

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE FOR STATISTICS AND GEO-INFORMATION SERVICES
2006 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY

August 31, 2006

QUESTIONNAIRE FOR MEN AGED 15-49

| IDENTIFICATION | | | | |
|---|--|---|-------|---|
| NAME OF COUNTY _____ | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | | |
| NAME OF DISTRICT _____ | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | | |
| NAME OF CLAN/TOWNSHIP _____ | | | | |
| NAME OF CITY/TOWN/VILLAGE _____ | | | | |
| LDHS CLUSTER NUMBER | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | | |
| LDHS STRUCTURE NUMBER | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | | |
| HOUSEHOLD NUMBER | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | | |
| URBAN: MONROVIA=1; OTHER URBANS=2; VILLAGE=3 | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | |
| NAME AND LINE NUMBER OF MAN _____ | <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | | |
| INTERVIEWER VISITS | | | | |
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | _____ | _____ | _____ | DAY <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| | | | | MONTH <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| | | | | YEAR <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. NUMBER <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| RESULT* | _____ | _____ | _____ | RESULT* <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| | TIME | _____ | | |
| <p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div> | | | | |
| SUPERVISOR | | FIELD EDITOR | | OFFICE EDITOR |
| NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| DATE _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | DATE _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> | | DATE _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |
| | | | | KEYED BY |
| | | | | NAME _____ <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> |

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Liberia Institute for Statistics and Geo-Information Services (LISGIS). We are conducting a National Demographic and Health Survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey interview usually takes about 45 minutes. The information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary. 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. However, we hope that you will participate in this survey since your views are important.

Do you want to ask me anything about the survey? 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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 101 | RECORD THE TIME AT START OF INTERVIEW: | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 102 | How long have you been living continuously in (NAME OF CITY, TOWN, VILLAGE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS. | YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96 | → 103A |
| 103 | Just before you moved here, did you live in a city, in a town, or in a village? | CITY 1 TOWN 2 VILLAGE 3 | |
| 103A | During the war, did you leave your house? IF YES: Where did you go? CIRCLE ALL MENTIONED. | NO, DID NOT LEAVE HOUSE A STAYED WITH RELATIVES OR FRIENDS INSIDE LIBERIA B WENT TO A CAMP C LIVED IN THE BUSH D WENT OUTSIDE LIBERIA E OTHER X | |
| 104 | In the last 12 months, how many times did you travel away from your home and slept away? | NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00 | → 106 |
| 105 | In the last 12 months, have you been away from home for more than one month at a time? | YES 1 NO 2 | |
| 106 | In what month and year were you born? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |
| 107 | How old are you? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> | |
| 108 | Have you ever been to school? | YES 1 NO 2 | → 112 |
| 109 | What is the highest level of school you attended: primary, secondary, or higher? | PRIMARY 1 SECONDARY 2 HIGHER 3 | |
| 110 | What is the highest grade you completed at that level? | GRADE <input type="text"/> <input type="text"/> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 111 | CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> OR HIGHER | | 115 |
| 112 | Can you read this sentence to me? SHOW SENTENCES TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me? | CANNOT READ AT ALL 1 CAN READ ONLY PART OF SENTENCE 2 CAN READ WHOLE SENTENCE 3 CAN READ, BUT NOT ENGLISH 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5 | |
| 113 | Have you ever been to any program besides primary school that teaches you to read and write? | YES 1 NO 2 | |
| 114 | CHECK 112: CODE '2', '3' <input type="checkbox"/> CODE '1' OR '5' <input type="checkbox"/> OR '4' CIRCLED | | 116 |
| 115 | Do you read newspapers or magazines ? How many times a week do you read them: almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 116 | Do you listen to the radio ? How many times a week do you listen: almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 117 | Do you read watch TV or videos ? How many times a week do you watch TV: almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 118 | What is your religion? | CHRISTIAN 1 MUSLIM 2 TRADITIONAL RELIGION 3 NO RELIGION 4 OTHER 6 (SPECIFY) | |
| 119 | What dialect do you speak (besides English)? | BASSA 01 GBANDI 02 BELLE 03 DEY 04 GIO 05 GOLA 06 GREBO 07 KISSI 08 KPELLE 09 KRAHN 10 KRU 11 LORMA 12 MANDIGO 13 MANO 14 MENDE 15 VAI 16 NONE / ONLY ENGLISH 17 OTHER 96 | |

SENTENCES FOR READING (Q.112):

1. The child is reading a book.
2. Farming is hard work.
3. Parents should care for their children.
4. The rains were heavy this year.

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|--|---|--------------------------------|--|--|--|--|--|--|--|--|
| 201 | Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman? | YES 1 NO 2 DON'T KNOW 8 | <input type="checkbox"/> → 206 | | | | | | | | |
| 202 | Do you have any sons or daughters that you have fathered who are now living with you? | YES 1 NO 2 | → 204 | | | | | | | | |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'. | SONS AT HOME <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 204 | Do you have any sons or daughters you have fathered who are alive but do not live with you? | YES 1 NO 2 | → 206 | | | | | | | | |
| 205 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. | SONS ELSEWHERE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
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| 206 | Have you ever fathered a son or daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? | YES 1 NO 2 | → 208 | | | | | | | | |
| 207 | How many boys have died? And how many girls have died? IF NONE, RECORD '00'. | BOYS DEAD <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <table border="1"><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 209 | CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> → HAS HAD ONLY ONE CHILD <input type="checkbox"/> → HAS NOT HAD ANY CHILDREN <input type="checkbox"/> → | | → 212 → 301 | | | | | | | | |
| 210 | Did all of the children you have fathered have the same biological mother? | YES 1 NO 2 | → 212 | | | | | | | | |
| 211 | In all, how many women have you fathered children with? | NUMBER OF WOMEN <table border="1"><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 212 | How old were you when your (first) child was born? | AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |

| | | | |
|-----|---|---|---|
| 213 | CHECK 203 AND 205: AT LEAST ONE <input type="checkbox"/> NO LIVING <input type="checkbox"/> CHILDREN LIVING CHILD | | → 301 |
| 214 | How many years old is your (youngest) child? | AGE IN YEARS | <input type="text"/> <input type="text"/> |
| 215 | CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> OTHER <input type="checkbox"/> IS AGE 0-3 YEARS | | → 301 |
| 216 | What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD) | | |
| 217 | Was (NAME) born in a hospital or health facility? | HOSPITAL/HEALTH FACILITY 1 OTHER 2 | → 219 |
| 218 | What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility? | COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 HE DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 OTHER 96 (SPECIFY) DON'T KNOW 98 | |
| 219 | When a child has running stomach, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all? | MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8 | |

SECTION 3. CONTRACEPTION

| | | | |
|-----|---|---|--|
| 301 | <p>Now I would like to talk about family planning or birth control.</p> <p>Which family planning methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.</p> | | 302 Have you ever used (METHOD)? |
| 01 | FEMALE STERILIZATION, TUBE TIE, TURNING THE WOMB. Women can have an operation to avoid having any more children. | YES 1 NO 2 | |
| 02 | MALE STERILIZATION Men can have an operation to avoid having any more children. | YES 1 NO 2 ↓ | Have you ever had an operation to avoid having any more children? YES 1 NO 2 |
| 03 | PILL Women can take a pill every day to avoid becoming pregnant. | YES 1 NO 2 | |
| 04 | IUD Women can have a loop or coil placed inside them by a doctor or a nurse. | YES 1 NO 2 | |
| 05 | INJECTABLES Women can have an injection by a health their upper provider that stops them from becoming pregnant for one or more months. | YES 1 NO 2 | |
| 06 | IMPLANTS Women can have several small rods placed in arm by a doctor or nurse which can prevent pregnancy for one or more years. | YES 1 NO 2 | |
| 07 | CONDOM, RAINCOAT Men can put a rubber sheath on their penis before sexual intercourse. | YES 1 NO 2 ↓ | YES 1 NO 2 |
| 08 | FEMALE CONDOM Women can put a sheath in their vagina before sexual intercourse. | YES 1 NO 2 | |
| 09 | RHYTHM METHOD, CALENDAR A woman can avoid getting pregnant if she doesn't have sex on the days of the month she is most likely to get pregnant. | YES 1 NO 2 ↓ | YES 1 NO 2 |
| 10 | WITHDRAWAL Men can be careful and pull out before climax. | YES 1 NO 2 ↓ | YES 1 NO 2 |
| 11 | EMERGENCY CONTRACEPTION After having unprotected sex, women can take special pills at any time within five days to prevent pregnancy. | YES 1 NO 2 | |
| 12 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 303 | In the last few months, have you: Heard about family planning on the radio? Heard about family planning on the television? Read about family planning in a newspaper or magazine? | YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE 1 2 | |
| 304 | In the last few months, have you discussed family planning with a health worker or health professional? | YES 1 NO 2 | |
| 306 | When do you think a woman can get pregnant: just before her period begins, during her period, just after her period ends, or halfway between two periods? | JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 JUST AFTER HER PERIOD ENDS ... 3 HALFWAY BETWEEN TWO PERIODS 4 ANY TIME 5 OTHER 6 (SPECIFY) DON'T KNOW 8 | |
| 307 | Do you think that a woman who is giving titi to her baby can get pregnant? | YES 1 NO 2 DEPENDS 3 DON'T KNOW 8 | |
| 308 | Please tell me if you agree or disagree. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. | DIS- AGREE AGREE DK CONTRACEPTION WOMAN'S BUSINESS . 1 2 8 WOMAN MAY BECOME PROMISCUOUS ... 1 2 8 | |
| 309 | CHECK 301 (07) KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/> | | → 401 |
| 310 | Do you know of a place where a person can get condoms? | YES 1 NO 2 | → 401 |
| 311 | Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH CLINIC C NACP D OTHER PUBLIC E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... F PHARMACY G PRIVATE DOCTOR H FAMILY PLANNING ASSN. LIBERIA I MOBILE CLINIC J OTHER PRIVATE MEDICAL K (SPECIFY) OTHER SOURCE SHOP L CHURCH M FRIEND/RELATIVE N OTHER X (SPECIFY) | |
| 312 | If you wanted to, could you yourself get a condom? | YES 1 NO 2 | |

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP | | | | | | | | | | | | | | | |
|-------|--|---|--------------------------|-------------|-----|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|-------|----------------------|----------------------|--|--|
| 401 | Are you currently married or living together with a woman as if married? | YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3 | <input type="checkbox"/> | → 404 | | | | | | | | | | | | | | | |
| 402 | Have you ever been married or lived together with a woman as if married? | YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3 | <input type="checkbox"/> | → 413 | | | | | | | | | | | | | | | |
| 403 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 | <input type="checkbox"/> | → 410 | | | | | | | | | | | | | | | |
| 404 | Is your wife/partner living with you now or is she staying elsewhere? | LIVING WITH HIM 1 STAYING ELSEWHERE 2 | | | | | | | | | | | | | | | | | |
| 405 | Do you have more than one wife or woman you live with as if married? | YES 1 NO 2 | <input type="checkbox"/> | → 407 | | | | | | | | | | | | | | | |
| 406 | Altogether, how many wives do you have or other partners do you live with as if married? | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... | <input type="text"/> | | | | | | | | | | | | | | | | |
| 407 | <p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).</p> </div> </div> | <table border="1"> <thead> <tr> <th>NAME</th><th>LINE NUMBER</th><th>AGE</th></tr> </thead> <tbody> <tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>_____</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table> | NAME | LINE NUMBER | AGE | _____ | <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input type="text"/> | 408 How old was (NAME) on her last birthday? | |
| NAME | LINE NUMBER | AGE | | | | | | | | | | | | | | | | | |
| _____ | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | |
| _____ | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | |
| _____ | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | |
| _____ | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | |
| 409 | <p>CHECK 407:</p> <div style="display: flex; justify-content: space-around;"> <div>ONE WIFE/ PARTNER <input type="checkbox"/></div> <div>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></div> </div> | | | → 411A | | | | | | | | | | | | | | | |
| 410 | Have you been married or lived with a woman only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | <input type="checkbox"/> | → 411A | | | | | | | | | | | | | | | |
| 411 | In what month and year did you start living with your wife (partner)? | MONTH <input type="text"/> | | | | | | | | | | | | | | | | | |
| 411A | Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/partner? | <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> | <input type="checkbox"/> | → 413 | | | | | | | | | | | | | | | |
| 412 | How old were you when you first started living with her? | AGE <input type="text"/> | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|--------------------|
| 413 | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 414 | Now I would like to ask you some questions about woman business in order to gain a better understanding of some important life issues. How old were you when you did woman business for the first time? | NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95 | → 417 → 417 |
| 415 | CHECK 107: AGE <input type="text"/> 15-24 ↓ AGE <input type="text"/> 25-49 | | → 501 |
| 416 | Do you plan to wait until you get married to do woman business? | YES 1 NO 2 DON'T KNOW/UNSURE 8 | → 501 |
| 417 | CHECK 107: AGE <input type="text"/> 15-24 ↓ AGE <input type="text"/> 25-49 | | → 419 |
| 418 | The <u>first</u> time you did woman business, did you use a condom? | YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8 | |
| 419 | When was the <u>last</u> time you did woman business? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 | → 435 |

| | | LAST SEXUAL PARTNER | SECOND-TO-LAST SEXUAL PARTNER | THIRD-TO-LAST SEXUAL PARTNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 420 | Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If I ask any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 422 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 421 | When was the last time you did woman business with this person? | | DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 422 | The last time you did woman business (with this second/third person), did you use a condom? | YES 1 NO 2 (SKIP TO 424) ← | YES 1 NO 2 (SKIP TO 424) ← | YES 1 NO 2 (SKIP TO 424) ← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 423 | Did you use a condom every time you did woman business with this person in the last 12 months? | YES 1 NO 2 | YES 1 NO 2 | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 424 | What was your relationship to this (second/third) person with whom you did woman business? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '02'. IF NO, CIRCLE '03'. | WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) | WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) | WIFE 1 (SKIP TO 426) ← LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 425 | How long (have you done/did you do) woman business with her? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS. | DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | DAYS . 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | |
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| 426 | The last time you did woman business with this (second/third) person, did you or this person drink alcohol? | YES 1 NO 2 (SKIP TO 428) ← | YES 1 NO 2 (SKIP TO 428) ← | YES 1 NO 2 (SKIP TO 429) ← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 427 | Were you or your partner drunk at that time? IF YES: Who was drunk? | RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4 | RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4 | RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 428 | Apart from [this person/these two people], did you do woman business with any other person in the last 12 months? | YES 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO 2 (SKIP TO 430) ← | YES 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO 2 (SKIP TO 430) ← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 429 | In the last 12 months, how many women have you done woman business with? PROBE TO GET AN ESTIMATE. IF MORE THAN 96, WRITE '96'. | | | NUMBER OF PARTNERS LAST 12 MONTHS ... <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 430 | CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/> NO PARTNERS ARE PROSTITUTES <input type="checkbox"/> | <input type="checkbox"/> → 432 | |
| 431 | CHECK 424 AND 422 (ALL COLUMNS): OTHER <input type="checkbox"/> CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> | <input type="checkbox"/> → 434 → 435 | |
| 432 | In the last 12 months, did you pay anyone in exchange for doing woman business? | YES 1 NO 2 | → 435 |
| 433 | The last time you paid someone in exchange for doing woman business, did you use a condom? | YES 1 NO 2 | → 435 |
| 434 | Did you use a condom every time you paid someone in exchange for doing woman business in the last 12 months? | YES 1 NO 2 DK 8 | |
| 435 | In your whole life, how many women have you done woman business with? PROBE TO GET AN ESTIMATE. IF MORE THAN 96, WRITE '96'. | NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 436 | CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/> | <input type="checkbox"/> → 442 | |
| 439 | How many condoms did you get the last time? | NUMBER OF CONDOMS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 | |
| 440 | The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had? | COST <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998 | |
| 441 | From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH CLINIC 13 NACP 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 PHARMACY 22 PRIVATE DOCTOR 23 FAMILY PLANNING ASSN. LIBERIA 24 MOBILE CLINIC 25 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 CHURCH 32 FRIEND/RELATIVE 33 OTHER 96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|-------|
| 442 | CHECK 302 (02): RESPONDENT EVER STERILIZED <div style="display: flex; justify-content: space-around; align-items: center;"> NO <input type="checkbox"/> YES <input type="checkbox"/> </div> | | → 501 |
| 443 | The last time you did woman business did you or your partner use any family planning method (other than a condom)? | YES 1 NO 2 DON'T KNOW 8 | → 501 |
| 444 | What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED. | FEMALE STERILIZATION A PILL B IUD C INJECTABLES D IMPLANTS E RHYTHM METHOD I WITHDRAWAL J OTHER _____ X (SPECIFY) | |

SECTION 5. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | |
|-----|--|---|------|--|--|--|--|--|--|
| 501 | CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> ↓ QUESTION NOT ASKED <input type="checkbox"/> | → 508 | | | | | | | |
| 502 | CHECK 302: MAN NOT STERILIZED <input type="checkbox"/> ↓ MAN STERILIZED <input type="checkbox"/> | → 508 | | | | | | | |
| 503 | (Is your wife (partner)/Are any of your wives (partners)) currently pregnant? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | |
| 504 | CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> ↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? WIFE(WIVES)/PARTNER(S) PREGNANT <input type="checkbox"/> ↓ Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s) are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE INFECUND 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8 → 508 | | | | | | | |
| 506 | CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT <input type="checkbox"/> ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS 1 YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 COUPLE INFECUND 994 OTHER 996 (SPECIFY) DON'T KNOW 998 | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 508 | CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time 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? 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? PROBE FOR A NUMERIC RESPONSE. | NONE 00 NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> OTHER 96 (SPECIFY) → 601 | | | | | | | |
| | | | | | | | | | |
| 509 | How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? | BOYS GIRLS EITHER NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> OTHER 96 (SPECIFY) | | | | | | | |
| | | | | | | | | | |

SECTION 6. EMPLOYMENT AND GENDER ROLES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 601 | Have you done any work in the last seven days? | YES 1 NO 2 | → 604 |
| 602 | Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason? | YES 1 NO 2 | → 604 |
| 603 | Have you done any work in the last 12 months? | YES 1 NO 2 | → 613 |
| 604 | What is your occupation, that is, what kind of work do you mainly do? | <div style="border: 1px solid black; width: 150px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 150px; height: 30px;"></div> | |
| 605 | CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | | → 607 |
| 606 | Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land? | OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 COMMUNAL LAND 5 | |
| 607 | Do you do this work for a member of your family, for someone else, or are you self-employed? | FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3 | |
| 608 | Do you usually work throughout the year, or do you work seasonally, or only once in a while? | THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3 | |
| 609 | Are you paid in cash or kind for this work or are you not paid at all? | CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 | |
| 610 | CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/> QUESTION NOT ASKED <input type="checkbox"/> | | → 613 |
| 611 | CHECK 609: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 613 |
| 612 | Who decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly? | RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/PARTNER(S) JOINTLY 3 OTHER 6 <div style="text-align: center;">SPECIFY _____</div> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | SKIP |
|-----|---|---|------|-----------------|---------------------------|------|
| 613 | In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: | HUS- BAND | WIFE | BOTH EQUALLY | DON'T KNOW/ DEPENDS | |
| | a) making large household purchases? | a) 1 | 2 | 3 | 8 | |
| | b) making small daily household purchases? | b) 1 | 2 | 3 | 8 | |
| | c) deciding when to visit the wife's family or relatives? | c) 1 | 2 | 3 | 8 | |
| | d) deciding what to do with the money she earns for her work? | d) 1 | 2 | 3 | 8 | |
| | e) deciding how many children to have? | e) 1 | 2 | 3 | 8 | |
| 614 | I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them. | DIS- AGREE AGREE DK | | | | |
| | a) Childbearing is a woman's concern and there is no need for the father to get involved. | CHILDBEARING WOMAN'S CONCERN | 1 | 2 | 8 | |
| | b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery. | DOCTOR/NURSE'S ASSISTANCE CRUCIAL | 1 | 2 | 8 | |
| 615 | Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: | YES NO DK | | | | |
| | If she goes out without telling him? | GOES OUT | 1 | 2 | 8 | |
| | If she neglects the children? | NEGL. CHILDREN ... | 1 | 2 | 8 | |
| | If she argues with him? | ARGUES | 1 | 2 | 8 | |
| | If she refuses to do men business with him? | REFUSES SEX | 1 | 2 | 8 | |
| | If she burns the food? | BURNS FOOD | 1 | 2 | 8 | |
| 616 | Do you think that if a woman refuses to do men business with her husband when he wants her to, he has the right to... | YES NO DON'T KNOW/ DEPENDS | | | | |
| | a) Get angry and reprimand her? | a) 1 | 2 | 8 | | |
| | b) Refuse to give her money or other means of support? | b) 1 | 2 | 8 | | |
| | c) Use force and do woman business with her even if she doesn't want to? | c) 1 | 2 | 8 | | |
| | d) Go ahead and have sex with another woman? | d) 1 | 2 | 8 | | |

SECTION 7. HIV/AIDS

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|-------|
| 701 | Now I would like to talk about something else. Have you ever heard of an illness called AIDS? | YES 1 NO 2 | → 733 |
| 702 | Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? | YES 1 NO 2 DON'T KNOW 8 | |
| 703 | Can people get the AIDS virus from mosquito bites? | YES 1 NO 2 DON'T KNOW 8 | |
| 704 | Can people reduce their chance of getting the AIDS virus by using a condom every time they do woman business? | YES 1 NO 2 DON'T KNOW 8 | |
| 705 | Can people get the AIDS virus by sharing food with a person who has AIDS? | YES 1 NO 2 DON'T KNOW 8 | |
| 706 | Can people reduce their chance of getting the AIDS virus by not doing woman business at all? | YES 1 NO 2 DON'T KNOW 8 | |
| 707 | Can people get the AIDS virus because of witchcraft or other supernatural means? | YES 1 NO 2 DON'T KNOW 8 | |
| 708 | Is it possible for a healthy-looking person to have the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |
| 709 | Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding? | <div style="text-align: right;">YES NO DK</div> DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8 | |
| 710 | CHECK 709: AT LEAST <input type="checkbox"/> ONE 'YES' ↓ <div style="text-align: right;">OTHER <input type="checkbox"/> →</div> | | → 712 |
| 711 | Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby? | YES 1 NO 2 DON'T KNOW 8 | |
| 712 | Have you heard about antiretroviral drugs that people infected with the AIDS virus can get from a doctor or nurse to help them live longer? | YES 1 NO 2 DON'T KNOW 8 | |
| 712A | CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 713 | I don't want to know the results, but have you ever gone for an AIDS test? | YES 1 NO 2 | → 718 |
| 714 | When was the last time you were tested? | LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3 | |
| 715 | The last time you had the test, did you ask for the test, was it offered to you and you accepted, or was it required? | ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3 | |
| 716 | I don't want to know the results, but did you get the results of the test? | YES 1 NO 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|--------------|
| 717 | <p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER, VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH CLINIC 13</p> <p>STAND-ALONE VCT CENTER ... 14</p> <p>NACP 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE DOCTOR 22</p> <p>STAND-ALONE VCT CENTER ... 23</p> <p>PHARMACY 24</p> <p>FAMILY PLANNING ASSN.LIBERIA 25</p> <p>MOBILE CLINIC 26</p> <p>OTHER PRIVATE MEDICAL 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>(SPECIFY)</p> | <p>→ 720</p> |
| 718 | <p>Do you know of a place where people can go to get tested for the AIDS virus?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 720</p> |
| 719 | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH CLINIC C</p> <p>STAND-ALONE VCT CENTER ... D</p> <p>NACP E</p> <p>OTHER PUBLIC F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>STAND-ALONE VCT CENTER ... I</p> <p>PHARMACY J</p> <p>FAMILY PLANNING ASSN.LIBERIA K</p> <p>MOBILE CLINIC L</p> <p>OTHER PRIVATE MEDICAL M</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP N</p> <p>OTHER X</p> <p>(SPECIFY)</p> | |
| 720 | <p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 721 | <p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p> | <p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p> | |
| 722 | <p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p> | <p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p> | |
| 723 | <p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p> | <p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 731 | Should children age 12-14 be taught about using a condom to avoid getting AIDS? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 732 | Should children age 12-14 be taught to wait until they get married to do woman business in order to avoid getting AIDS? | YES 1 NO 2 DK/NOT SURE/DEPENDS 8 | |
| 733 | CHECK 701: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through woman business?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>Have you heard about infections that can be transmitted through woman business?</p> </div> </div> | YES 1 NO 2 | |
| 734 | CHECK 414: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div> </div> | | → 742 |
| 735 | CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YES <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NO <input type="checkbox"/></p> </div> </div> | | → 737 |
| 736 | Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got from doing woman business? | YES 1 NO 2 DON'T KNOW 8 | |
| 737 | Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? | YES 1 NO 2 DON'T KNOW 8 | |
| 738 | Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis? | YES 1 NO 2 DON'T KNOW 8 | |
| 739 | CHECK 736, 737, AND 738: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p> </div> </div> | | → 742 |
| 740 | The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment? | YES 1 NO 2 | → 742 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 741 | <p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH CLINIC C</p> <p>STAND-ALONE VCT CENTER ... D</p> <p>OTHER PUBLIC E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>STAND-ALONE VCT CENTER ... H</p> <p>PHARMACY I</p> <p>FAMILY PLANNING ASSN.LIBERIA J</p> <p>MOBILE CLINIC K</p> <p>OTHER PRIVATE MEDICAL L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>OTHER X</p> <p>(SPECIFY)</p> | |
| 742 | <p>Husbands and wives do not always agree in everything.</p> <p>If a wife knows her husband has a disease that she can get from doing men business, is she justified in refusing to do men business with him?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 743 | <p>If a wife knows her husband has a disease that she can get from doing men business, is she justified in asking that they use a condom when they have sex?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 744 | <p>Is a wife justified in refusing to do men business with her husband when she is tired or not in the mood?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 745 | <p>Is a wife justified in refusing to do men business with her husband when she knows her husband has sex with other women?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |

SECTION 8. OTHER HEALTH ISSUES

[illegible]

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 809 | Did the person who gave you that injection take the syringe and needle from a new, unopened package? | YES 1 NO 2 DON'T KNOW 8 | |
| 810 | Do you currently smoke cigarettes? | YES 1 NO 2 | → 812 |
| 811 | In the last 24 hours, how many cigarettes did you smoke? | CIGARETTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> | |
| 812 | Do you currently smoke or use any other type of tobacco? | YES 1 NO 2 | → 814 |
| 813 | What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED. | PIPE A CHEWING TOBACCO B SNUFF C OTHER X (SPECIFY) | |
| 814 | CHECK 107: AGE 15-24 <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table> ↓ AGE 25-49 <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table> → | | → 820 |
| 815 | Are you currently attending school? | YES 1 NO 2 | → 817 |
| 816 | Who is helping to pay for most of your school expenses? | RESPONDENT HIMSELF 01 PARENTS 02 RELATIVES 03 ON SCHOLARSHIP 04 WIFE/PARTNER 05 GIRLFRIEND/LOVER 06 OTHER 96 | |
| 817 | Do you drink liquor? | YES 1 NO 2 | |
| 820 | RECORD THE TIME. | HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> | |