

Ghana Round 6 Female Questionnaire

<p>READ THIS WARNING: This female questionnaire is not linked to a household questionnaire. ONLY continue if there is no linked female questionnaire under the "Edit Saved Form" Menu.</p>	
<p>Press OK to continue</p>	<p><input type="radio"/> OK</p>

<p>Did you check the Edit Saved forms menu for a linked female questionnaire?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Provide your signature to acknowledge that there is no linked female questionnaire.</p>	
<p>Close and exit this form without saving. Look for a linked female questionnaire through the 'Edit Saved Forms' Menu.</p>	

<p>Region:</p>	
<p>District:</p>	
<p>Enumeration Area:</p>	
<p>Structure number:</p>	
<p>Household number:</p>	

<p>002. Your name:</p>	
<p>Is this your name?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

002. Enter your name below.
Please record your name

<p>003a. Current date and time.</p>	<p style="text-align: right;">Day: Month: Year:</p>
<p>Is this date and time correct?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

<p>003b. Record the correct date and time.</p>	<p style="text-align: right;">Day: Month: Year:</p>
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004a. The following info is from the household questionnaire. Please review to make sure you are interviewing the correct respondent.	
004a. The following info is what you provided previously. Please review.	
Region: \${level1_unlinked}	
District: \${level2_unlinked}	
Enumeration Area: \${EA_unlinked}	
Structure number: \${structure_unlinked}	
Household number: \${household_unlinked}	
004b. Is the above information correct?	<input type="radio"/> Yes <input type="radio"/> No
005. CHECK: You should be attempting to interview \${firstname}. Is that correct? <i>If misspelled, select "yes" and update the name in question "011." If this is the wrong person, you have two options: (1) exit and ignore changes to this form. Open the correct form. Or (2) find and interview the person whose name appears above.</i>	<input type="radio"/> Yes <input type="radio"/> No
006. Is the respondent present and available to be interviewed today?	<input type="radio"/> Yes <input type="radio"/> No
007. How well acquainted are you with the respondent?	<input type="radio"/> Very well acquainted <input type="radio"/> Well acquainted <input type="radio"/> Not well acquainted <input type="radio"/> Not acquainted
008. Has the respondent previously participated in PMA 2020 surveys?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
INFORMED CONSENT <i>Find the woman between the age of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting</i>	
<p>Hello. My name is _____ and I am working for Kwame Nkrumah University of Science and Technology, and the Ghana Health Service. We are conducting a local survey that asks women about various reproductive health issues. We shall also ask you questions about your experiences seeking healthcare for yourself or your children. This information will help us understand how people use the health services available, for what purpose, and whether they are of high or low quality.</p> <p>We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 20 and 30 minutes to complete. Whatever information you provide will be</p>	

kept strictly confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to 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. 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?

009a. Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?

Yes
 No

009b. Respondent's signature <i>Please ask the respondent to sign or check the box in agreement of their participation.</i>	
009b. Checkbox	<input type="radio"/>

WARNING: the respondent has not signed or checked the box, despite agreeing to be interviewed in the previous question. To conduct the survey, the respondent must sign or touch the checkbox.

You may go back to obtain a signature or check the box or you should go back to the previous question to indicate the respondent does not want to be interviewed.

010c. Interviewer's name: \${your_name}
Mark your name as a witness to the consent process.

010c. Interviewer's name
Please record your name as a witness to the consent process. You previously entered "\${name_typed}."

011. Respondent's first name.
You may correct the spelling here if it is not correct, but you must be interviewing the person whose name appears below.

Section 1 – Respondent’s Background, Marital Status, Household characteristics
Now I would like to ask about your background and socioeconomic conditions.

101. In what month and year were you born? The age in the household roster is \${age} <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	
101. In what month and year were you born? <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February

	<input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

102. How old were you at your last birthday?

	Age in the Household Roster:
<p>WARNING: The age you entered for 102 is \${FQ_age}, which makes her ineligible for interview. She must be at least 15 years old and not more than 49 years old.</p> <p>If that age is correct, update her age on this screen, hit the back key, and save changes to exit the interview. This form will be deleted automatically upon saving it.</p> <p>If that age is not correct, go back to the previous screen and enter the correct age.</p>	
<p>WARNING: The age you entered for 102 is \${FQ_age}. This does not agree with the household roster, but she is still eligible to be interviewed. If 102 is correct update the age on this screen to \${FQ_age}. Otherwise, return to the previous screen and enter the correct age.</p>	
<p>The age in the roster agrees with the age in 102. Go to the next screen without changing the number on this screen.</p>	
#####	

103. What is the highest level of school you attended?

- Never Attended
- Primary
- Middle / JSS
- Secondary / SSS
- Higher
- No response

104. Are you currently married or living together with a man as if married?

Probe: If no, ask whether the respondent is divorced, separated, or widowed.

- Yes, currently married
- Yes, living with a man
- Not currently in union: Divorced / separated
- Not currently in union: Widow

	<input type="radio"/> No, never in union <input type="radio"/> No response
105. Have you been married or lived with a man only once or more than once?	<input type="radio"/> Only once <input type="radio"/> More than once <input type="radio"/> No response

106a. In what month and year did you start living with your FIRST husband / partner? <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date cannot be in the future. You entered: $\{\text{husband_cohabit_start_first_lab}\}$ Today: $\{\text{today}\}$	
Date of first living with husband/partner cannot be before respondent's birth. You entered: $\{\text{husband_cohabit_start_first_lab}\}$ Respondent's birth: $\{\text{birthdate_lab}\}$	
Date of first living with husband/partner cannot be before respondent's birth. You entered: $\{\text{hcf_y_lab}\}$ Respondent's birth: $\{\text{birthdate_lab}\}$	
106b. CHECK: Based on the response you entered in 106a, the respondent was possibly 15 years old or younger at the time of her first marriage. Did you enter 106a correctly?	<input type="radio"/> Yes <input type="radio"/> No

107a. Now I would like to ask about when you started living with your CURRENT or MOST RECENT husband / partner. In what month and year was that? <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February

	<input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
<p>Date cannot be in the future. You entered: \${husband_cohabit_start_recent_lab} Today: \${today}</p>	
<p>Date of living with current / most recent husband/partner cannot be before respondent's birth. You entered: \${husband_cohabit_start_recent_lab} Respondent's birth: \${birthdate_lab}</p>	
<p>Date of living with current / most recent husband/partner cannot be before respondent's birth. You entered: \${hcs_y_lab} Respondent's birth: \${birthdate_lab}</p>	
<p>Date of living with current / most recent husband/partner cannot be before date respondent started living with first partner. You entered: \${husband_cohabit_start_recent_lab} Date started living with first partner: \${husband_cohabit_start_first_lab}</p>	
<p>Year of living with current / most recent husband/partner cannot be before year respondent started living with first partner. You entered: \${hcs_y_lab} Year started living with first partner: \${hcf_y_lab}</p>	
<p>107b. CHECK: Based on the response you entered in 107a, the respondent was possibly 15 years old or younger at the time of her current or most recent marriage. Did you enter 107a correctly?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>108. Does your husband / partner have other wives or does he live with other women as if married?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
<p>109. Is your husband / partner living with you now or is he staying elsewhere?</p>	<input type="radio"/> Living with respondent <input type="radio"/> Staying elsewhere <input type="radio"/> No response

Section 2 – Reproduction, Pregnancy & Fertility Preferences

Now I would like to ask about all the births you have had during your life.

200. Now I would like to ask about all the births you have had during your life. Have you ever given birth?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
LCL201. How many times have you given birth? <i>Enter -99 for no response.</i>	
201a. Do you have any sons or daughters to whom you have given birth who are now living with you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
201b. How many sons live with you? <i>Zero is a possible response. Enter -99 for No response.</i>	
201c. How many daughters live with you? <i>Zero is a possible response. Enter -99 for No response.</i>	
The respondent said she has sons or daughters who are now living with her, but then she said zero sons and zero daughters live with her. Go back and correct this inconsistency.	
202a. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
202b. How many sons are alive but do not live with you? <i>Zero is a possible response. Enter -99 for No response.</i>	
202c. How many daughters are alive but do not live with you? <i>Zero is a possible response. Enter -99 for No response.</i>	
The respondent said she has sons or daughters who are now alive and do not live with her, but then she said zero sons and zero daughters are alive and live away from her. Go back and correct this inconsistency.	
203a. Have you ever given birth to a boy or girl who was born alive but later died? <i>IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
LCL202. How many times have you given birth? <i>Enter -99 for no response.</i>	
203b. How many boys have died? <i>Zero is a possible response. Enter -99 for No response.</i>	
203c. And how many girls have died? <i>Zero is a possible response. Enter -99 for No response.</i>	
The respondent said she has sons or daughters who were born alive and later died, but then she said zero sons and zero daughters were born alive and later died. Go back and correct this inconsistency.	

STOP: The respondent said she has had fewer children than birth events. The number of children born must be equal to or greater than the number of birth events. All recorded birth events and children born must be live births.
 Children born: \${children_born} Birth events: \${birth_events}
 Go back and change your numbers.

204. Just to make sure I have this right: you had a total of \${birth_events} birth(s) during your life, resulting in \${children_born} son(s) or daughter(s) born alive. Is that correct?

Yes
 No

205. When was your FIRST birth? <i>Please record the date of the FIRST birth. The date should be found by calculating backwards from memorable events if needed.</i> Select 'Do not know' for month and '2020' for year to indicate 'No Response'.	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date cannot be in the future.
 You entered: \${first_birth_lab} Today: \${today}

First birth cannot be before respondent was 10 years old. You entered: \${first_birth_lab}
 Respondent's birth date: \${birthdate_lab}

206. When was your MOST RECENT birth? Select 'Do not know' for month and '2020' for year to indicate 'No Response'.	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August

	<input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date cannot be in the future.
 You entered: \${recent_birth_lab} Today: \${today}

Date of most recent birth cannot be before respondent was 10 years old. You entered: \${recent_birth_lab}
 Respondent's birth date: \${birthdate_lab}

Date of most recent birth must be at least 6 months after the first birth. You entered: \${recent_birth_lab}
 First birth: \${first_birth_lab}

Year of most recent birth cannot be before first birth. You entered: \${rb_y_lab}
 Year of first birth: \${fb_y_lab}

207. When did you give BIRTH BEFORE the most RECENT ONE? <i>Select 'Do not know' for month and '2020' for year to indicate 'No Response'.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date of most penultimate birth cannot be before respondent was 10 years old. You entered: \${penultimate_birth_lab}
 Respondent's birth date: \${birthdate_lab}

Date of penultimate birth must be at least 6 months before the most recent birth. You entered: \${penultimate_birth_lab}
 Most recent birth: \${recent_birth_lab}

Date of penultimate birth cannot be after most recent birth. You entered: \${pb_y_lab} Most recent birth: \${rb_y_lab}	
Date of penultimate birth must be at least 6 months after the first birth. You entered: \${penultimate_birth_lab} First birth: \${first_birth_lab}	
Year of penultimate birth cannot be before first birth. You entered: \${pb_y_lab} Year of first birth: \${fb_y_lab}	

208a. Is your last baby / child still alive?

Yes
 No
 Do not know
 No response

208b. When did your last baby / child die? <i>Please record the date of the child's death. The date should be found by calculating backwards from memorable events if needed.</i> Select 'Do not know' for month and '2020' for year to indicate No Response.	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date cannot be in the future. You entered: \${child_death_lab} Today: \${today}	
Death of most recent child cannot be before respondent was 10 years old. You entered: \${child_death_lab} Respondent's birth date: \${birthdate_lab}	
Death of most recent child cannot be earlier than the date of child birth. You entered: \${child_death_lab} Most recent birth: \${recent_birth_lab}	
Year of death of most recent child cannot be earlier than the year of child birth. You entered: \${cd_y_lab} Year of most recent birth: \${rb_y_lab}	

<p>209. When did your LAST menstrual period start? <i>If you select days, weeks, months, or years, you will enter a number for X on the next screen.</i></p>	<p style="text-align: right;">\${consent_obtained}</p> <p> <input type="radio"/> X days ago <input type="radio"/> X weeks ago <input type="radio"/> X months ago <input type="radio"/> X years ago <input type="radio"/> Menopausal / Hysterectomy <input type="radio"/> Before last birth <input type="radio"/> Never menstruated <input type="radio"/> No response </p>								
<p>You entered "Never menstruated" in 209 but the respondent 206 indicates she previously gave birth. Is that what she said? <i>If no, return to the previous screen and change the response.</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>								
<p>209a. Enter \${menstrual_period_lab} <i>Enter 0 days for today, not 0 weeks/months/years.</i></p>									
<p>210a. Are you pregnant now?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure <input type="radio"/> No response </p>								
<p>You entered "Never menstruated" in 209 but 210a indicates that the respondent is pregnant currently. Is that what she said? <i>If no, return to the previous screen and change the response.</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td>210b. How many months pregnant are you?</td> <td></td> </tr> <tr> <td>The most recent birth was: \${rec_birth_date}</td> <td></td> </tr> <tr> <td>##### <i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i></td> <td></td> </tr> </table>			210b. How many months pregnant are you?		The most recent birth was: \${rec_birth_date}		##### <i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i>		
210b. How many months pregnant are you?									
The most recent birth was: \${rec_birth_date}									
##### <i>Please record the number of completed months. Enter -88 for do not know, -99 for No response.</i>									
<p>You entered that the respondent is \${months_pregnant} months pregnant, but she said her last menstrual period started \${menstrual_period_value} (\${menstrual_period_lab}) ago. Is that what she said? <i>If no, return to the previous screen and change the response.</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>								
<p>Now I have some questions about the future.</p>									
<p>211a. Would you like to have a child or would you prefer not to have any children?</p>	<p> <input type="radio"/> Have a child <input type="radio"/> Prefer no children <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Don't know <input type="radio"/> No response </p>								
<p>211a. Would you like to have another child or would you prefer not to have any more children?</p>	<p> <input type="radio"/> Have another child <input type="radio"/> No more </p>								

	<input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Don't know <input type="radio"/> No response
211b. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?	<input type="radio"/> Have another child <input type="radio"/> No more <input type="radio"/> Says she can't get pregnant <input type="radio"/> Undecided / Don't know <input type="radio"/> No response
212a. How long would you like to wait from now before the birth of a child? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
212a. How long would you like to wait from now before the birth of another child? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
212b. After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <i>If you select months or years, you will enter a number for X on the next screen.</i> <i>Select "Years" if more than 36 months.</i> <i>Please check that you correctly entered the value for months/years.</i>	<input type="radio"/> X months <input type="radio"/> X years <input type="radio"/> Soon/now <input type="radio"/> Says she can't get pregnant <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
212c. Enter the number of $\{waitchild\}$ you would like to wait:	
213a. Now I would like to ask a question about your last birth.	
213b. Now I would like to ask a question about your current pregnancy.	
At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all?	
At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any children at all?	

#####	<input type="radio"/> Then <input type="radio"/> Later <input type="radio"/> Not at all <input type="radio"/> No response
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Section 3 – Contraception

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.

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.

An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available.

301a. Have you ever heard of female sterilization? PROBE: Women can have an operation to avoid having any more children.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301b. Have you ever heard of male sterilization? PROBE: Men can have an operation to avoid having any more children.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301c. Have you ever heard of the contraceptive implant? PROBE: Women can have one or several small rods placed in her upper arm by a doctor or nurse, which can prevent pregnancy for one or more years. <small>[implant_150x300.png]</small>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301d. Have you ever heard of the IUD? PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. <small>[IUD_150x300.png]</small>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301e. Have you ever heard of injectables? PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. <small>[sayana_depo_150x300.jpg]</small>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301f. Have you ever heard of the (birth control) pill? PROBE: Women can take a pill every day to avoid becoming pregnant. <small>[pill_150x300.png]</small>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
301g. Have you ever heard of emergency contraception? PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

<p>301h. Have you ever heard of condoms? PROBE: Men can put a rubber sheath on their penis before sexual intercourse. [male_condom_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301i. Have you ever heard of female condoms? PROBE: Women can put a sheath in their vagina before sexual intercourse. [female_condom_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301j. Have you ever heard of the diaphragm? PROBE: Women can place a thin flexible disk in their vagina before sexual intercourse. [diaphragm_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301k. Have you ever heard of foam or jelly as a contraceptive method? PROBE: Women can place a suppository, jelly, or cream in their vagina before sexual intercourse to prevent pregnancy. [spermicide_150x300.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301l. Have you ever heard of the standard days method or Cycle Beads? PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse. [SDM-beads_only.png]</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301m. Have you ever heard of the Lactational Amenorrhea Method or LAM?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301n. Have you ever heard of the rhythm method? PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301o. Have you ever heard of the withdrawal method? PROBE: Men can be careful and pull out before climax.</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>301p. Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>302a. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>302b. Which method or methods are you using? PROBE: Anything else? <i>Select all methods mentioned. SCROLL TO THE BOTTOM to see all choices.</i></p>	<p><input type="checkbox"/> Female sterilization <input type="checkbox"/> Male sterilization <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Injectables – 3 months</p>

	<input type="checkbox"/> Injectables – 1 month <input type="checkbox"/> Pill <input type="checkbox"/> Emergency Contraception <input type="checkbox"/> Male condom <input type="checkbox"/> Female condom <input type="checkbox"/> Diaphragm <input type="checkbox"/> Foam/Jelly <input type="checkbox"/> Standard Days/Cycle beads <input type="checkbox"/> LAM <input type="checkbox"/> N-Tablet <input type="checkbox"/> Rhythm method <input type="checkbox"/> Withdrawal <input type="checkbox"/> Washing <input type="checkbox"/> Other traditional method <input type="checkbox"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

302c. Are you breastfeeding to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
303. Did the provider tell you or your partner that this method was permanent?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
304. Do you know of a place where you can obtain a method of family planning?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
305a. You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
305b. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
306a. In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response

306b. Which method did you use most recently? PROBE: Anything else? <i>Select most effective method (highest method in list). Scroll to bottom to see all choices.</i>	<input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables – 3 months <input type="radio"/> Injectables – 1 month <input type="radio"/> Pill <input type="radio"/> Emergency Contraception
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	<input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> N-Tablet <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Washing <input type="radio"/> Other traditional method <input type="radio"/> No response
Check here to acknowledge you considered all options.	<input type="radio"/>

307. Before you started using \${current_recent_label}, had you discussed the decision to delay or avoid pregnancy with your husband/partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response
---	---

308. Would you say that using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?	<input type="radio"/> Mainly respondent <input type="radio"/> Mainly husband / partner <input type="radio"/> Joint decision <input type="radio"/> Other <input type="radio"/> No response
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309a. Since what month and year have you been using \${current_recent_label} without stopping? <i>Calculate backwards from memorable events if needed.</i>	
Most Recent Birth: \${rec_birth_date}	
Current Marriage: \${rec_husband_date}	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November

	<input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date cannot be in the future. You entered: \${begin_using_full_lab} Today: \${today}	
Date of starting \${current_recent_label} cannot be before 10 years of age. You entered: \${begin_using_full_lab} Respondent's birth date: \${birthdate_lab}	
Date of starting \${current_recent_label} without stopping cannot be before most recent birth. You entered: \${begin_using_full_lab} Most recent birth: \${recent_birth_lab}	
Date of starting \${current_recent_label} without stopping cannot be before most recent birth. You entered: \${bus_y_lab} Most recent birth: \${rb_y_lab}	

309b. When did you stop using \${current_recent_label}? <i>Please record the date. The date should be found by calculating backwards from memorable events if needed.</i> <i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i>	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:

Date cannot be in the future. You entered: \${stop_using_full_lab} Today: \${today}	
Date of stopping \${current_recent_label} must be within the last 12 months. Otherwise, the answer to 306a should be no. You entered: \${stop_using_full_lab} Today: \${today}	
Date of stopping \${current_recent_label} must be within the last 12 months. Otherwise, the answer to 306a should be no. You entered: \${spu_y_lab}	

Today: \${today}	
<p>309c. In what month and year had you started using \${current_recent_label} before stopping? <i>Calculate backwards from memorable events if needed.</i> <i>Select 'Do not know' for month and '2020' for year to indicate No Response.</i></p>	
Most Recent Birth: \${rec_birth_date}	
Current Marriage: \${rec_husband_date}	
Month:	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Do not know
Year:	Year:
<p>Date cannot be in the future. You entered: \${ante_start_using_full_lab} Today: \${today}</p>	
<p>Date of starting \${current_recent_label} cannot be before 10 years of age. You entered: \${ante_start_using_full_lab} Respondent's birth date: \${birthdate_lab}</p>	
<p>Date of having stopped using \${current_recent_label} cannot be before start of usage. You entered: \${ante_start_using_full_lab} Date of stopping use: \${stop_using_full_lab}</p>	
<p>Year of having stopped using \${current_recent_label} cannot be before start of usage. You entered: \${sus_y_lab} Year of stopping use: \${spu_y_lab}</p>	
<p>309d. CHECK: Just to make sure I have this correct, you used \${current_recent_label} continuously between \${ante_start_using_full_lab} and \${stop_using_full_lab} without stopping, is that correct?</p>	
<input type="radio"/> Yes <input type="radio"/> No	
<p>GO BACK TO THE PREVIOUS SCREEN AND PROBE TO DETERMINE THE PERIOD OF MOST RECENT CONTINUOUS USE. <i>Suggested probes: - When was the last time you used [METHOD]? - How long had you been using [METHOD] without stopping</i></p>	
310. Why did you stop using \${current_recent_label}?	

	<ul style="list-style-type: none"> <input type="radio"/> Infrequent sex / husband away <input type="radio"/> Became pregnant while using <input type="radio"/> Wanted to become pregnant <input type="radio"/> Husband / partner disapproved <input type="radio"/> Wanted a more effective method <input type="radio"/> No method available <input type="radio"/> Health concerns <input type="radio"/> Fear of side effects <input type="radio"/> Lack of access / too far <input type="radio"/> Costs too much <input type="radio"/> Inconvenient to use <input type="radio"/> Fatalistic <input type="radio"/> Difficult to get pregnant / menopausal <input type="radio"/> Interferes with body's processe <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
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<p>311a. You first started using \${current_recent_label} on \${start_date_lab}.</p> <p>Where did you or your partner get it at that time?</p> <p><i>Scroll to bottom to see all choices.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Govt. Hospital/polyclinic <input type="radio"/> Govt. Health center <input type="radio"/> Govt. Health post <input type="radio"/> Public family planning clinic <input type="radio"/> Mobile clinic <input type="radio"/> Fieldworker/outreach/peer educator <input type="radio"/> CHPS <input type="radio"/> Private hospital/clinic <input type="radio"/> Private doctor <input type="radio"/> Pharmacy <input type="radio"/> Chemical/drug store <input type="radio"/> Private FP or PPAG clinic <input type="radio"/> Maternity home <input type="radio"/> NGO <input type="radio"/> Shop/market <input type="radio"/> Church <input type="radio"/> Community volunteer <input type="radio"/> Friend / relative <input type="radio"/> Herbal clinic <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>311b. Where did you learn how to use rhythm method?</p> <p><i>Scroll to bottom to see all choices.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Govt. Hospital/polyclinic <input type="radio"/> Govt. Health center
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	<ul style="list-style-type: none"> <input type="radio"/> Govt. Health post <input type="radio"/> Public family planning clinic <input type="radio"/> Mobile clinic <input type="radio"/> Fieldworker/outreach/peer educator <input type="radio"/> CHPS <input type="radio"/> Private hospital/clinic <input type="radio"/> Private doctor <input type="radio"/> Pharmacy <input type="radio"/> Chemical/drug store <input type="radio"/> Private FP or PPAG clinic <input type="radio"/> Maternity home <input type="radio"/> NGO <input type="radio"/> Shop/market <input type="radio"/> Church <input type="radio"/> Community volunteer <input type="radio"/> Friend / relative <input type="radio"/> Herbal clinic <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response
<p>311b. Where did you learn how to use lactational amenorrhea method? <i>Scroll to bottom to see all choices.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Govt. Hospital/polyclinic <input type="radio"/> Govt. Health center <input type="radio"/> Govt. Health post <input type="radio"/> Public family planning clinic <input type="radio"/> Mobile clinic <input type="radio"/> Fieldworker/outreach/peer educator <input type="radio"/> CHPS <input type="radio"/> Private hospital/clinic <input type="radio"/> Private doctor <input type="radio"/> Pharmacy <input type="radio"/> Chemical/drug store <input type="radio"/> Private FP or PPAG clinic <input type="radio"/> Maternity home <input type="radio"/> NGO <input type="radio"/> Shop/market <input type="radio"/> Church <input type="radio"/> Community volunteer <input type="radio"/> Friend / relative <input type="radio"/> Herbal clinic <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No response

<p>312a. When you obtained your \${current_recent_label}, were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>312b. Were you told what to do if you experienced side effects or problems?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>313. At that time, were you told by the family planning provider about methods of family planning other than the \${current_recent_label} that you could use?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>314a. During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>314b. When you began using rhythm was this the method you wanted to use to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>314b. When you began using LAM was this the method you wanted to use to delay or avoid getting pregnant?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>314c. Why didn't you obtain the method you wanted?</p>	<p><input type="radio"/> Method out of stock that day <input type="radio"/> Method not available at all <input type="radio"/> Provider not trained to provide the method <input type="radio"/> Provider recommended a different method <input type="radio"/> Not eligible for method <input type="radio"/> Decided not to adopt a method <input type="radio"/> Too costly <input type="radio"/> Other <input type="radio"/> No response</p>
<p>315a. During that visit, who made the final decision about what method you got?</p>	<p><input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response</p>

<p>315b. Who made the final decision to use rhythm?</p>	<p> <input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>315b. Who made the final decision to use LAM?</p>	<p> <input type="radio"/> You alone <input type="radio"/> Provider <input type="radio"/> Partner <input type="radio"/> You and provider <input type="radio"/> You and partner <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>316. Would you return to this provider? Provider: \${provider_label}</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>317. Would you refer your relative or friend to this provider / facility? Provider: \${provider_label}</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>318a. In the last 12 months, have you paid any fees for family planning services (including the most current method)?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>318b. How much did you pay? <i>Enter all prices in Ghana Cedis. Enter -88 if respondent does not know, -99 for no response.</i></p>	
<p>319. Have you ever done anything or tried in any way to delay or avoid getting pregnant?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>320. How old were you when you first used a method to delay or avoid getting pregnant? The respondent said she was \${age} years old at her last birthday. <i>Enter the age in years. Enter -88 if the respondent does not know. Enter -99 if there is no response. Cannot be younger than 9.</i></p>	
<p>Check: You entered that the respondent first used family planning at the age of \${age_at_first_use}. Is that what she said? <i>Go back and change 320 if that is not correct.</i></p>	<p> <input type="radio"/> Yes <input type="radio"/> No </p>

321. How many living children did you have at that time, if any?
 Note: the respondent said that she gave birth $\{\text{birth_events}\}$ times in 204.
 Enter -99 for no response.

WARNING: you entered that the respondent gave birth $\{\text{children_born}\}$ times in 204, and you entered that the respondent had $\{\text{age_at_first_use_children}\}$ children alive at the time she first used a method to delay or avoid getting pregnant in 321. Is this what the respondent said?
 It may be that the answers to 204 and 321 are correct. This screen is a warning for verification.

- Yes
- No

<p>322. Which method did you first use to delay or avoid getting pregnant? Do not read the method choices. Scroll to bottom to see all choices.</p>	<ul style="list-style-type: none"> <input type="radio"/> Female sterilization <input type="radio"/> Male sterilization <input type="radio"/> Implant <input type="radio"/> IUD <input type="radio"/> Injectables – 3 months <input type="radio"/> Injectables – 1 month <input type="radio"/> Pill <input type="radio"/> Emergency Contraception <input type="radio"/> Male condom <input type="radio"/> Female condom <input type="radio"/> Diaphragm <input type="radio"/> Foam/Jelly <input type="radio"/> Standard Days/Cycle beads <input type="radio"/> LAM <input type="radio"/> N-Tablet <input type="radio"/> Rhythm method <input type="radio"/> Withdrawal <input type="radio"/> Washing <input type="radio"/> Other traditional method <input type="radio"/> No response
<p>Check here to acknowledge you considered all options.</p>	<input type="radio"/>

The respondent said she first used female sterilization, but she did not say that is her current method. Go back to 302a and 302b and update the selection for current method.

<p>323a. You said that you do not want a child soon and that you are not using a method to avoid pregnancy.</p>	
<p>323a. You said that you do not want another child soon and that you are not using a method to avoid pregnancy.</p>	
<p>323a. You said that you do not want any children and that you are not using a method to avoid pregnancy.</p>	
<p>323a. You said that you do not want any more children and that you are not using a method to avoid pregnancy.</p>	

<p>Can you tell me why you are not using a method to prevent pregnancy? PROBE: Any other reason? <i>RECORD ALL REASONS MENTIONED Cannot select "Not Married" if 104 is "Yes, currently married".</i> <i>Scroll to bottom to see all choices.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not married <input type="checkbox"/> Infrequent sex / Not having sex <input type="checkbox"/> Menopausal / Hysterectomy <input type="checkbox"/> Subfecund / Infecund <input type="checkbox"/> Not menstruated since last birth <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Husband away for multiple days <input type="checkbox"/> Up to God / fatalistic <input type="checkbox"/> Respondent opposed <input type="checkbox"/> Husband / partner opposed <input type="checkbox"/> Others opposed <input type="checkbox"/> Religious prohibition <input type="checkbox"/> Knows no method <input type="checkbox"/> Knows no source <input type="checkbox"/> Fear of side effects <input type="checkbox"/> Health concerns <input type="checkbox"/> Lack of access / too far <input type="checkbox"/> Costs too much <input type="checkbox"/> Preferred method not available <input type="checkbox"/> No method available <input type="checkbox"/> Inconvenient to use <input type="checkbox"/> Interferes with body's processes <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No response
<p>Check here to acknowledge you considered all options.</p>	<p><input type="radio"/></p>

<p>323b. Would you say that not using contraception is mainly your decision, mainly your husband/partner's decision or did you both decide together?</p>	<ul style="list-style-type: none"> <input type="radio"/> Mainly respondent <input type="radio"/> Mainly husband / partner <input type="radio"/> Joint decision <input type="radio"/> Other <input type="radio"/> No response
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<p>324. In the last 12 months, were you visited by a community health worker who talked to you about family planning?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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<p>325a. In the last 12 months, have you visited a health facility or camp for care for yourself? <i>For any health services.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
--	--

<p>325a. In the last 12 months, have you visited a health facility or camp for care for yourself or your children? <i>For any health services.</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
---	--

325b. Did any staff member at the health facility speak to you about family planning methods?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
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In the last few months have you:			
	Yes	No	No response
326a. Heard about family planning on the radio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
326b. Seen anything about family planning on the television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
326c. Read about family planning in a newspaper or magazine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
326d. Received a voice or text message about family planning on a mobile phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4 – Sexual Activity

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

401a. How old were you when you FIRST had SEXUAL INTERCOURSE?	
Current age: \${age}	
Number of live births: \${birth_events}	
The respondent is pregnant	
Enter the age in years. <i>Enter -77 if she has never had sex. Enter -99 for no response. Enter -88 for do not know.</i>	

WARNING: you entered -77, but the respondent is currently pregnant or has given birth before. Go back and fix. <i>The timing of the number of births should agree with 401a</i>	
WARNING: the respondent gave birth \${birth_events} times, but first had sex at the age of \${age_at_first_sex}, only \${years_since_first_sex} years ago. Is that correct? <i>The timing of the number of births should agree with 401a.</i>	<input type="radio"/> Yes <input type="radio"/> No
You entered that the respondent was \${age_at_first_sex} years old the first time she had sexual intercourse. Is that what she said? <i>Go back and change 401a if it is not correct.</i>	<input type="radio"/> Yes <input type="radio"/> No

<p>You entered that the respondent's age at first sex was $\{age_at_first_sex\}$. Previously the respondent said she has given birth at an earlier age: $\{age_first_birth\}$. Is that correct? <i>Go back and change "age at first sex" if it is not correct</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
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<p>402. When was the LAST TIME you had SEXUAL INTERCOURSE?</p>	
<p>Respondent is $\{months_pregnant\}$ months pregnant.</p>	
<p>Answer must be in days or weeks up to 4 weeks or 30 days</p>	
<p>##### <i>If less than 12 months ago, answer must be recorded in months, weeks, or days. Enter 0 days for today. You will enter a number for X on the next screen.</i></p>	<p><input type="radio"/> X days ago <input type="radio"/> X weeks ago <input type="radio"/> X months ago <input type="radio"/> X years ago <input type="radio"/> No response</p>

<p>402. Enter $\{last_time_sex_lab\}$. <i>If today, enter zero days only, not zero weeks/months/years. Must agree with the age of first sexual intercourse and the pregnancy status.</i></p>	
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<p>The respondent is pregnant. The time since last sex must not be earlier than one month prior to the start of pregnancy. If number of months pregnant is unknown, then the time since last sex must be less than 11 months. Months pregnant: $\{months_pregnant\}$ Last time sex units: $\{last_time_sex\}$ Last time sex value: $\{last_time_sex_value\}$</p>	
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<p>The respondent cannot enter a time since last sex that would be before her age at first sex. Age at first sex: $\{age_at_first_sex\}$ Current age: $\{age\}$ Last time sex units: $\{last_time_sex\}$ Last time sex value: $\{last_time_sex_value\}$</p>	
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<p>Section 5 – Water <i>Now I would like to ask about your water practices</i></p>
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<p>501. On a typical day in the DRY season, how much time do you spend collecting water? <i>Only record respondent's time; not anyone else's time. If you select minutes or hours you will enter a number for X on the next screen</i></p>	<p><input type="radio"/> X minutes per day <input type="radio"/> X hours per day <input type="radio"/> No time, someone else collects water <input type="radio"/> No time, No one collects water <input type="radio"/> Don't know <input type="radio"/> No response</p>
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<p>501. Enter $\{dry_label\}$: <i>Either: 1-24 hours or 1-180 minutes.</i></p>	
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<p>502. On a typical day in the WET season, how much time do you spend collecting water?</p>	<p><input type="radio"/> X minutes per day <input type="radio"/> X hours per day</p>
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<p>Only record respondent's time; not anyone else's time. If you select minutes or hours you will enter a number for X on the next screen</p>	<p><input type="radio"/> No time, someone else collects water <input type="radio"/> No time, No one collects water <input type="radio"/> Don't know <input type="radio"/> No response</p>
<p>502. Enter \${wet_label}; Either: 1-24 hours or 1-180 minutes.</p>	
<p>Primary Health Care Module</p>	

Primary Health Care Module: Section 1

<p>PHC_101. In general, would you say your health is... <i>Read the question and answer choices out loud and ask the respondent to pick the best answer.</i></p>	<p><input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response</p>
<p>PHC_102. In general, how would you rate your mental health, including your mood and your ability to think? <i>Read the question and answer choices out loud and ask the respondent to pick the best answer.</i></p>	<p><input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response</p>
<p>PHC_103a. Have you visited a health facility for yourself or a family member in the last six months?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response</p>
<p>PHC_103b. Why not? <i>Do not read options aloud. Select all that are mentioned.</i></p>	<p><input type="checkbox"/> Not sick/did not need care <input type="checkbox"/> Facility is too far away <input type="checkbox"/> Too expensive <input type="checkbox"/> Too difficult to get to <input type="checkbox"/> Distrust of provider / facility <input type="checkbox"/> Negative prior experience <input type="checkbox"/> Lack of privacy or confidentiality <input type="checkbox"/> Did not know where to go <input type="checkbox"/> Health care worker provided needed services in house / community <input type="checkbox"/> Did not have health insurance / insurance was expired <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response</p>

<p>PHC_104. During your most recent visit to the health facility, for whom were you seeking care? <i>Do not read out loud.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yourself <input type="checkbox"/> Your child <input type="checkbox"/> Another family member <input type="checkbox"/> No response
<p>PHC_105. During your most recent visit to the health facility, for what reasons were you seeking care? <i>Do not read out loud. Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Family planning <input type="checkbox"/> Maternal health services <input type="checkbox"/> Vaccination <input type="checkbox"/> Malaria / fever <input type="checkbox"/> Feel sick (undifferentiated symptoms) <input type="checkbox"/> CHW told me to go <input type="checkbox"/> Snake bite <input type="checkbox"/> Injury <input type="checkbox"/> Blood pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> HIV testing / treatment <input type="checkbox"/> Eye issue <input type="checkbox"/> Breathing issue / cough <input type="checkbox"/> Abdominal pain / issue (including diarrhea) <input type="checkbox"/> Check-up for preventive or routine care <input type="checkbox"/> Worried about a new symptom or feeling <input type="checkbox"/> Other <input type="checkbox"/> No response
<p>PHC_106a. During your most recent visit to the health facility, what TYPE of health facility did you visit? <i>This also refers to the most recent visit the respondent made. Do not read out loud. Select the one that best applies</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Govt. Hospital / polyclinic <input type="radio"/> Govt. Health center <input type="radio"/> Govt. Health post <input type="radio"/> CHPS <input type="radio"/> Family planning clinic <input type="radio"/> Mobile clinic <input type="radio"/> Private hospital / clinic <input type="radio"/> Private doctor <input type="radio"/> Private pharmacy <input type="radio"/> Chemical / drug store <input type="radio"/> FP / PPAG clinic <input type="radio"/> Maternity home <input type="radio"/> NGO <input type="radio"/> Herbal clinic <input type="radio"/> Other <input type="radio"/> Do not know <input type="radio"/> No response
<p>PHC_106b. During your most recent visit to the health facility, what was the NAME of the facility you visited?</p>	<p><i>[A list of facilities.]</i></p>

<p>PHC_106b. During your most recent visit to the health facility, what was the NAME of the facility you visited?</p>	
<p>PHC_106c. Is this facility the closest facility to your place of residence?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>PHC_106d. Why did you choose not to seek care at the closest facility?</p>	<p> <input type="checkbox"/> Closest facility did not offer services I needed <input type="checkbox"/> Closest facility was closed <input type="checkbox"/> Had already gone to closest facility for same problem <input type="checkbox"/> Closest facility was too expensive <input type="checkbox"/> Closest facility was too difficult to get to <input type="checkbox"/> Distrust of provider/facility <input type="checkbox"/> Negative prior experience at closest facility <input type="checkbox"/> Lack of privacy or confidentiality at closest facility <input type="checkbox"/> Other <input type="checkbox"/> Do not know <input type="checkbox"/> No response </p>
<p>PHC_107. During your most recent visit, how long did you wait before being seen by your provider? <i>Record in unit respondent provides.</i></p>	<p> <input type="radio"/> X Minutes <input type="radio"/> X Hours <input type="radio"/> Gave up without seeing provider <input type="radio"/> Do not know <input type="radio"/> No response </p>

Now I want to ask some questions about your impressions of your most recent visit for health care. I would like you to rate your experiences using the following questions.

For your last visit to a health care provider, how would you rate the following:

	<p>Read the question and answer choices out loud and ask the respondent to pick the best answer.</p>
<p>PHC_108. The length of wait time at the facility before you were seen?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>

<p>PHC_109. Whether the provider listened carefully to you?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>
<p>PHC_110. Provider's medical knowledge and skills?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>

	<p>Read the question and answer choices out loud and ask the respondent to pick the best answer.</p>
<p>PHC_111. The level of respect the provider showed you?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>
<p>PHC_112. The provider's ability to explain things in a way that you could understand?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>
<p>PHC_113. The amount of time the provider spent with you in the visit?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>

	<p>Read the question and answer choices out loud and ask the respondent to pick the best answer.</p>
<p>PHC_114. Your experience of being involved in making decisions for your treatment?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>

<p>PHC_115. The way the health services ensured that you could talk privately to providers?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>
<p>PHC_116. The ease with which you could see a health care provider you were happy with?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>
<p>PHC_117. The cleanliness in the health facility?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>

	<p>Read the question and answer choices out loud and ask the respondent to pick the best answer.</p>
<p>PHC_118. How much do you trust the skills and abilities of the health workers at this facility?</p>	<p> <input type="radio"/> Very much <input type="radio"/> Quite a bit <input type="radio"/> Some <input type="radio"/> Very little <input type="radio"/> Not at all <input type="radio"/> No response </p>
<p>PHC_119. How easy or difficult was it for you to follow the provider's advice?</p>	<p> <input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> No response </p>
<p>PHC_120. Overall, thinking about your entire last visit, please rate how well the care you received met your health needs. That is, how much did the visit help solve your health problem or help you feel better?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>

	<p>Read the question and answer choices out loud and ask the respondent to pick the best answer.</p>
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<p>PHC_121. Overall, taking everything into account, how would you rate the quality of care you received at this facility?</p>	<p> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> No response </p>
<p>PHC_122. How likely are you to return or bring your children to this facility for health care in the future?</p>	<p> <input type="radio"/> Very likely <input type="radio"/> Somewhat likely <input type="radio"/> Somewhat unlikely <input type="radio"/> Very unlikely <input type="radio"/> No response </p>
<p>PHC_123. How likely are you to recommend this facility to others?</p>	<p> <input type="radio"/> Very likely <input type="radio"/> Somewhat likely <input type="radio"/> Somewhat unlikely <input type="radio"/> Very unlikely <input type="radio"/> No response </p>
<p>PHC_124. Were your services covered by insurance?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>
<p>PHC_125. Which insurance program covered these services? <i>Do not read out loud. Record all that are mentioned.</i></p>	<p> <input type="checkbox"/> National / District Health Insurance <input type="checkbox"/> Health insurance through employer <input type="checkbox"/> Mutual health organization / community based insurance <input type="checkbox"/> Other privately purchased commercial health insurance </p>
<p>PHC_126a. Was the cost to you lower because you had insurance?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not know <input type="radio"/> No response </p>
<p>PHC_126b. How much did you have to pay out of pocket? <i>Record amount in GHC. Enter -99 for no response</i></p>	
<p>PHC_127. How easy or difficult was it for you to pay for this visit? <i>Read the question and answer choices out loud and ask the respondent to pick the best answer.</i></p>	<p> <input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> No response </p>
<p>PHC_128. Did you have to borrow money or sell something to afford the costs of this visit, including all costs such as transportation and lost wages?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response </p>

Now I would like to ask you some questions about health care in general.

PHC_129a. Please tell me the most important things that influence your decision about where to seek health services.
 PROBE: Anything else?
Do not read options aloud. Select all that are mentioned.

- Waiting time to see doctor
- Travel time to facility
- Cleanliness of facility
- Being treated with respect
- Competence / knowledge of provider
- Confidentiality / privacy
- Availability / supply of medicines
- Cost of treatment, including medicines
- Cost of visit
- Being able to choose health care provider
- Personally know health care provider
- Prefer traditional healers
- Other
- No response

PHC_129b. You mentioned that:
 \${visit_factor_choices}
 are important to you in deciding where to seek health care services. Can you tell me which of these things is the most important to you?

- Waiting time to see doctor
- Travel time to facility
- Cleanliness of facility
- Being treated with respect
- Competence / knowledge of provider
- Confidentiality / privacy
- Availability / supply of medicines
- Cost of treatment, including medicines
- Cost of visit
- Being able to choose health care provider
- Personally know health care provider
- Prefer traditional healers
- Other
- No response

Read the question and answer choices out loud and ask the respondent to pick the best answer.

PHC_130. How confident are you that if you became very sick tomorrow, you would be able to receive effective treatment from the health system?

- Not at all confident
- Not very confident
- Somewhat confident

	<input type="radio"/> Very confident <input type="radio"/> No response
PHC_131. When you seek health care, how often do you see the same health care provider?	<input type="radio"/> Always <input type="radio"/> Frequently <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> Do not know <input type="radio"/> No response
PHC_132. Which of the following statements comes closest to expressing your overall view of the health care system in this country?	<input type="radio"/> Our health care system has so much wrong with it that we need to completely rebuild it. <input type="radio"/> There are some good things in our health care system, but major changes are needed to make it work better. <input type="radio"/> On the whole, the system works pretty well and only minor changes are necessary to make it work better.

Followup Consent

FLW_801. Thank you for the time you have kindly granted us. Would you be willing to participate in another survey on this or any other topic either by phone or in person at some point in the future?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_802. Do you own a phone?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response
FLW_803. Can I have your primary phone number in case we would like to follow up with you in the future? <i>Enter a 10-digit number with leading 0 and without the country code. Do not include spaces or dashes. Enter -99 for no response.</i>	
FLW_804. To confirm, here is the number you gave me: <code>#{flw_number_typed}</code> . Is that correct? <i>If not, return to 803 and correct it.</i>	<input type="radio"/> Yes <input type="radio"/> No

End of Survey

Thank the respondent for her time. <i>The respondent is finished, but there are still more questions for you to complete outside the home.</i>	
Thank you. <i>There are still more questions for you to complete outside the home.</i>	

<p>095. Location <i>Take a GPS point near the entrance to the household. Record location when the accuracy is smaller than 6 m.</i></p>	
<p>096. How many times have you visited this household to interview this female respondent?</p>	<p><input type="radio"/> 1st time <input type="radio"/> 2nd time <input type="radio"/> 3rd time</p>
<p>097. In what language was this interview conducted?</p>	<p><input type="radio"/> English <input type="radio"/> Akan <input type="radio"/> Ga <input type="radio"/> Ewe <input type="radio"/> Nzema <input type="radio"/> Dagbani <input type="radio"/> Other</p>
<p>098. Questionnaire result <i>Record the result of the female respondent survey</i></p>	<p><input type="radio"/> Completed <input type="radio"/> Not at home <input type="radio"/> Postponed <input type="radio"/> Refused <input type="radio"/> Partly completed <input type="radio"/> Incapacitated</p>