

MAN'S INFORMATION PANEL		MM
<i>This questionnaire is to be administered to all men age 15 through 59 (see column HL7A of Household Listing Form). Fill in one form for each eligible man.</i>		
MM1. Cluster Number: ___ ___ ___	MM2. Household number: ___ ___	
MM3. Man's name: _____	MM4. Man's line number: ___ ___	
MM5. Interviewer name and number: _____ Name _____	MM6. Day / Month / Year of interview: ___ ___ / ___ ___ / 2011	
Name of Region: _____	Name of District: _____	

Repeat greeting if not already read to this man:

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

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

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

MAY I START NOW?

- Yes, permission is given ⇒ Go to MM10 to record the time and then begin the interview.*
- No, permission is not given ⇒ Complete MM7. Discuss this result with your supervisor.*

MM7. Result of man's interview	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (<i>specify</i>) _____ 96
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MM8. Field edited by (Name and number): Name _____	MM9. Data entry clerk (Name and number): Name _____
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MM10. Record the time.	Hour and minutes : ..	
MAN'S BACKGROUND		MB
MB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month 98 Year DK year 9998	
MB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MB1 and/or MB2 if inconsistent</i>	Age (in completed years).....	
MB3. HAVE YOU EVER ATTENDED SCHOOL? (INCLUDING PRESCHOOL)	Yes 1 No 2	2⇒MB7
MB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Middle/JSS/JHS 2 Secondary/SSS/SHS 3 Voc/Comm/Tech 4 Post Secondary (Nursing/Teacher Trg) 5 Tertiary 6	0⇒MB7
MB5. WHAT IS THE HIGHEST CLASS/YEAR YOU COMPLETED AT THAT LEVEL? <i>If no class/year completed at that level, enter "0"</i>	Class/Year	
MB6. Check MB4: <input type="checkbox"/> <i>Secondary or Higher (MB4=3 or MB4=4 or MB4=5 or MB4=6) ⇒ Go to MB8</i> <input type="checkbox"/> <i>Primary /Middle/JSS/JHS (MB4=1 or MB4=2) ⇒ Continue with MB7</i>		
MB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language _____ 4 <i>(specify language)</i> Blind/mute, visually/speech impaired 5	

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

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY

AC

AC1. Check MB7:

- Question left blank (Respondent has Secondary or Higher education) ⇒ Continue with AC2
- Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with AC2
- Cannot read at all or blind (codes 1 or 5) ⇒ Go to AC3

AC2. DO YOU READ A NEWSPAPER OR MAGAZINE ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
AC3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
AC4. DO YOU WATCH TELEVISION ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
AC6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒AC9
AC7. HAVE YOU EVER USED A COMPUTER IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒AC9
AC8. DURING THE LAST ONE MONTH, DID YOU USE A COMPUTER ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	
AC9. HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒NEXT MODULE
AC10. HAVE YOU EVER USED THE INTERNET IN THE LAST 12 MONTHS? <i>If necessary, probe for use from any location, with any device</i>	Yes 1 No 2	2⇒NEXT MODULE
AC11. DURING THE LAST ONE MONTH, DID YOU USE THE INTERNET ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all 4	

MARRIAGE/UNION		MU
MU1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married 1 Yes, cohabiting with a woman..... 2 No, not in union 3	2⇒MU1B 3⇒MU5
MU1A. WHAT TYPE OF MARRIAGE?	Consensual union..... 01 Customary marriage only 02 Customary and religious..... 03 Civil marriage only 04 Customary and civil 05 Customary, religious and civil..... 06 Betrothed(incl. customary not completed). 07 Other (<i>specify</i>) _____ 96 DK..... 98	
MU1B. HOW MANY WOMEN DO YOU CURRENTLY LIVE WITH (MARRIED OR AS IF MARRIED)?	Number of women _ _	
If only one wife MU2. HOW OLD IS YOUR WIFE/PARTNER? <i>Probe:</i> HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY? If more than one wife MU2A. HOW OLD IS YOUR YOUNGEST WIFE/PARTNER (RANK)? <i>Probe:</i> HOW OLD WAS YOUR YOUNGEST WIFE/PARTNER ON HER LAST BIRTHDAY?	Age in years _ _ DK 98	⇒MU8 ⇒MU8
MU5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a woman..... 2 No 3	3⇒Next Module
MU6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced 2 Separated 3	
MU7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	
MU8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month..... _ _ DK month..... 98 Year _ _ _ _ DK year..... 9998	⇒ Next Module
MU9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years..... _ _	

ATTITUDE TOWARDS CONTRACEPTION		MR
MR1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.		
MR2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU OR (ANY OF) YOUR WIFE(S)/PARTNER(S) CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID HER GETTING PREGNANT?	Yes 1 No 2 DK 8	2⇒MR4 8⇒MR4
MR3. WHAT ARE YOU / ANY OF YOUR WIFE(S)/PARTNER(S) DOING TO DELAY OR AVOID A PREGNANCY? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization A Male sterilization B IUD C Injectables D Implants E Pill F Male condom G Female condom H Diaphragm I Foam / Jelly J Lactational amenorrhoea method (LAM) K Periodic abstinence / Rhythm L Withdrawal M LNG-IUS N Other (<i>specify</i>) X	} NEXT MODULE
MR4. WOULD YOU YOURSELF USE OR WOULD YOU ALLOW (ANY OF) YOUR WIFE(S)/PARTNER(S) TO USE ANY SUCH METHODS?	Yes 1 No 2 DK / not sure / depends 8	
MR5. WHY WOULDN'T YOU ALLOW YOUR WIFE(S)/PARTNER(S) TO USE ANY SUCH METHODS? <i>Probe: ANY OTHER REASON? Record all reasons mentioned.</i>	Religious beliefs A Partner refuses B Can't afford / expensive C Side effects D Not sexually active E Do not wish to avoid pregnancy F Encourages promiscuity G Other (<i>specify</i>) X	

BEHAVIOUR CHANGE COMMUNICATION ON MALARIA		MC
<p>MC1. NOW I WOULD LIKE YOU TO TALK ABOUT MALARIA</p> <p>IN YOUR OPINION, WHAT CAUSES MALARIA?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Eating sweet foods.....A</p> <p>Standing/ working in the sun.....B</p> <p>Eating contaminated food C</p> <p>Mosquito bites D</p> <p>Malaria parasite (<i>p. falciparum</i>)E</p> <p>Hereditary.....F</p> <p>Dirty surroundings G</p> <p>Weedy surroundings and stagnant water .. H</p> <p>Other (<i>specify</i>).....X</p> <p>DKZ</p>	
<p>MC2. HOW WOULD YOU KNOW THAT SOMEONE HAS MALARIA?</p> <p><i>Probe:</i> WHAT ELSE?</p>	<p>Hot body feverA</p> <p>Vomiting/DiarrheaB</p> <p>Strong headaches/Dizziness..... C</p> <p>Loss of appetite D</p> <p>Weakness of the bodyE</p> <p>Cough.....F</p> <p>Chills.....G</p> <p>Bitterness in the mouth H</p> <p>Other (<i>specify</i>).....X</p> <p>DKZ</p>	
<p>MC3. HOW CAN ONE PROTECT HIM/HERSELF AGAINST MALARIA?</p>	<p>Sleep under a mosquito netA</p> <p>Sleep under a insecticide treated mosquito net.....B</p> <p>Use Mosquito repellent C</p> <p>Avoid mosquito bites D</p> <p>Clear Weeds around the houseE</p> <p>Fill in Stagnant waters (puddles).....F</p> <p>Keep surrounding clean G</p> <p>Put mosquito screen window H</p> <p>Other (<i>specify</i>).....X</p> <p>DKZ</p>	
<p>MC4. CAN MALARIA BE TREATED?</p>	<p>Yes 1</p> <p>No..... 2</p> <p>DK 8</p>	
<p>MC5. IN THE PAST SIX MONTHS, HAVE YOU SEEN OR HEARD ANY MALARIA MESSAGES?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒MC10

BEHAVIOUR CHANGE COMMUNICATION ON MALARIA				MC																									
<p>MC6. WHAT MESSAGES ABOUT MALARIA HAVE YOU SEEN OR HEARD IN THE PAST 6 MONTHS?</p> <p><i>Probe:</i> WHAT ELSE?</p> <p><i>Circle all that mentioned</i></p>	<p>If have fever go to health facility A</p> <p>Sleep under a insecticide treated mosquito net B</p> <p>Pregnant women should take drugs to prevent malaria C</p> <p>Malaria kills D</p> <p>Other (<i>specify</i>) X</p> <p>None Y</p> <p>DK/Don't remember Z</p>																												
<p>MC7. IN THE PAST SIX MONTHS, HAVE YOU SEEN/HEARD ANY OF THE FOLLOWING MALARIA MESSAGES ON TELEVISION OR RADIO:</p> <p>[A] NANA BORO'S "AHA YE DE-NTONTOM BE WU" MUSIC VIDEO/SONG?</p> <p>[B] ADVERT WHERE WOMAN DOESN'T WANT TO STAY THE NIGHT WITH THE MAN UNLESS HE HAS A TREATED NET?</p> <p>[C] SHORT DOCUMENTARIES FEATURING THE TRUE STORIES OF GHANAIAN FAMILIES CHILDREN SUFFERING EPILEPSY AND LEARNING DISABILITIES DUE TO SEVERE MALARIA?</p> <p>[D] ADVERT WHERE PEOPLE FROM ALL WALKS OF LIFE ARE SLEEPING UNDER TREATED NETS?</p>	<table border="1"> <thead> <tr> <th></th> <th>Yes on TV</th> <th>Yes on radio</th> <th>Yes on both</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>B</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>C</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>D</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		Yes on TV	Yes on radio	Yes on both	No	A	1	2	3	4	B	1	2	3	4	C	1	2	3	4	D	1	2	3	4			
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C	1	2	3	4																									
D	1	2	3	4																									
<p>MC8 DURING THE PAST 6 MONTHS, HAVE YOU SEEN/HEARD ANY ADVERT ON THE USE OF ACT WITH GREEN LEAF?</p>	<p>Yes.....1</p> <p>No2</p>			2⇒MC10																									
<p>MC9. WHERE DID YOU SEE/HEAR THE ADVERT ON THE USE OF ACT WITH GREEN LEAF?</p> <p><i>Probe:</i> ANY OTHER MEDIA?</p>	<p>TV A</p> <p>Radio B</p> <p>Newspaper/Magazine C</p> <p>Poster /Leaflets D</p> <p>Billboard E</p> <p>Other (<i>specify</i>) X</p> <p>DK/Don't remember Z</p>																												
<p>MC10. HAVE YOU PARTICIPATED IN ANY COMMUNITY EVENT EDUCATING COMMUNITY MEMBERS ON PREVENTION AND CONTROL OF MALARIA?</p>	<p>Yes.....1</p> <p>No2</p>																												

ATTITUDE TOWARDS DOMESTIC VIOLENCE

MD

MD1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children	1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food	1	2	8
[F] IF SHE INSULTS HIM?	Insults him	1	2	8
[G] IF SHE REFUSES TO GIVE HIM FOOD?	Refuses to give food.....	1	2	8
[H] IF SHE HAS ANOTHER PARTNER?	Another partner	1	2	8
[I] IF SHE STEALS?	Stealing	1	2	8
[J] IF SHE GOSSIPS?	Gossiping	1	2	8
[K] OTHER, (<i>SPECIFY</i>)?	Other (<i>specify</i>).....	1	2	8

SEXUAL BEHAVIOUR		MS
Check for the presence of others. Before continuing, ensure privacy.		
<p>MS1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse 00</p> <p>Age in years..... ____</p> <p>First time when started living with (first) wife/partner 95</p>	00⇒Next Module
<p>MS2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No2</p> <p>DK / Don't remember8</p>	2⇒MS3 8⇒MS3
<p>MS2A. WHAT WAS THE MAIN REASON WHY YOU USED THE CONDOM?</p>	<p>To prevent STD/HIV1</p> <p>To prevent pregnancy.....2</p> <p>To prevent both STD/HIV and pregnancy ...3</p> <p>Partner requested/insisted4</p> <p>Other (<i>specify</i>)6</p>	
<p>MS3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i></p>	<p>Days ago..... 1 ____</p> <p>Weeks ago..... 2 ____</p> <p>Months ago 3 ____</p> <p>Years ago 4 ____</p>	4⇒MS15
<p>MS4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes.....1</p> <p>No2</p>	2⇒MS5
<p>MS4A. WHAT WAS THE MAIN REASON WHY YOU USED THE CONDOM?</p>	<p>To prevent STD/HIV1</p> <p>To prevent pregnancy.....2</p> <p>To prevent both STD/HIV and pregnancy ...3</p> <p>Partner requested/insisted4</p> <p>Other (<i>specify</i>)5</p>	
<p>MS5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '02'.If 'no', circle '03'.</i></p>	<p>Spouse..... 01</p> <p>Cohabiting partner/concubine..... 02</p> <p>Girlfriend/fiancée..... 03</p> <p>Casual acquaintance 04</p> <p>Ex-girlfriend/fiancée 05</p> <p>Commercial sex worker 06</p> <p>Other (<i>specify</i>) 96</p>	
<p>MS6. Check MU1:</p> <p><input type="checkbox"/> Currently married or living with a woman (MU1 = 1 or 2) ⇒ Go to MS8</p> <p><input type="checkbox"/> Not married / Not in union (MU1 = 3) ⇒ Continue with MS7</p>		

SEXUAL BEHAVIOUR		MS
MS7. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... _ _ _ DK..... 98	
MS8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes.....1 No2	2⇒MS14B
MS9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes.....1 No2	
MS10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'girlfriend', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '02'. If 'no', circle '03'.</i>	Spouse..... 01 Cohabiting partner/concubine..... 02 Girlfriend/fiancée..... 03 Casual Acquaintance..... 04 Ex-Girlfriend/fiancée 05 Commercial Sex Worker..... 06 Other (<i>Specify</i>)..... 96	
MS11. Check MU1 and MU7: <input type="checkbox"/> Currently married or living with a woman (MU1 = 1 or 2) AND Married only once or lived with a woman only once (MU7 = 1) ⇒ Go to MS13 <input type="checkbox"/> Else ⇒ Continue with MS12		
MS12. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner..... _ _ _ DK..... 98	
MS13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes.....1 No2	2⇒MS14B
MS14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners..... _ _ _	
MS14A. WAS A CONDOM USED EVERY TIME YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Yes.....1 No2	
MS14B. HAVE YOU EVER HAD SEX WITH A COMMERCIAL SEX WORKER?	Yes.....1 No2	2⇒MS15
MS14C. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH A COMMERCIAL SEX WORKER? <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago..... 1 _ _ _ Weeks ago..... 2 _ _ _ Months ago 3 _ _ _ Years ago 4 _ _ _	
MS15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate.</i> <i>If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners _ _ _ DK..... 98	

HIV/AIDS		MH																
MH1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes 1 No 2 DK..... 8	2⇒ Next Module																
MH2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes 1 No 2 DK..... 8																	
MH3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK..... 8																	
MH4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK..... 8																	
MH5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8																	
MH6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK..... 8																	
MH7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK..... 8																	
MH8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy	1	2	8	During delivery	1	2	8	By breastfeeding	1	2	8	
	Yes	No	DK															
During pregnancy	1	2	8															
During delivery	1	2	8															
By breastfeeding	1	2	8															
MH9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK/Not sure/Depends 8																	
MH9A. IN YOUR OPINION, IF A MALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD HE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK / Not sure / Depends 8																	
MH10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK / Not sure / Depends 8																	

HIV/AIDS		MH
MH11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT OTHER PEOPLE TO KNOW ABOUT IT?	Yes 1 No 2 DK / Not sure / Depends 8	
MH12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No 2 DK / Not sure / Depends 8	
MH12A. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ORAL SEX?	Yes 1 No 2 DK / Not sure / Depends 8	
MH12B. IN YOUR OPINION, CAN THE HIV VIRUS BE TRANSMITTED THROUGH ANAL SEX?	Yes 1 No 2 DK / Not sure / Depends 8	
MH12C. IN YOUR OPINION, CAN HIV/AIDS BE CURED?	Yes 1 No 2 DK / Not sure 8	2⇒MH24 8⇒MH24
MH12D. IN YOUR OPINION, CAN A MAN INFECTED WITH HIV/AIDS BE CURED BY HAVING SEX WITH A VIRGIN WOMAN?	Yes 1 No 2 DK / Not sure 8	
MH24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	2⇒MH27
MH 25. I DON'T WANT TO KNOW THE RESULTS BUT, WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
MH25A. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test 1 Offered and accepted 2 Required 3	

HIV/AIDS		MH
<p>MH25B. WHERE DID YOU GO FOR THE TEST?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>If unable to determine whether public or private, write the name of the place.</i></p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>Public sector</p> <p>Govt. hospital 11</p> <p>Govt. health centre 12</p> <p>Govt. clinic/PHU 13</p> <p>Govt. VCT Centre 14</p> <p>Other public (<i>specify</i>) 16</p> <p>Private Medical Sector</p> <p>Private hospital 21</p> <p>Private clinic 22</p> <p>Other private medical (<i>specify</i>) 26</p> <p>Other sources</p> <p>NGO VCT Centre 31</p> <p>Mission hospital 32</p> <p>Other (<i>specify</i>) 96</p> <p>DK..... 98</p>	
<p>MH 26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1</p> <p>No 2</p>	<p>1⇒ Next Module</p> <p>2⇒ Next Module</p>
<p>MH 27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?</p>	<p>Yes 1</p> <p>No 2</p>	

NATIONAL HEALTH INSURANCE		NI
NI1. HAVE YOU EVER REGISTERED WITH ANY HEALTH INSURANCE SCHEME?	Yes 1 No..... 2	2⇒NI10
NI2. WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE? RECORD ALL MENTIONED	National/District Health Insurance (NHIS)...A Mutual Health Organization/ Community-based Health InsuranceB Other privately purchased commercial Health Insurance.....C Other Health Insurance (<i>specify</i>).....X	
NI3. Check NI2: <input type="checkbox"/> NHIS <u>NOT CHECKED</u> . ⇒ Go to NI11.		
NI4. HOW WAS YOUR MEMBERSHIP OF THE NHIS ACHIEVED?	Paid premium myself.....01 Premium paid by a relative or friend 02 Premium paid by employers 03 Premium paid by SSNIT 04 Exempt as indigent 05 Other (<i>specify</i>) 96	
NI5. DO YOU HAVE A VALID NATIONAL HEALTH INSURANCE SCHEME (NHIS) CARD? <i>If person has valid insurance card, request to see it. Check to make sure it is valid for 2011</i>	Yes, card seen 1 Yes, card not seen 2 No 3	1⇒NI9 2⇒NI9
NI6. WHY DO YOU NOT HAVE A VALID NHIS CARD?	Registered, but not fully paid yet 1 Registered/Renewed, card not received..... 2 Registered, in waiting period 3 Registration not renewed 4 Lost NHIS card 5 Other (<i>specify</i>) 6	1⇒NI9 2⇒NI9 3⇒NI9 5⇒NI9 6⇒NI9
NI7. DO YOU PLAN TO RENEW THE NHIS REGISTRATION?	Yes 1 No..... 2 Don't know/ Not sure 8	1⇒NI9 8⇒NI9

NATIONAL HEALTH INSURANCE		NI
NI8. WHY DO YOU NOT WANT TO RENEW THE NHIS REGISTRATION?	Have not been sick A Premium too Expensive B Still pay out of pocket..... C Poor quality care with card D Waiting time for card too long E Desired services not covered F Clinics used/ traditional services not Covered by NHIS G Other (<i>specify</i>) X	
NI9. IN YOUR OPINION, DO NHIS CARD HOLDERS GET BETTER/SAME/WORSE SERVICES WHEN THEY ATTEND HEALTH CARE FACILITIES?	Better 1 Same 2 Worse..... 3 Never used 4 Don't know 8	1⇒MM11 2⇒MM11 3⇒MM11 4⇒MM11 8⇒MM11
NI10. WHY HAVE YOU NOT REGISTERED OR RENEWED REGISTRATION WITH THE NHIS?	Not heard of NHIS A Premium too Expensive B Do not trust NHIS..... C Do not know where to register D Registration office too far E Do not need health insurance F NHIS does not cover the services I need .. G NHIS does not cover the facilities I use H Other X	A⇒MM11 B⇒MM11 C⇒MM11 D⇒MM11 E⇒MM11 F⇒MM11 G⇒MM11 H⇒MM11 X⇒MM11
NI11. IS YOUR INSURANCE CURRENTLY VALID FOR 2011?	Yes 1 No..... 2 Don't know / Not sure 8	

MM11. Record the time.	Hour and minutes : ..	
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MM12. End the interview with this respondent by thanking him for his cooperation. Check for the presence of any other eligible man in the household.

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations