

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Institute of Statistics. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you some questions about yourself and your family. This information will help the government to plan health services. The survey usually takes between 10 and 15 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 →END
↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="text"/> <input type="text"/>
101	In what month and year were you born?	MONTH..... DOES NOT KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR9998	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT.	AGE IN COMPLETED YEARS	<input type="text"/> <input type="text"/>
103	Have you ever attended school?	YES.....1 NO2	→106
104	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	PRIMARY1 SECONDARY2 HIGHER3	
105	What is the highest grade you completed at that level?	GRADE.....	<input type="text"/> <input type="text"/>
106	What is your religion?	CATHOLIC.....1 PROTETANT2 ADVENTIST.....3 MOSLEM4 TRADITINAL.....5 OTHER6 (SPECIFY) NO RELIGION7	
107	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION3	→110 →110
108	Have you ever been married or lived with a woman?	YES, USED TO BE MARRIED.....1 YES, LIVED WITH A WOMAN2 NO3	→201
109	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED1 DIVORCED2 SEPARATED.....3	→201

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Is your wife/partner living with you or elsewhere?	WITH HIM..... 1 ELSEWHERE..... 2	
111	Are there any other women with whom you live as if married?	YES 1 NO 2	→201
112	In total, how many women are you living with as if you were married?	NUMBER OF LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES..... 1 NO 2 DON'T KNOW..... 8	<input type="checkbox"/> →206								
202	Do you have any sons or daughters that you have fathered who are now livings with you?	YES..... 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, WRITE '00'.	SONS AT HOME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES..... 1 NO 2	→206								
205	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, WRITE '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a 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 DON'T KNOW..... 8	<input type="checkbox"/> →208								
207	How many boys have died? And how many girls have died? IF NONE, WRITE '00'.	BOYS DEAD..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, WRITE '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→301 →301								
210	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→301								
211	In all how many women have you fathered children with?	NUMBER OF WOMEN..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>			
301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO2 ↘	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES.....1 NO2 ↘	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO2 ↘	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES.....1 NO2 ↘	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO2 ↘	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO2 ↘	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO2 ↘	
09	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES.....1 NO2 ↘	
10	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO2 ↘	YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO2 ↘	YES 1 NO 2
12	EMERGENCY CONTRACEPTION Women can take pills up to five days after sexual intercourse to avoid becoming pregnant.	YES.....1 NO2 ↘	
12A	STANDARD DAYS METHODS USING CYCLE BEADS: Woman can know better the days of the months that she would have a greater chance of being pregnant by using cycle beads or calendar.	YES.....1 NO2 ↘	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO2 ↘	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
303	CHECK 301(07), KNOWLEDGE OF MALE CONDOM YES <input type="checkbox"/>	NO <input type="checkbox"/>	*401
304	Do you know of a place where a person can get male condoms?	YES 1 NO 2	*401
305	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	PUBLIC SECTOR REFERRAL HOSPITALA DISTRICT HOSPITALB HEALTH CENTERC FIELDWORKERD OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H ARBEF CLINIC I NURSE J OTHER PRIVATE MEDICAL _____ K (SPECIFY) OTHER SOURCE SHOP L CHURCH M FRIENDS/RELATIVES N OTHER _____ X (SPECIFY)	

SECTION 4. CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
401	Some men are circumcised. Are you circumcised?	YES..... 1 NO 2	→405				
402	How old were you when you were circumcised?	LESS THAN 13 YEARS OLD 1 13-19 YEARS OLD 2 20 YEARS OR OLDER 3					
403	Who performed your circumcision?	TRADITIONAL 1 HEALTH PROFESSIONAL..... 2 DON'T KNOW..... 3					
404	What is the main reason for your circumcision?	TRADITION/RELOGION..... 1 HEALTH/HYGIENE..... 2 SEXUAL SATISFACTION 3 EASIER TO PUT ON CONDOM..... 4 OTHER _____ X (SPECIFY) DON'T KNOW..... 8	→408				
405	Would you like to be circumcised?	YES..... 1 NO 2 DON'T KNOW..... 8	→407 →408				
406	What is the main reason that you would like to be circumcised?	TRADITION/RELOGION..... 1 HEALTH/HYGIENE..... 2 SEXUAL SATISFACTION 3 EASIER TO PUT ON CONDOM..... 4 OTHER _____ X (SPECIFY) DON'T KNOW..... 8	→408				
407	What is the main reason that you would not like to be circumcised?	TRADITION/RELOGION..... 01 HEALTH/HYGIENE..... 02 SEXUAL SATISFACTION 03 COST 04 PAIN 05 OTHER _____ 96 (SPECIFY) DON'T KNOW..... 98					
408	RECORD THE TIME	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____