810								
805	CHECK 420: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? b) 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 93 SAYS SHE CAN'T GET PREGNANT 94 AFTER MARRIAGE 95 OTHER _____ (SPECIFY) 96 DON'T KNOW 98 REFUSE! 99									810 812 810
806	CHECK 420: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	811								
807	CHECK 544: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/>	CURRENTLY USING <input type="checkbox"/>	812								
808	CHECK 805: '24' OR MORE MONTHS INTEND TO SPACE <input type="checkbox"/> OR '02' OR MORE YEARS	NOT ASKED <input type="checkbox"/> '00-23' MONTHS INTEND TO LIMIT <input type="checkbox"/> OR '00-01' YEAR	811								

SECTION 8. FERTILITY PREFERENCES & CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	<p>CHECK 804:</p> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD ↓ WANTS NO MORE/ <input type="checkbox"/> NONE ↓</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? Any other reason?</p> <p align="center">RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED 1</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX 2</p> <p>INFREQUENT SEX 3</p> <p>MENOPAUSAL/HYSTERECTOMY 4</p> <p>CAN'T GET PREGNANT 5</p> <p>NOT MENSTRUATED SINCE LAST BIRTH 6</p> <p>BREASTFEEDING 7</p> <p>UP TO GOD/FATALISTIC 8</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 9</p> <p>HUSBAND/PARTNER OPPOSED 10</p> <p>OTHERS OPPOSED 11</p> <p>RELIGIOUS PROHIBITION 12</p> <p>STIGMATIZING TO USE IN COMMUNITY 13</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 14</p> <p>KNOWS NO SOURCE 15</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS 16</p> <p>LACK OF ACCESS/TOO FAR 17</p> <p>METHOD COSTS TOO MUCH 18</p> <p>VISIT TO CLINIC COSTS TOO MUCH 19</p> <p>CLINIC OPERATING HOURS LIMITED 20</p> <p>NO DOCTOR OR PROVIDER AVAILABLE 21</p> <p>PREFERRED METHOD NOT AVAILABLE 22</p> <p>NO METHOD AVAILABLE 23</p> <p>INCONVENIENT TO USE 24</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 25</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 88</p> <p>REFUSE! 99</p>	
810	<p>CHECK 544: USING A CONTRACEPTIVE METHOD?</p> <p>NOT <input type="checkbox"/> ASKED ↓ NO, NOT <input type="checkbox"/> CURRENTLY USING ↓ YES, <input type="checkbox"/> CURRENTLY USING →</p>		812
811	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 88</p> <p>REFUSE! 99</p>	
812	<p>CHECK 410 & 412:</p> <p>HAS LIVING <input type="checkbox"/> CHILDREN ↓ NO LIVING <input type="checkbox"/> CHILDREN ↓</p> <p>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? b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p align="center">PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 0 →</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>_____</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>	814

SECTION 8. FERTILITY PREFERENCES & CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
813	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?	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>BOYS</th> <th>GIRLS</th> <th>EITHER</th> </tr> </thead> <tbody> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </tbody> </table> <p>NUMBER . . . _____</p> <p>DON'T KNOW 88</p> <p>REFUSED 99</p>	BOYS	GIRLS	EITHER				
BOYS	GIRLS	EITHER							
814	CHECK 544: USING A CONTRACEPTIVE METHOD? CHECK MARRIAGE: IN A MARRIAGE OR PARTNERSHIP? <p align="center"> NOT CURRENTLY <input type="checkbox"/> AND MARRIED/PARTNER → 817 CURRENTLY <input type="checkbox"/> USING AND MARRIED/PARTNER NOT MARRIED/IN PARTNERSHIP → 820 </p>								
815	Does your husband/partner know that you are using a method of family planning?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 88</p> <p>REFUSE!... .. 99</p>	→ 818						
816	Now I have some questions about your current situation. Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER 2</p> <p>RESPONDENT & H 3</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 88</p> <p>REFUSE!... .. 99</p>	→ 818						
817	Now I have some questions about your current situation. Would you say that NOT using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER 2</p> <p>RESPONDENT & H 3</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 88</p> <p>REFUSE!... .. 99</p>							
818	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 88</p> <p>REFUSE!... .. 99</p>							
819	If you were to not use/since you are not using any family planning method, how likely do you think it is that you will become pregnant during the next year?	<p>LIKELY 1</p> <p>UNSURE/NEUTRAL 2</p> <p>UNLIKELY 3</p> <p>REFUSE!... .. 99</p>							
820	CHECK 544: USING A CONTRACEPTIVE METHOD? <p align="center"> CURRENTLY <input type="checkbox"/> USING ↓ NOT CURRENTLY <input type="checkbox"/> USING → 825 </p>								
821	If you were to continue to use your family planning method, how likely do you think it is that you would become pregnant during the next year?	<p>LIKELY 1</p> <p>UNSURE/NEUTRAL 2</p> <p>UNLIKELY 3</p> <p>REFUSE!... .. 99</p>							
822	Different methods of family planning vary in how effective or ineffective they are in preventing pregnancy. How effective do you think that your family planning method is in preventing pregnancy? READ OPTIONS OUT LOUD	<p>EFFECTIVE 1</p> <p>SOMEWHAT EFFE 2</p> <p>UNSURE/NEUTRAL 3</p> <p>SOMEWHAT INEFF 4</p> <p>INEFFECTIVE 5</p> <p>REFUSE!... .. 99</p>							

SECTION 8. FERTILITY PREFERENCES & CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
823	Different methods of family planning vary in how convenient they are to use. How convenient is it to use your family planning method? READ OPTIONS OUT LOUD	CONVENIENT 1 SOMEWHAT CONV..... 2 UNSURE/NEUTRAL..... 3 SOMEWHAT INCONV..... 4 INCONVENIENT 5 REFUSEI... .. 99	
824	Women may experience side-effects or discomfort while using a family planning method. How often do you experience any side-effect(s) or discomfort in use of your family planning method?	NEVER 1 SOMETIMES 2 OFTEN 3 ALL THE TIME 4 DON'T KNOW 88 REFUSEI... .. 99	
825	CHECK 420: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 830	
826	If you were to get pregnant within the next year, would you look forward to telling your husband/partner? [ONLY ASK IF MARRIED]	YES 1 NO 2 DON'T KNOW 88 REFUSEI... .. 99	
827	If you were to get pregnant within the next year, would you look forward to telling your parents you were pregnant?	YES 1 NO 2 PARENTS DECEASED 3 DON'T KNOW 88 REFUSEI... .. 99	
828	If you were to get pregnant within the next year, would you be worried about how to financially support the child?	YES 1 NO 2 DON'T KNOW 88 REFUSEI... .. 99	
829	If you were to get pregnant within the next year, would you consider terminating the pregnancy?	YES 1 NO 2 DON'T KNOW 88 REFUSEI... .. 99	Skip to section 9
830	When you got pregnant with this pregnancy, did you look forward to telling your husband/partner? [ONLY ASK IF MARRIED]	YES 1 NO 2 DON'T KNOW 88 REFUSEI... .. 99	
831	When you got pregnant with this pregnancy,, did you look forward to telling your parents you were pregnant?	YES 1 NO 2 PARENTS DECEASED 3 DON'T KNOW 88 REFUSEI... .. 99	
832	When you got pregnant with this pregnancy, were you worried about how to financially support the child?	YES 1 NO 2 DON'T KNOW 88 REFUSEI... .. 99	
833	When you got pregnant with this pregnancy, did you consider terminating the pregnancy?	YES 1 NO 2 DON'T KNOW 88 REFUSEI... .. 99	

9. HUSBAND'S BACKGROUND AND WOMEN'S STATUS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 107: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 903 → 904
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
902B	Can your (husband/partner) read a phrase/sentence in English?	YES 1 NO 2 DON'T KNOW 88 REFUSED 99	
903	CHECK 107: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/partner's occupation? That is, what kind of work did he mainly do?	AGRICULTURE AND LIVE 1 DAILY WAGE LABOURER 2 CIVIL SERVANT 3 OTHER PRIVATE SERVICE HOLD 4 BUSINESS/ PETTY BUSIN 5 STUDENT 6 HOUSE WIFE 7 OTHER 88 (SPECIFY) REFUSED 99	
904	Aside from your own house chores, have you done any work in the last seven days?	YES 1 NO 2 REFUSED 99	→ 908
905	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work, aside from household chores?	YES 1 NO 2 REFUSED 99	→ 908
906	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reasons?	YES 1 NO 2 REFUSED 99	
907	Have you done any work in the last 12 months?	YES 1 NO 2 REFUSED 99	→ → 909
908	What is your occupation, that is, what kind of work do you mainly do?	AGRICULTURE AND LIVE 1 DAILY WAGE LABOURER 2 CIVIL SERVANT 3 OTHER PRIVATE SERVICE HOLD 4 BUSINESS/ PETTY BUSIN 6 STUDENT 7 HOUSE WIFE 8 OTHER 88 (SPECIFY) REFUSED 99	

909	CHECK 107: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED/LIVING WITH A MAN AS IF MARRIED <input type="checkbox"/> </div> <div style="text-align: center;"> NOT MARRIED OR LIVING WITH MAN AS IF MARRIED <input type="checkbox"/> </div> </div>	919															
910	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly? [ONLY IF 908 NOT SKIPPED]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">RESPONDENT</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">HUSBAND/PARTNER</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">RESPONDENT</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">OTHER _____</td> <td style="text-align: right; padding: 2px;">96</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">(SPECIFY)</td> </tr> <tr> <td style="padding: 2px;">DON'T KNC</td> <td style="text-align: right; padding: 2px;">88</td> </tr> <tr> <td style="padding: 2px;">REFUSED</td> <td style="text-align: right; padding: 2px;">99</td> </tr> </table>	RESPONDENT	1	HUSBAND/PARTNER	2	RESPONDENT	3	OTHER _____	96	(SPECIFY)		DON'T KNC	88	REFUSED	99	
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DON'T KNC	88																
REFUSED	99																
911	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same? [ONLY IF 908 NOT SKIPPED]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">MORE THAN HIM</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">LESS THAN HIM</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">ABOUT THE SAME</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY</td> <td style="text-align: right; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">DON'T KNOW</td> <td style="text-align: right; padding: 2px;">8</td> </tr> <tr> <td style="padding: 2px;">REFUSED</td> <td style="text-align: right; padding: 2px;">99</td> </tr> </table>	MORE THAN HIM	1	LESS THAN HIM	2	ABOUT THE SAME	3	HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY	4	DON'T KNOW	8	REFUSED	99			
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912	Who usually decides how your (husband's/partner's) earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">RESPONDENT</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">HUSBAND/PARTNER</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">RESPONDENT AND HUSBAND/PARTNER JOINTLY</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">HUSBAND/PARTNER HAS NO EARNINGS</td> <td style="text-align: right; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">OTHER _____</td> <td style="text-align: right; padding: 2px;">6</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">(SPECIFY)</td> </tr> <tr> <td style="padding: 2px;">REFUSED</td> <td style="text-align: right; padding: 2px;">99</td> </tr> </table>	RESPONDENT	1	HUSBAND/PARTNER	2	RESPONDENT AND HUSBAND/PARTNER JOINTLY	3	HUSBAND/PARTNER HAS NO EARNINGS	4	OTHER _____	6	(SPECIFY)		REFUSED	99	
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913	Do you feel comfortable expressing your opinions to your husband/partner on working outside the home?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">DON'T KNC</td> <td style="text-align: right; padding: 2px;">88</td> </tr> <tr> <td style="padding: 2px;">REFUSED</td> <td style="text-align: right; padding: 2px;">99</td> </tr> </table>	YES	1	NO	2	DON'T KNC	88	REFUSED	99							
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914	Do you feel comfortable expressing your opinions to your husband/partner on going out unescorted?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">DON'T KNC</td> <td style="text-align: right; padding: 2px;">88</td> </tr> <tr> <td style="padding: 2px;">REFUSED</td> <td style="text-align: right; padding: 2px;">99</td> </tr> </table>	YES	1	NO	2	DON'T KNC	88	REFUSED	99							
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NO	2																
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REFUSED	99																
915	Do you feel comfortable expressing your opinions to your husband/partner on the education and care of your children?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">DON'T KNC</td> <td style="text-align: right; padding: 2px;">88</td> </tr> <tr> <td style="padding: 2px;">REFUSED</td> <td style="text-align: right; padding: 2px;">99</td> </tr> </table>	YES	1	NO	2	DON'T KNC	88	REFUSED	99							
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NO	2																
DON'T KNC	88																
REFUSED	99																

916	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner both, jointly, another member of your household, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 OTHER MALE = 4 OTHER FEMALE = 6 88=DON'T KNOW 99=REFUSED 1 2 3 4 5 6 88 99	
917	Who usually makes decisions about making major household purchases?	CODES AS ABOVE 1 2 3 4 5 6 88 99	
918	Who usually makes decisions about visits to your family or relatives?	CODES AS ABOVE 1 2 3 4 5 6 88 99 →	
919	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4 REFUSEI. 99	
920	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4 REFUSED 99	
922	In your opinion, is a husband/partner justified in hitting or beating his wife in any of the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK R 1 GOES OUT 1 2 88 99 2 NEGL. CHILDREN 1 2 88 99 3 ARGUES 1 2 88 99 4 REFUSES SEX 1 2 88 99 5 BURNS FOOD 1 2 88 99	
923	Have you heard of these illnesses? (1)HIV/AIDS (2)Hepatitis B (3)Syphilis (4)Dysentery (5)Gonorrhea (6)Genital herpes (7)Genital warts	YES NO M DK R 1 2 3 88 99 1 2 3 88 99 1 2 3 88 99 1 2 3 88 99 1 2 3 88 99 1 2 3 88 99 1 2 3 88 99	
924	Do you think that you have enough information about these types of illnesses?	YES..... 1 NO 2 DON'T KNOW 88 REFUSE..... 99	

925	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES..... 1 NO 2 DON'T KNOW/UNSURE 88 REFUSE..... 99	
926	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 88 REFUSE..... 99	
927	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES..... 1 NO 2 DON'T KNOW 88 REFUSE..... 99	
928	Sometimes women have small, red or flesh colored bumps and blisters in the private area. During the last 12 months, have you ever had these?	YES..... 1 NO 2 DON'T KNOW 88 REFUSE..... 99	
929	If YES ON ANY OF 926/927/928, ASK: The last time you that condition, did you seek any kind of advice or treatment?	YES..... 1 NO 2 DON'T KNOW 88 REFUSE..... 99	1001
930	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL/P 11 GOVT. HEALTH CENTER/CLI 12 GOVT. HEALTH POST/CHPS 13 FAMILY PLANNING CLII 14 MOBILE CLINI 15 FIELDWORKE 16 OTHER PUBLIC SECTOR 17 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 18 PRIVATE DOCTOR 19 PHARMACY 20 CHEMICAL/DRUG STORE 21 FP/PPAG CLINIC 22 MATERNITY HOME 23 OTHER PRIVATE MEDICAL 24 (SPECIFY) OTHER SOURCE SHOP/MARKET 25 COMMUNITY VOLUNTEER 26 FRIEND/RELATIVE 27 OTHER 96 (SPECIFY) DON'T KNC 88 REFUSEI 99	

10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																						
1001	<p>Many different factors can prevent women from getting family planning advice or treatment for themselves. When you want to get family planning advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Not wanting to go alone?</p> <p>Not having time because of work?</p> <p>No one to look after children?</p>	<table border="0"> <tr> <td></td> <td align="center">BIG PROB- LEM</td> <td align="center">NOT A BIG PROB- LEM</td> <td align="center">DK</td> <td align="center">R</td> <td></td> </tr> <tr> <td>1 PERMISSION TO GO</td> <td align="center">1</td> <td align="center">2</td> <td></td> <td align="center">#</td> <td align="center">99</td> </tr> <tr> <td>2 GETTING MONEY</td> <td align="center">1</td> <td align="center">2</td> <td></td> <td align="center">#</td> <td align="center">99</td> </tr> <tr> <td>3 DISTANCE</td> <td align="center">1</td> <td align="center">2</td> <td></td> <td align="center">#</td> <td align="center">99</td> </tr> <tr> <td>4 GO ALONE</td> <td align="center">1</td> <td align="center">2</td> <td></td> <td align="center">#</td> <td align="center">99</td> </tr> <tr> <td>5 NO TIME DUE TO WORK</td> <td align="center">1</td> <td align="center">2</td> <td></td> <td align="center">#</td> <td align="center">99</td> </tr> <tr> <td>6 NO CHILDCARE</td> <td></td> <td align="center">1 2</td> <td></td> <td align="center">#</td> <td align="center">99</td> </tr> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	DK	R		1 PERMISSION TO GO	1	2		#	99	2 GETTING MONEY	1	2		#	99	3 DISTANCE	1	2		#	99	4 GO ALONE	1	2		#	99	5 NO TIME DUE TO WORK	1	2		#	99	6 NO CHILDCARE		1 2		#	99													
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5 NO TIME DUE TO WORK	1	2		#	99																																																				
6 NO CHILDCARE		1 2		#	99																																																				
1002	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p> <p>REFUSED #</p>	<p>→ 1005</p>																																																						
1003	What type of health insurance are you covered by? RECORD ALL MENTIONED.	<p>NATIONAL/DISTRICT HEALTH INSURANCE (NHIS) 1</p> <p>HEALTH INSURANCE THROUGH EMPLOYEE 2</p> <p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE 3</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE 4</p> <p>OTHER _____ #</p> <p align="center">(SPECIFY)</p> <p>DON'T KNC #</p> <p>REFUSED #</p>																																																							
GH_10_1	Can I see your insurance card or other evidence of this insurance cover?	<p>Yes, Card seen with current cover 1</p> <p>Yes, Card seen but no current cover 2</p> <p>No, Card not seen 3</p> <p>REFUSED #</p>																																																							
1004	<p>Does your insurance cover any of the following maternity benefits:</p> <p>a) Antenatal health care?</p> <p>b) Childbirth health care in a health facility?</p> <p>c) Postnatal health care for the mother?</p> <p>d) Postnatal health care for the child?</p> <p>e) Cash benefits during maternity leave?</p> <p>f) Family planning methods or services?</p> <p>g) Abortion services?</p> <p>h) Other?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> <td align="center">RF</td> <td></td> </tr> <tr> <td>1 ANTENATAL (ANC)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">#</td> <td></td> <td align="center">99</td> </tr> <tr> <td>2 CHILDBIRTH</td> <td align="center">1</td> <td align="center">2</td> <td align="center">#</td> <td></td> <td align="center">99</td> </tr> <tr> <td>3 PNC MOTHER</td> <td align="center">1</td> <td align="center">2</td> <td align="center">#</td> <td></td> <td align="center">99</td> </tr> <tr> <td>4 PNC CHILD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">#</td> <td></td> <td align="center">99</td> </tr> <tr> <td>5 CASH BENEFITS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">#</td> <td></td> <td align="center">99</td> </tr> <tr> <td>6 FAMILY PLANNING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">#</td> <td></td> <td align="center">99</td> </tr> <tr> <td>7 ABORTION</td> <td align="center">1</td> <td align="center">2</td> <td align="center">#</td> <td></td> <td align="center">99</td> </tr> <tr> <td>8 OTHER</td> <td align="center">1</td> <td align="center">2</td> <td align="center">#</td> <td></td> <td align="center">99</td> </tr> </table>		YES	NO	DK	RF		1 ANTENATAL (ANC)	1	2	#		99	2 CHILDBIRTH	1	2	#		99	3 PNC MOTHER	1	2	#		99	4 PNC CHILD	1	2	#		99	5 CASH BENEFITS	1	2	#		99	6 FAMILY PLANNING	1	2	#		99	7 ABORTION	1	2	#		99	8 OTHER	1	2	#		99	
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8 OTHER	1	2	#		99																																																				
1005	RECORD THE TIME.	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>																																																							

FOLLOW-UP INFORMATION

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Thank you for this information. We are planning to conduct follow-up interviews with some women whom we are interviewing now. If you are selected for a follow-up interview, you will be contacted beforehand using the contact information that you have given us, and you will be provided with information on how to participate in the interview.

CONTACT 1

FULL NAME: _____

RELATIONSHIP TO YOU: _____

LOCATION OF HOUSE/DIRECTIONS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT 2

FULL NAME: _____

RELATIONSHIP TO YOU: _____

LOCATION OF HOUSE/DIRECTIONS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

OTHER HOUSEHOLD CONTACT:

What is the name and phone number of someone else within your household?

NAME: _____

PHONE: _____

RELATIONSHIP TO YOU: _____

PLANS TO MOVE:

Does your family/household have any plans to move in the next two years? YES NO

IF YES: Where do you plan to move to? LOCATION: _____

CONTRACEPTIVE CALENDAR

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE**

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J RHYTHM METHOD/STANDARD DAYS METHOD/CYCLEBEADS
- K LACTATIONAL AMENORRHEA METHOD
- L N_TABLET
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
 (SPECIFY)
- Z DON'T KNOW

* Year of fieldwork is assumed to be 2018. For fieldwork beginning in 2019 or 2020, the years should be adjusted.

** Response categories may be added for other methods, including fertility awareness methods.

			1	2	
12 DEC	1				
11 NOV	2				
10 OCT	3				
9 SEP	4				
2 8 AUG	5				2
0 7 JUL	6				0
1 6 JUN	7				1
8 5 MAY	8				8
* 4 APR	9				*
3 MAR	10				
2 FEB	11				
1 JAN	12				
<hr/>					
12 DEC	13				
11 NOV	14				
10 OCT	15				
9 SEP	16				
2 8 AUG	17				2
0 7 JUL	18				0
1 6 JUN	19				1
7 5 MAY	20				7
* 4 APR	21				*
3 MAR	22				
2 FEB	23				
1 JAN	24				
<hr/>					
12 DEC	25				
11 NOV	26				
10 OCT	27				
9 SEP	28				
2 8 AUG	29				2
0 7 JUL	30				0
1 6 JUN	31				1
6 5 MAY	32				6
* 4 APR	33				*
3 MAR	34				
2 FEB	35				
1 JAN	36				
<hr/>					
12 DEC	37				
11 NOV	38				
10 OCT	39				
9 SEP	40				
2 8 AUG	41				2
0 7 JUL	42				0
1 6 JUN	43				1
5 5 MAY	44				5
* 4 APR	45				*
3 MAR	46				
2 FEB	47				
1 JAN	48				

END OF SURVEY:

You have now reached the end of the interview. Thank you for your time and responses. This has been extremely helpful. As I said in the beginning, the purpose of this discussion was to help us learn about women's health in Ghana I also want to remind you that all of your responses will remain confidential.

Do you have any further questions for me at this time?

Thank you again for your help.

SIGNATURE OF INTERVIEWER: _____ DATE: _____

END. GO TO INTERVIEWER OBSERVATIONS.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

EDITOR'S OBSERVATIONS
