



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR..... MINUTES.....	
102	What is your date of birth?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
103	How old are you? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT	AGE IN COMPLETED YEARS.....	
104	Have you ever attended school?	OES.....1 NO.....2	107
105	What is the highest level of school you attended: primary, secondary or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
106	What is the highest (class/form/year) you completed at that level?*	CLASS.....	
107	What is your main occupation?		
108	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 OTHER.....4 (SPECIFY) NONE.....5	
109	What is your nationality?	CAMEROONIAN.....1 OTHER AFRICAN.....2 OTHER.....3	
110	How I would like to ask you some questions concerning your marriage: How many wives/women do you currently have?	NUMBER.....	
111	Do you intend to take an(other) wife(ves)/woman(men) in the future?	YES.....1 NO.....2	
112	How old were you when you were married or when you started to live with a woman for the first time?	AGE IN COMPLETED YEARS.....	
113	In what month and what year did you get married or start to live with a woman for the first time?	MONTHS..... DK MONTHS.....98 YEAR..... DK YEAR.....98	

\* CODES ACCORDING TO DIFFERENT EDUCATION SYSTEM: 0=LESS THAN ONE YEAR 8=DK  
FOR HIGHER EDUCATION: SEE INSTRUCTION MANUAL

PRIMARY			SECONDARY		
ANGLOPHONE	CODES	FRANCOPHONE	ANGLOPHONE	CODES	FRANCOPHONE
INFANT/CLASS ONE	1	S1L	FORM 1	1	SIXIEME/1*ANNEE
STANDARD ONE/CLASS TWO	2	CP	FORM 2	2	CINQUIEME/2*ANNEE
STANDARD TWO/CLASS THREE	3	CE1	FORM 3	3	QUATRIEME/3*ANNEE
STANDARD THREE/CLASS FOUR	4	CE2	FORM 4	4	TROISIEME/4*ANNEE
STANDARD FOUR/CLASS FIVE	5	CM1	FORM 5	5	SECONDE
STANDARD FIVE/CLASS SIX	6	CM2	LOWER SIXTH FORM	6	PREMIERE
STANDARD SIX/CLASS SEVEN	7	-	UPPER SIXTH FORM	7	TERMINALE

**SECTION 2: CONTRACEPTION**

201 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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 202 FOR EACH METHOD MENTIONED SPONTANEOUSLY.  
 THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.  
 CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.  
 THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 202, ASK 203 BEFORE PROCEEDING TO THE NEXT METHOD.

	202 Have you ever heard of (METHOD)?	203 Have either you or your wife(ves) ever used.(METHOD)?
01] PILL (Women can take a pill every day)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
02] IUD (Women can have a loop or coil placed inside them by a doctor or nurse)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
03] INJECTIONS (Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
04] SPERMICIDES: DIAPHRAGM/FOAM/JELLY (Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse)	OUI/SPONTANE.....1 OUI/CITE.....2 NON.....3	YES.....1 NO.....2
05] DUREX/CONDOM (Men can use a rubber sheath during sexual intercourse)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
06] FEMALE STERILIZATION/TUBAL LIGATION (Women can have an operation to avoid having any more children)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your wife had an operation in order to avoid having other children? YES.....1 NO.....2
07] MALE STERILIZATION/VASECTOMY (Men can have an operation to avoid having any more children)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08] PERIODIC ABSTINENCE/OGINO (Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
09] ABSTINENCE (Besides the ban on sexual intercourse traditionally observed following birth, certain couples avoid having sexual intercourse for months so that the woman will not become pregnant)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
10] WITHDRAWAL/COITUS INTERRUPTUS (Men can be careful and pull out before climax)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
11] OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONT.....1 NO.....3	
1 _____ (SPECIFY)		YES.....1 NO.....2
2 _____ (SPECIFY)		YES.....1 NO.....2
3 _____ (SPECIFY)		YES.....1 NO.....2

204 CHECK 203: NOT A SINGLE "YES" (NEVER USED)  AT LEAST ONE "YES" (EVER USED)  → SKIP TO 207

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
205	Have either you or your wife(ves)/woman(men) ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	→209
206	What have you used or done? CORRECT 203-204 (AND 202 IF NECESSARY)		
207	Are you or your wife(ves)/woman(men) currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→209
208	Which method are you now using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY)	→212
209	Do you or your wife(ves)/woman(men) intend to use a method to delay or avoid getting pregnant in the future?	YES.....1 NO.....2 DK.....8	→211 →212
210	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY) NOT SURE.....98	→212
211	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC/DEPENDS ON GOD.....10 FAMILY OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT FOR WOMAN TO GET PREGNANT.....13 WOMAN MENOPAUSAL/STERILIZED.....14 INCONVENIENT.....15 OTHER.....16 (SPECIFY) DK.....98	
212	Is it acceptable or not acceptable to you for family planning informaion to be provided on the radio or television?	ACCEPTABLE/GOOD.....1 NOT ACCEPTABLE/BAD.....2 DK.....8	

**SECTION 3: FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	Do you have any children?	YES.....1 NO.....2	→303
302	How many boys do you have? How many girls do you have?	NUMBER OF BOYS..... <input type="text"/> <input type="text"/> NUMBER OF GIRLS..... <input type="text"/> <input type="text"/>	
303	CHECK 203: NOT STERILIZED <input type="checkbox"/> STERILIZED <input type="checkbox"/>	→ SKIP TO 312	
304	Would you like to have (a/another) child or would you prefer not to have any (more) children?	HAVE AN(OTHER) CHILD(REN).....1 NO MORE/NONE.....2 SAYS THAT HIS WIFE CAN NOT GET PREGNANT.....3 SAYS THAT HE CAN NOT/NO LONGER HAVE CHILDREN.....4 UNDECIDED OR DK.....8	
305	Do you think that your wife(ves)/woman(men) approve(s) of couples using a method to avoid pregnancy?	YES/APPROVES.....1 NO/DISAPPROVES.....2 DK.....8	
306	How often have you spoken to your wife(ves)/woman(men) about this subject in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
307	Have you ever discussed the number of children you would like to have with your wife(ves)/woman(men)?	YES.....1 NO.....2	
308	Do you think your wife(ves)/woman(men) want(s) the same number of children that you want, or does (do) she/they want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
309	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS..... <input type="text"/> <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> OTHER.....996 (SPECIFY)	
310	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
311	Do you agree with couples using a method to delay or avoid pregnancy?	YES, AGREE.....1 NO, DISAGREE.....2	
312	VERIFY 301-302 AND CHECK THE BOX:  NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be in all?  HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be in all? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... <input type="text"/> <input type="text"/>  OTHER ANSWER.....96 (SPECIFY)	→314
313	How many boys and how many girls?	NUMBER OF BOYS..... <input type="text"/> <input type="text"/> BOYS DEPEND ON GOD.....95 NUMBER OF GIRLS..... <input type="text"/> <input type="text"/> GIRLS DEPEND ON GOD.....95 OTHER ANSWER.....96 (SPECIFY) DK.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314	<p>In your opinion, what are the main advantages of having many children?</p> <p>RECORD THE CODES IN THE ORDER THE ANSWERS ARE GIVEN, IF THERE IS NO 2ND, 3RD ADVANTAGE, RECORD 00</p>	<p>HELP IN WORK.....01  ASSISTANCE/FINANCIAL AID.....02  SUPPORT IN OLD AGE.....03  AFFECTION/COMPANIONSHIP.....04  RELIGIOUS/SOCIAL OBLIGATIONS.....05  PRIDE/AFFIRMATION OF SELF.....06  SOCIAL STATUS.....07  POSTERITY/FAMILY NAME.....08  NO ADVANTAGE.....09  OTHER _____ 10  (SPECIFY)  DK.....98</p>	<p>1ST ADVANTAGE..... <input type="text"/></p> <p>2ND ADVANTAGE..... <input type="text"/></p> <p>3RD ADVANTAGE..... <input type="text"/></p>
315	<p>In your opinion, what are the main disadvantages of having many children?</p> <p>RECORD THE CODES IN THE ORDER THE ANSWERS ARE GIVEN, IF THERE IS NO 2ND, 3RD DISADVANTAGE, RECORD 00</p>	<p>COST/FINANCIAL EXPENSES.....01  UPBRINGING PROBLEMS.....02  DISCIPLINE PROBLEMS.....03  INCREASE IN WORK.....04  CONSTRAINTS FOR PARENTS.....05  WORRY ABOUT THE FUTURE.....06  PROBLEMS WITHIN THE COUPLE.....07  SICKNESS/DEATH.....08  NO DISADVANTAGE.....09  OTHER _____ 10  (SPECIFY)</p>	<p>1ST DISADVANTAGE..... <input type="text"/></p> <p>2ND DISADVANTAGE..... <input type="text"/></p> <p>3RD DISADVANTAGE..... <input type="text"/></p>
316	<p>In your opinion, how many children can be considered a lot of children for a woman to have?</p>	<p>NUMBER OF CHILDREN..... <input type="text"/></p> <p>DK.....98</p>	
317	<p>RECORD THE TIME</p>	<p>_____ HOUR..... <input type="text"/></p> <p>_____ MINUTES..... <input type="text"/></p>	

INTERVIEWER'S OBSERVATIONS  
(To be filled in after completing interview)

Comments About Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments on Specific Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Comments: \_\_\_\_\_  
\_\_\_\_\_

FIELD EDITOR'S OBSERVATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Field Editor: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERVISOR'S OBSERVATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_