

Appendix E • 363

TABLE FOR SELECTION OF MEN AND WOMEN FOR DOMESTIC VIOLENCE INTERVIEW

CHECK THE NUMBER OF THE QUESTIONNAIRE. THE LAST DIGIT OF THE QUESTIONNAIRE NUMBER INDICATES THE NUMBER OF THE ROW YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF ELIGIBLE MEN OR WOMEN ON THE COVER SHEET OF THE HOUSEHOLD QUESTIONNAIRE. THIS IS THE NUMBER OF THE COLUMN YOU SHOULD GO TO.

FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX. THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE MAN OR WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE INTERVIEWED FOR THE DOMESTIC VIOLENCE MODULE

FOR EXAMPLE, IF THE HOUSEHOLD NUMBER IS '16', GO TO ROW '6'. IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE INTERVIEWED USING THE DOMESTIC VIOLENCE QUESTIONS.

SUPPOSE THE LINE NUMBERS OF THE THREE ELIGIBLE WOMEN ARE '02', '04', AND '07'. THE WOMAN TO BE INTERVIEWED IS THE SECOND ONE, I.E., THE ONE ON LINE 04'.

| LAST DIGIT OF THE HOUSEHOLD NUMBER (ROW) ↓ | NUMBER OF ELIGIBLE MEN OR WOMEN IN THE HOUSEHOLD | | | | | | |
|---|--|---|---|---|---|---|---|
| | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 0 | 2 | 2 | 4 | 3 | 6 | 5 | 4 |
| 1 | 1 | 3 | 1 | 4 | 1 | 6 | 5 |
| 2 | 2 | 1 | 2 | 5 | 2 | 7 | 6 |
| 3 | 1 | 2 | 3 | 1 | 3 | 1 | 7 |
| 4 | 2 | 3 | 4 | 2 | 4 | 2 | 8 |
| 5 | 1 | 1 | 1 | 3 | 5 | 3 | 1 |
| 6 | 2 | 2 | 2 | 4 | 6 | 4 | 2 |
| 7 | 1 | 3 | 3 | 5 | 1 | 5 | 3 |
| 8 | 2 | 1 | 4 | 1 | 2 | 6 | 4 |
| 9 | 1 | 2 | 1 | 2 | 3 | 7 | 5 |

ENTER THE LINE NUMBER OF SELECTED
MAN OR WOMAN

| | |
|--|--|
| | |
|--|--|

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Statistics Sierra Leone. We are conducting a survey about health all over Sierra Leone. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1
↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | RESIDENCE | | AGE | IF AGE 15 OR OLDER | ELIGIBILITY | | | |
|----------|---|---|----------------------------------|---------------------------------------|---|--|--|--|--|---|--|
| | | | | 5 | 6 | | 7 | 8 | 9 | 10 | 11 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | <p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-20 FOR EACH PERSON.</p> | <p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p> | <p>Is (NAME) male or female?</p> | <p>Does (NAME) usually live here?</p> | <p>Did (NAME) stay here last night?</p> | <p>How old is (NAME)?</p> <p>IF 95 OR MORE, RECORD '95'.</p> <p>IN YEARS</p> | <p>What is (NAME)'s current marital status?</p> <p>1 = MARRIED OR LIVING TOGETHER</p> <p>2 = DIVORCED/SEPARATED</p> <p>3 = WIDOWED</p> <p>4 = NEVER-MARRIED AND NEVER LIVED TOGETHER</p> | <p>CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49</p> | <p>CIRCLE LINE NUMBER OF ALL MEN AGE 15-59</p> | <p>CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5</p> | <p>CIRCLE LINE NUMBER OF MAN OR WOMAN SELECTED FOR DV INTERVIEW</p> <p>DO NOT KEY IN THIS COLUMN</p> |
| 01 | | <input type="text"/> | M F 1 2 | Y N 1 2 | Y N 1 2 | <input type="text"/> | <input type="text"/> | 01 | 01 | 01 | 01 |
| 02 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 02 | 02 | 02 | 02 |
| 03 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 03 | 03 | 03 | 03 |
| 04 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 04 | 04 | 04 | 04 |
| 05 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 05 | 05 | 05 | 05 |
| 06 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 06 | 06 | 06 | 06 |
| 07 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 07 | 07 | 07 | 07 |
| 08 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 08 | 08 | 08 | 08 |
| 09 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 09 | 09 | 09 | 09 |
| 10 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 10 | 10 | 10 | 10 |
| 11 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 11 | 11 | 11 | 11 |
| 12 | | <input type="text"/> | 1 2 | 1 2 | 1 2 | <input type="text"/> | <input type="text"/> | 12 | 12 | 12 | 12 |

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = SON OR DAUGHTER | 10 = ADOPTED/FOSTER/STEPCHILD |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = NOT RELATED |
| 05 = GRANDCHILD | 98 = DON'T KNOW |
| 06 = PARENT | |
| 07 = PARENT-IN-LAW | |

| | IF AGE 0-17 YEARS | | | | IF AGE 5 YEARS OR OLDER | | IF AGE 5-24 YEARS | | IF AGE 0-4 YEARS |
|----------|--|--|-----------------------------------|---|----------------------------------|---|--|---|--|
| LINE NO. | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | EVER ATTENDED SCHOOL | | CURRENT / RECENT SCHOOL ATTENDANCE | | BIRTH REGISTRATION |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | Is (NAME)'s natural mother alive? | Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'. | Is (NAME)'s natural father alive? | Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'. | Has (NAME) ever attended school? | What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. | Did (NAME) attend school at any time during the 2012-2013 school year? | During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW. | Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW |
| | Y N DK | | Y N DK | | Y N | LEVEL GRADE | Y N | LEVEL GRADE | |
| 01 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 02 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 03 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 04 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 05 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 06 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 07 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 08 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 09 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 10 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 11 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |
| 12 | 1 2 8 ↓ GO TO 15 | | 1 2 8 ↓ GO TO 17 | | 1 2 ↓ NEXT LINE | | 1 2 ↓ NEXT LINE | | |

CODES FOR Qs. 18 AND 20: EDUCATION

LEVEL

1 = PRIMARY
2 = JSS (MIDDLE SCHOOL)
3 = SSS (HIGH SCHOOL)
4=VOCATIONAL/TECH./NURSING/TEACHER
5=HIGHER
8 = DON'T KNOW

GRADE

1 - 6
1 - 3
1 - 3
1 - 3
1 - 7

00 = LESS THAN 1 YEAR COMPLETED

(USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 20)

98 = DON'T KNOW

| LINE NO. | IF AGE 0-17 YEARS | | | | IF AGE 5 YEARS OR OLDER | | IF AGE 5-24 YEARS | | IF AGE 0-4 YEARS |
|----------|--|--|-----------------------------------|---|----------------------------------|---|--|---|--|
| | SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS | | | | EVER ATTENDED SCHOOL | | CURRENT / RECENT SCHOOL ATTENDANCE | | BIRTH REGISTRATION |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| | Is (NAME)'s natural mother alive? | Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'. | Is (NAME)'s natural father alive? | Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'. | Has (NAME) ever attended school? | What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW. | Did (NAME) attend school at any time during the 2012-2013 school year? | During this/that school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW. | Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = NEITHER 8 = DON'T KNOW |
| 13 | Y N DK 1 2 8 ↓ GO TO 15 | <input type="text"/> | Y N DK 1 2 8 ↓ GO TO 17 | <input type="text"/> | Y N 1 2 ↓ NEXT LINE | LEVEL GRADE <input type="text"/> <input type="text"/> | Y N 1 2 ↓ NEXT LINE | LEVEL GRADE <input type="text"/> <input type="text"/> | <input type="text"/> |
| 14 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 15 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 16 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 17 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 18 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 19 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 20 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 21 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 22 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 23 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |
| 24 | 1 2 8 ↓ GO TO 15 | <input type="text"/> | 1 2 8 ↓ GO TO 17 | <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | 1 2 ↓ NEXT LINE | <input type="text"/> <input type="text"/> | <input type="text"/> |

CODES FOR Qs. 18 AND 20: EDUCATION

| LEVEL | GRADE | |
|------------------------------------|-------|---|
| 1 = PRIMARY | 1 - 6 | 00 = LESS THAN 1 YEAR COMPLETED |
| 2 = JSS (MIDDLE SCHOOL) | 1 - 3 | |
| 3 = SSS (HIGH SCHOOL) | 1 - 3 | (USE '00' FOR Q. 18 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 20) |
| 4=VOCATIONAL/TECH./NURSING/TEACHER | 1 - 3 | |
| 5=HIGHER | 1 - 7 | |
| 8 = DON'T KNOW | | 98 = DON'T KNOW |

HOUSEHOLD CHARACTERISTICS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|------|
| 101 | How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never? | DAILY 1 WEEKLY 2 MONTHLY 3 LESS THAN MONTHLY 4 NEVER 5 | |
| 102 | What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 WATER IN SACHETS 92 OTHER 96 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 107 | What kind of toilet facility do members of your household usually use? | FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY) | → 110 |
| 108 | Do you share this toilet facility with other households? | YES 1 NO 2 | → 110 |
| 109 | How many households use this toilet facility? | NO. OF HOUSEHOLDS IF LESS THAN 10 <div><div>0</div><div></div></div> 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98 | |
| 110 | Does your household have: Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? An electric iron? A computer? A power generator? A wardrobe? | <div>YESNO</div> <div>ELECTRICITY 12</div> <div>RADIO 12</div> <div>TELEVISION 12</div> <div>MOBILE TELEPHONE 12</div> <div>NON-MOBILE TELEPHONE 12</div> <div>REFRIGERATOR 12</div> <div>ELECTIC IRON 12</div> <div>COMPUTER 12</div> <div>POWER GENERATOR 12</div> <div>WARDROBE 12</div> | |
| 111 | What type of fuel does your household mainly use for cooking? | ELECTRICITY 01 LPG / NATURAL GAS / BIOGAS 02 KEROSENE 03 COAL / LIGNITE 04 CHARCOAL 05 WOOD 06 STRAW/SHRUBS/GRASS 07 AGRICULTURAL CROP 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY) | → 114 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|------------------|
| 112 | Is the cooking usually done in the house, in a separate building, or outdoors? | IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY) | <div>→ 114</div> |
| 113 | Do you have a separate room which is used as a kitchen? | YES 1 NO 2 | |
| 113A | Is the cooking usually done on an open fire, an open stove or a closed stove? | OPEN FIRE 1 OPEN STOVE 2 CLOSED STOVE 3 OTHER 4 (SPECIFY) | <div>→ 114</div> |
| 113B | Does this (fire/stove) have a chimney, a hood, or neither of these? | CHIMNEY 1 HOOD 2 NEITHER 3 | |
| 114 | MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION. | NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY) | |
| 115 | MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION. | NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 SOD 13 RUDIMENTARY ROOFING RUSTIC MAT 21 PALM / BAMBOO 22 WOOD PLANKS 23 CARDBOARD 24 TARPAULIN 25 FINISHED ROOFING METALIC SHEETS 31 WOOD 32 CALAMINE / CEMENT FIBER 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 ASBESTOS 37 OTHER 96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|-------|-----|----|-------------|---|---|---------------|---|---|------------------------|---|---|-------------------------|---|---|-----------------|---|---|-----------------------|---|---|--|
| 116 | MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION. | NATURAL WALLS NO WALLS 11 CANE/PALM/TRUNKS 12 DIRT 13 RUDIMENTARY WALLS BAMBOO WITH MUD 21 STONE WITH MUD 22 UNCOVERED ADOBE 23 METALIC SHEETS 24 PLYWOOD 25 CARDBOARD 26 REUSED WOOD 27 FINISHED WALLS CEMENT 31 STONE WITH LIME/CEMENT 32 BRICKS 33 CEMENT BLOCKS 34 COVERED ADOBE 35 WOOD PLANKS/SHINGLES 36 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | |
| 117 | How many rooms in this household are used for sleeping? | ROOMS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| 118 | Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor? | <table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>WATCH</td><td>1</td><td>2</td></tr> <tr> <td>BICYCLE</td><td>1</td><td>2</td></tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td><td>1</td><td>2</td></tr> <tr> <td>ANIMAL-DRAWN CART</td><td>1</td><td>2</td></tr> <tr> <td>CAR/TRUCK</td><td>1</td><td>2</td></tr> <tr> <td>BOAT WITH MOTOR</td><td>1</td><td>2</td></tr> </tbody> </table> | | YES | NO | WATCH | 1 | 2 | BICYCLE | 1 | 2 | MOTORCYCLE/SCOOTER ... | 1 | 2 | ANIMAL-DRAWN CART | 1 | 2 | CAR/TRUCK | 1 | 2 | BOAT WITH MOTOR | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | |
| WATCH | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| BICYCLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| MOTORCYCLE/SCOOTER ... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| ANIMAL-DRAWN CART | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| CAR/TRUCK | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| BOAT WITH MOTOR | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 119 | Does any member of this household own any agricultural land? | YES 1 NO 2 | → 121 | | | | | | | | | | | | | | | | | | | | | |
| 120 | How many acres of agricultural land do members of this household own? IF 995 OR MORE ACRES, CIRCLE '950'. | ACRES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 995 OR MORE ACRES 9950 DON'T KNOW 9998 | | | | | | | | | | | | | | | | | | | | | | |
| 121 | Does this household own any livestock, herds, other farm animals, or poultry? | YES 1 NO 2 | → 123 | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------------|-----|----|----|-------------------------|---|---|---|--|---|---|---|----------------|---|---|---|-----------------------|---|---|---|---------------------------|---|---|---|---------------------------------|---|---|---|-------------------|---|---|---|--|
| 122 | <p>How many of the following animals does this household own?</p> <p>IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'.</p> <p>Cows, calves or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Pigs?</p> <p>Goats?</p> <p>Sheep?</p> <p>Rabbits?</p> <p>Rodents for breeding?</p> <p>Chickens, geese ducks or turkeys?</p> <p>Birds for sale?</p> | <p>COWS / CALFS / BULLS</p> <p>HORSES / DONKEYS / MULES . . .</p> <p>PIGS</p> <p>GOATS</p> <p>SHEEP</p> <p>RABBITS</p> <p>RODENTS</p> <p>CHICKENS / GEESE / DUCKS</p> <p>BIRDS FOR SALE</p> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | Does any member of this household have a bank account? | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123A | <p>During the last 3 months did you or any member of your household receive assistance from organizations or government agencies? We only want to know about assistance received from people that are not members of your family, friends or neighbours. Did you receive any of the following:</p> <p>Assistance in the form of money or cash?</p> <p>Some money or materials to be used to start or to continue a business that makes money for the family?</p> <p>Assistance providing food?</p> <p>Assistance to pay for school fees?</p> <p>School supplies such textbooks, notebooks, uniforms?</p> <p>Assistance to pay for other school expenses?</p> <p>Shelter or a place to stay when needed?</p> | <table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>MONEY OR CASH</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MONEY OR MATERIALS FOR BUSINESS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>FOOD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SCHOOL FEES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SCHOOL SUPPLIES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER SCHOOL EXPENSES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SHELTER</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table> | | YES | NO | DK | MONEY OR CASH | 1 | 2 | 8 | MONEY OR MATERIALS FOR BUSINESS | 1 | 2 | 8 | FOOD | 1 | 2 | 8 | SCHOOL FEES | 1 | 2 | 8 | SCHOOL SUPPLIES | 1 | 2 | 8 | OTHER SCHOOL EXPENSES | 1 | 2 | 8 | SHELTER | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONEY OR CASH | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONEY OR MATERIALS FOR BUSINESS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOOD | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL FEES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOL SUPPLIES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER SCHOOL EXPENSES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHELTER | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 124 | At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <div>→ 126</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 125 | Who sprayed the dwelling? | <p>GOVERNMENT WORKER/PROGRAM A</p> <p>PRIVATE COMPANY B</p> <p>NONGOVERNMENTAL ORGANIZATION (NGO) C</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | Does your household have any mosquito nets that can be used while sleeping? | <p>YES 1</p> <p>NO 2</p> | <div>→ 137</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | <p>How many mosquito nets does your household have?</p> <p>IF 7 OR MORE NETS, RECORD '7'.</p> | <p>NUMBER OF NETS</p> <table border="1"> <tr><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | NET #1 | NET #2 | NET #3 |
|------|--|--|--|--|
| 128 | ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S). | OBSERVED 1 NOT OBSERVED ... 2 SKIP TO 129 ← | OBSERVED 1 NOT OBSERVED ... 2 SKIP TO 129 ← | OBSERVED 1 NOT OBSERVED ... 2 SKIP TO 129 ← |
| 128A | RECORD IF THE NET IS HANGING OR NOT HANGING | NET HANGING 1 NET NOT HANGING . 2 | NET HANGING 1 NET NOT HANGING . 2 | NET HANGING 1 NET NOT HANGING . 2 |
| 129 | How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'. | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 36 MONTHS AGO ... 95 NOT SURE 98 |
| 130 | OBSERVE OR ASK THE BRAND/TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT. | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← PRETREATED NET ANY BRAND 21 DK BRAND 22 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98 | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← PRETREATED NET ANY BRAND 21 DK BRAND 22 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98 | LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET 11 OLYSET 12 DURANET 13 OTHER/ DK BRAND ... 16 (SKIP TO 134) ← PRETREATED NET ANY BRAND 21 DK BRAND 22 (SKIP TO 132) ← OTHER BRAND ... 96 DK BRAND 98 |
| 131 | When you got the net, was it already treated with an insecticide to kill or repel mosquitoes? | YES 1 NO 2 NOT SURE 8 | YES 1 NO 2 NOT SURE 8 | YES 1 NO 2 NOT SURE 8 |
| 132 | Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes? | YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 134) ← NOT SURE 8 |
| 133 | How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'. | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 | MONTHS AGO ... <input type="text"/> <input type="text"/> MORE THAN 24 MONTHS AGO ... 95 NOT SURE 98 |
| 134 | Did anyone sleep under this mosquito net last night? | YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8 | YES 1 NO 2 (SKIP TO 136) ← NOT SURE 8 |

| | | NET #1 | NET #2 | NET #3 |
|------|--|---|---|---|
| 135 | Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| | | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| | | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| | | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | NAME _____ LINE NO. <input type="text"/> <input type="text"/> |
| 136 | | GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137. | GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137. | GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137. |
| 137 | Please show me where members of your household most often wash their hands. | OBSERVED 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT 2 NOT OBSERVED, NO PERMISSION TO SEE 3 NOT OBSERVED, OTHER REASON 4 (SKIP TO 139A) ← | | |
| 138 | OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING. | WATER IS AVAILABLE 1 WATER IS NOT AVAILABLE 2 | | |
| 139 | OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT AT THE PLACE FOR HANDWASHING. | SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) A ASH, MUD, SAND B 140 ← NONE C | | |
| 139A | Do you have any kind of soap, detergent or ash that you use for handwashing in your household?. IF YES: May I see it? | YES, SEEN 1 YES, NOT SEEN 2 NO 3 | | |
| 140 | ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE. | IODINE PRESENT 1 NO IODINE 2 NO SALT IN HOUSEHOLD 3 SALT NOT TESTED 6 (SPECIFY REASON) | | |

**CHILD LABOR
FOR CHILDREN AGED 5 THROUGH 14**

Now I would like to ask about any work that children in this household may do.

| LINE NUMBER | NAME OF CHILD FROM COL.2 | WORK LAST WEEK | | WORK IN LAST YEAR | HOUSEHOLD CHORES | | WORK IN FAMILY BUSINESS OR FARM | |
|--|---|--|---|--|--|--|---|--|
| WRITE CHILD'S LINE NUMBER FROM COLUMN 1 IN THE HOUSEHOLD SCHEDULE ONLY INCLUDE CHILDREN AGED 5-14 FROM COLUMN 7 | WRITE CHILD'S NAME FROM COLUMN 2 IN THE HOUSEHOLD SCHEDULE. | During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was that for pay or unpaid? | Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work for someone who is not a member of this household? INCLUDE ALL HOURS AT ALL JOBS. | At any time during the past year, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was that for pay or unpaid? | During the past week, did (NAME) help with household chores such as shopping, collecting firewood, cleaning, fetching water, or caring for children? | Since last (DAY OF THE WEEK), about how many hours did (NAME) spend doing these chores? | During the past week, did (NAME) do any other family work, on the farm or in a business or selling goods in the street? | Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work? |
| 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | PAID UNPAID NO 1 2 3 ↓ GO TO 145 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GO TO 146 | PAID UNPAID NO 1 2 3 | Y N 1 2 ↓ GO TO 148 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | Y N 1 2 ↓ NEXT LINE | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | PAID UNPAID NO 1 2 3 ↓ GO TO 145 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GO TO 146 | PAID UNPAID NO 1 2 3 | Y N 1 2 ↓ GO TO 148 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | Y N 1 2 ↓ NEXT LINE | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | PAID UNPAID NO 1 2 3 ↓ GO TO 145 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GO TO 146 | PAID UNPAID NO 1 2 3 | Y N 1 2 ↓ GO TO 148 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | Y N 1 2 ↓ NEXT LINE | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | PAID UNPAID NO 1 2 3 ↓ GO TO 145 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GO TO 146 | PAID UNPAID NO 1 2 3 | Y N 1 2 ↓ GO TO 148 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | Y N 1 2 ↓ NEXT LINE | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | PAID UNPAID NO 1 2 3 ↓ GO TO 145 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GO TO 146 | PAID UNPAID NO 1 2 3 | Y N 1 2 ↓ GO TO 148 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | Y N 1 2 ↓ NEXT LINE | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | PAID UNPAID NO 1 2 3 ↓ GO TO 145 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GO TO 146 | PAID UNPAID NO 1 2 3 | Y N 1 2 ↓ GO TO 148 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | Y N 1 2 ↓ NEXT LINE | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | PAID UNPAID NO 1 2 3 ↓ GO TO 145 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GO TO 146 | PAID UNPAID NO 1 2 3 | Y N 1 2 ↓ GO TO 148 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | Y N 1 2 ↓ NEXT LINE | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |
| <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | | PAID UNPAID NO 1 2 3 ↓ GO TO 145 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> GO TO 146 | PAID UNPAID NO 1 2 3 | Y N 1 2 ↓ GO TO 148 | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | Y N 1 2 ↓ NEXT LINE | HOURS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> |

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

| | | | | |
|-----|---|--|--|--|
| 201 | CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | CHILD 1 | CHILD 2 | CHILD 3 |
| 202 | LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 203 | IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 204 | CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER? | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) |
| 205 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 |
| 206 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT ... 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 |
| 208 | CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS? | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) OLDER 2 |
| 209 | LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED. | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> |
| 210 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p> | | |
| 211 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 _____ (SIGN) REFUSED 2 | GRANTED 1 _____ (SIGN) REFUSED 2 | GRANTED 1 _____ (SIGN) REFUSED 2 |
| 212 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET. | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT994 REFUSED 995 OTHER 996 |
| 213 | GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214. | | | |

| | | CHILD 4 | CHILD 5 | CHILD 6 |
|-----|---|--|--|--|
| 202 | LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME | LINE NUMBER <input type="text"/> <input type="text"/> NAME |
| 203 | IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date? | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 204 | CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER? | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ← | YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ← | YES 1 NO 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ← |
| 205 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | KG. <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 206 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 207 | MEASURED LYING DOWN OR STANDING UP? | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 | LYING DOWN 1 STANDING UP 2 NOT MEASURED 3 |
| 208 | CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS? | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ← OLDER 2 | 0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214) ← OLDER 2 | 0-5 MONTHS 1 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214) ← OLDER 2 |
| 209 | LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED. | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> | LINE NUMBER <input type="text"/> <input type="text"/> |
| 210 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>We ask that all children born in 2008 or later take part in anemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF CHILD) to participate in the anemia test?</p> | | |
| 211 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 | GRANTED 1 _____ (SIGN) ← REFUSED 2 |
| 212 | RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET . | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 |
| 213 | GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214. | | | |

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-49

| | | | | |
|-----|---|---|--|--|
| 214 | CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
| 215 | LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2 | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ | LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ |
| 216 | WEIGHT IN KILOGRAMS | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 |
| 217 | HEIGHT IN CENTIMETERS | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 218 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↙ |
| 219 | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 223) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 223) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 223) ↙ |
| 220 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT <input type="text"/> <input type="text"/> |
| 221 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p> | | |
| 222 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 228) |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|--|--|--|--|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 223 | ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?</p> | | |
| 224 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 226) |
| 225 | PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant? | YES 1 NO 2 DK 8 | YES 1 NO 2 DK 8 | YES 1 NO 2 DK 8 |
| 226 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ← | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 230) ← |
| 227 | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ← | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ← | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 230) ← |
| 228 | ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Sierra Leone.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p> | | |
| 229 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 239) |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|---|--|--|--|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 230 | ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT. | <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Sierra Leone.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p> | | |
| 231 | CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 239) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 239) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> (IF REFUSED, GO TO 239) |
| 232 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 236) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 236) ↙ | 15-17 YEARS 1 18-49 YEARS 2 (GO TO 236) ↙ |
| 233 | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 236) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 236) ↙ | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 236) ↙ |
| 234 | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 220 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17. | <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 235 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 238) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 238) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 238) |
| 236 | ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT. | <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |

| | | WOMAN 1 | WOMAN 2 | WOMAN 3 |
|-----|---|--|--|--|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 237 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 239) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 239) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 239) |
| 238 | ADDITIONAL TESTS | CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 235 AND 237: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. |
| 239 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). | | | |
| 240 | RECORD HEMO-GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET . | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 |
| 241 | BAR CODE LABEL | <div style="border: 1px dashed black; padding: 10px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 10px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 10px; margin-bottom: 10px;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. |
| 242 | GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 243. | | | |

WEIGHT, HEIGHT, HEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-59

| | | | | |
|-----|--|---|--|--|
| 243 | CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 244. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). | | | |
| | | MAN 1 | MAN 2 | MAN 3 |
| 244 | LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2 | LINE NUMBER NAME | LINE NUMBER NAME | LINE NUMBER NAME |
| 245 | WEIGHT IN KILOGRAMS | KG. NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. NOT PRESENT 99994 REFUSED 99995 OTHER 99996 | KG. NOT PRESENT 99994 REFUSED 99995 OTHER 99996 |
| 246 | HEIGHT IN CENTIMETERS | CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996 | CM. NOT PRESENT 9994 REFUSED 9995 OTHER 9996 |
| 247 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 252) ← | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 252) ← | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 252) ← |
| 248 | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 252) ← | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 252) ← | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 252) ← |
| 249 | RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED. | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT | LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT |
| 250 | ASK CONSENT FOR ANEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>The blood will be tested for anemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions?</p> <p>You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide.</p> <p>Will you allow (NAME OF ADOLESCENT) to take the anemia test?</p> | | |
| 251 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 256) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 256) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 256) |

| | | MAN 1 | MAN 2 | MAN 3 |
|-----|--|--|---|---|
| | NAME FROM COLUMN 2 | NAME _____ | NAME _____ | NAME _____ |
| 252 | ASK CONSENT FOR ANEMIA TEST FROM RESPONDENT. | <p>As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.</p> <p>For the anemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anemia immediately, and the result will be told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the anemia test?</p> | | |
| 253 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) |
| 254 | AGE: CHECK COLUMN 7. | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ← | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ← | 15-17 YEARS 1 18-59 YEARS 2 (GO TO 258) ← |
| 255 | MARITAL STATUS: CHECK COLUMN 8. | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ← | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ← | CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 258) ← |
| 256 | ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17. | <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Sierra Leone.</p> <p>For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know his HIV status, I can provide him with a list of [nearby] facilities offering counseling and testing for HIV. I will also give him a voucher for free services that can be used at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT) to take the HIV test?</p> | | |
| 257 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267) | GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 _____ (SIGN) (IF REFUSED, GO TO 267) |

| | | | | |
|-----|---|--|--|--|
| 258 | ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT | <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Sierra Leone.</p> <p>For the HIV test, we need a few more drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.</p> <p>Do you have any questions? You can say yes to the test, or you can say no. It is up to you to decide. Will you take the HIV test?</p> | | |
| 259 | CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER. | <p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p> | <p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p> | <p>GRANTED 1 RESPONDENT REFUSED 2</p> <p>_____ (SIGN)</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>(IF REFUSED, GO TO 267)</p> |
| 260 | AGE: CHECK COLUMN 7. | <p>15-17 YEARS 1 18-49 YEARS 2 (GO TO 264) ←</p> | <p>15-17 YEARS 1 18-49 YEARS 2 (GO TO 264) ←</p> | <p>15-17 YEARS 1 18-49 YEARS 2 (GO TO 264) ←</p> |
| 261 | MARITAL STATUS: CHECK COLUMN 8. | <p>CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 264) ←</p> | <p>CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 264) ←</p> | <p>CODE 4 (NEVER IN UNION) 1 OTHER 2 (GO TO 264) ←</p> |
| 262 | ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 249 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17. | <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing, (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 263 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | <p>GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 266)</p> | <p>GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 266)</p> | <p>GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2</p> <p>_____ (SIGN)</p> <p>(IF REFUSED, GO TO 266)</p> |

| | | | | |
|-----|---|---|---|---|
| 264 | ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT. | <p>We ask you to allow [SURVEY IMPLEMENTING ORGANIZATION/MINISTRY OF HEALTH] to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?</p> | | |
| 265 | CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 267) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 267) | GRANTED 1 RESPONDENT REFUSED 2 _____ (SIGN) (IF GRANTED, GO TO 267) |
| 266 | ADDITIONAL TESTS | CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. | CHECK 263 AND 265: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER. |
| 267 | PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S). | | | |
| 268 | RECORD HEMOGLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 | G/DL <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 994 REFUSED 995 OTHER 996 |
| 269 | BAR CODE LABEL | <div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. | <div style="border: 1px dashed black; padding: 10px; text-align: center;"> PUT THE 1ST BAR CODE LABEL HERE. </div> NOT PRESENT 99994 REFUSED 99995 OTHER 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM. |
| 270 | GO BACK TO 245 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW. | | | |