11 January 2013

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES
2013 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

LDHS CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

HOUSEHOLD SELECTED FOR MALE SURVEY, ANTHROPOMETRY, AND BLOOD COLLECTION?
(YES = 1, NO = 2)

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0 1 3
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

*RESULT CODES:
   1   COMPLETED
   2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT
         AT HOME AT TIME OF VISIT
   3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
   4   POSTPONED
   5   REFUSED
   6   DWELLING VACANT OR ADDRESS NOT A DWELLING
   7   DWELLING DESTROYED
   8   DWELLING NOT FOUND
   9   OTHER _____
                       (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Liberia Institute of Statistics and Geo-Information Services (LISGIS). We are conducting a survey about demographics and health all over Liberia. 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 30 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	MARITAL STATUS	ELIGIBILITY	IF AGE 15 OR OLDER	
1	2	3	4	5	6	7	8	9	10	11
	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. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C ON PAGE HH-6 TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HH IS SELECTED FOR MALE SURVEY ANTHROPOMETRY, AND BLOOD COLLECTION: CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F	Y N	Y N	IN YEARS				
01		☐☐	1 2	1 2	1 2	☐☐	☐	01	01	01
02		☐☐	1 2	1 2	1 2	☐☐	☐	02	02	02
03		☐☐	1 2	1 2	1 2	☐☐	☐	03	03	03
04		☐☐	1 2	1 2	1 2	☐☐	☐	04	04	04
05		☐☐	1 2	1 2	1 2	☐☐	☐	05	05	05
06		☐☐	1 2	1 2	1 2	☐☐	☐	06	06	06
07		☐☐	1 2	1 2	1 2	☐☐	☐	07	07	07
08		☐☐	1 2	1 2	1 2	☐☐	☐	08	08	08
09		☐☐	1 2	1 2	1 2	☐☐	☐	09	09	09
10		☐☐	1 2	1 2	1 2	☐☐	☐	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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

	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 REGIS-TRATION
	12	13	14	15	16	17	18	19	20
	Is (NAME)'s natural mother still living?	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 still living?	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? 1 = HAS CERTIFICATE 2 = DOES NOT HAVE CERTIFICATE 8 = DON'T KNOW
01	Y 1 N 2 → GO TO 14 DK 8		Y 1 N 2 → GO TO 16 DK 8		Y 1 N 2 ↓ GO TO 21	LEVEL GRADE	Y 1 N 2 ↓ GO TO 21	LEVEL GRADE	
02	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		
03	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		
04	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		
05	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		
06	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		
07	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		
08	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		
09	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		
10	1 2 → GO TO 14 8		1 2 → GO TO 16 8		1 2 ↓ GO TO 21		1 2 ↓ GO TO 21		

CODES FOR Qs. 17 AND 19: EDUCATION

LEVEL	GRADE
1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 17 ONLY.
3 = HIGHER	THIS CODE IS NOT ALLOWED
6 = NURSERY, KINDERGARTEN	FOR Q. 19)
8 = DON'T KNOW	98 = DON'T KNOW

LINE NO.	INPATIENT		OUTPATIENT		
	21	22	23	24	25
	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR IN-PATIENT MODULE CHECK COLUMN 21: CODE 1 "YES" CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR OUT-PATIENT MODULE CHECK COLUMN 24: CODE 1 "YES" CIRCLED.
01	Y 1 N 2 ─┬─ DK 8 GO TO 23	01	Y 1 N 2 ─┬─ DK 8 NEXT LINE	Y 1 N 2 ─┬─ DK 8 NEXT LINE	01
02	1 2 ─┬─ 8 GO TO 23	02	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	02
03	1 2 ─┬─ 8 GO TO 23	03	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	03
04	1 2 ─┬─ 8 GO TO 23	04	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	04
05	1 2 ─┬─ 8 GO TO 23	05	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	05
06	1 2 ─┬─ 8 GO TO 23	06	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	06
07	1 2 ─┬─ 8 GO TO 23	07	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	07
08	1 2 ─┬─ 8 GO TO 23	08	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	08
09	1 2 ─┬─ 8 GO TO 23	09	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	09
10	1 2 ─┬─ 8 GO TO 23	10	1 2 ─┬─ 8 NEXT LINE	1 2 ─┬─ 8 NEXT LINE	10

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							IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
	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. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C ON PAGE HH-6 TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-25 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	IF HH IS SELECTED FOR MALE SURVEY ANTHROPOMETRY, AND BLOOD COLLECTION: CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS				
11		☐☐	1 2	1 2	1 2	☐☐	☐	11	11	11
12		☐☐	1 2	1 2	1 2	☐☐	☐	12	12	12
13		☐☐	1 2	1 2	1 2	☐☐	☐	13	13	13
14		☐☐	1 2	1 2	1 2	☐☐	☐	14	14	14
15		☐☐	1 2	1 2	1 2	☐☐	☐	15	15	15
16		☐☐	1 2	1 2	1 2	☐☐	☐	16	16	16
17		☐☐	1 2	1 2	1 2	☐☐	☐	17	17	17
18		☐☐	1 2	1 2	1 2	☐☐	☐	18	18	18
19		☐☐	1 2	1 2	1 2	☐☐	☐	19	19	19
20		☐☐	1 2	1 2	1 2	☐☐	☐	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE   NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = CO-WIFE
03 = SON OR DAUGHTER	10 = OTHER RELATIVE
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = ADOPTED
	12 = FOSTER
05 = GRANDCHILD	13 = STEP
06 = PARENT	14 = NOT RELATED
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	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS
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11	Y 1 N 2 → GO TO 14 DK 8	☐☐	Y 1 N 2 → GO TO 16 DK 8	☐☐	Y 1 N 2 → GO TO 21	LEVEL GRADE ☐☐ ☐☐	Y 1 N 2 → GO TO 21	LEVEL GRADE ☐☐ ☐☐	☐
12	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐
13	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐
14	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐
15	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐
16	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐
17	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐
18	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐
19	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐
20	1 2 → GO TO 14 8	☐☐	1 2 → GO TO 16 8	☐☐	1 2 → GO TO 21	☐☐ ☐☐	1 2 → GO TO 21	☐☐ ☐☐	☐

CODES FOR Qs. 17 AND 19: EDUCATION

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LINE NO.	INPATIENT		OUTPATIENT		
	21	**22**	**23**	**24**	**25**
	In the last six months, was (NAME) admitted overnight to stay at a health facility?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR IN-PATIENT MODULE CHECK COLUMN 21: CODE 1 "YES" CIRCLED.	In the last four weeks, did (NAME) receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	The last time (NAME) received care, was any money paid?	CIRCLE LINE NUMBER OF HOUSE-HOLD MEMBER ELIGIBLE FOR OUT-PATIENT MODULE CHECK COLUMN 24: CODE 1 "YES" CIRCLED.
	Y N DK		Y N DK	Y N DK	
11	1 2 — 8 GO TO 23	11	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	11
12	1 2 — 8 GO TO 23	12	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	12
13	1 2 — 8 GO TO 23	13	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	13
14	1 2 — 8 GO TO 23	14	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	14
15	1 2 — 8 GO TO 23	15	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	15
16	1 2 — 8 GO TO 23	16	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	16
17	1 2 — 8 GO TO 23	17	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	17
18	1 2 — 8 GO TO 23	18	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	18
19	1 2 — 8 GO TO 23	19	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	19
20	1 2 — 8 GO TO 23	20	1 2 — 8 NEXT LINE	1 2 — 8 NEXT LINE	20

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
		    HAND PUMP, 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
		
		OTHER _____ 96
		                          (SPECIFY)
			→ 105
			
			→ 105

103	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES . . . . [ ][ ][ ] DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 107

106	What do you usually do to make the water safer to drink?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		BOIL . . . . A
		ADD BLEACH/CHLORINE . . . . B
		PUR C
		WATERGUARD . . . . D
		STRAIN THROUGH A CLOTH . . . . E
		USE WATER FILTER (CERAMIC/
		    SAND/COMPOSITE/ETC.) . . . . F
		SOLAR DISINFECTION . . . . G
		LET IT STAND AND SETTLE . . . . H
		
		OTHER _____ X
		                          (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

107	What type of toilet do you use here?	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 .... [0][ ] 10 OR MORE HOUSEHOLDS .... 95 DON'T KNOW 98	
110	Does your household have: Electricity that is connected? A generator? A solar panel? A radio? A mobile telephone? An ice box? A table? Chairs? A cupboard? A mattress (not made of straw or grass)? A sewing machine? A television? A computer?	YES NO ELECTRICITY .... 1 2 GENERATOR .... 1 2 SOLAR .... 1 2 RADIO .... 1 2 MOBILE TELEPHONE .... 1 2 ICE BOX (REFRIGERATOR) 1 2 TABLE .... 1 2 CHAIRS .... 1 2 CUPBOARD .... 1 2 MATTRESS .... 1 2 SEWING MACHINE .... 1 2 TELEVISION .... 1 2 COMPUTER 1 2	

111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01
		GAS CYLINDER 02
		KEROSENE STOVE 03
		BIOGAS 04
		FIRE COAL/CHARCOAL 05
		WOOD 08
		
		NO FOOD COOKED
		  IN HOUSEHOLD 95
		
		OTHER _____ 96
		        (SPECIFY)
			➤ 114

112	Where do you usually do your cooking? In the house, on a porch, in a separate building, or outdoors?	IN THE HOUSE .... 1 ON A PORCH .... 2 IN A SEPARATE BUILDING .... 3 OUTDOORS .... 4 OTHER _____ 6 (SPECIFY)	➤ 113 ➤ 114
113	Do you have a separate room which is used as a kitchen?	YES .... 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	What is the main source of energy for lighting in this household?	ELECTRICITY .... 01 BATTERY .... 02 SOLAR .... 03 KEROSENE .... 04 OIL LAMP/JACKOLANTERN .... 05 CHINESE LAMP .... 06 GAS .... 07 CANDLES .... 08 FIREWOOD .... 09 NO LIGHTING IN HOUSEHOLD .... 95 OTHER _____ (SPECIFY) 96	

115	MAIN MATERIAL OF THE FLOOR OF THE HOUSEHOLD.
	
	    RECORD OBSERVATION.
	
	IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, i.e., WHAT COVERS THE LARGEST AREA.
		NATURAL FLOOR
		   EARTH/SAND/MUD 11
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		FINISHED FLOOR
		   PARQUET OR POLISHED WOOD 31
		   FLOOR MAT, LINOLEUM, VINYL 32
		   CERAMIC TILES/TERRAZO 33
		   CONCRETE, CEMENT 34
		   CARPET 35
		
		OTHER _____ 96
		             (SPECIFY)	

116	MAIN MATERIAL OF THE ROOF OF THE HOUSEHOLD.
	
	    RECORD OBSERVATION.
		NATURAL ROOFING
		   THATCH/PALM LEAF 11
		RUDIMENTARY ROOFING
		   RUSTIC MAT 21
		   PALM/BAMBOO 22
		   WOOD PLANKS 23
		   TARPAULIN, PLASTIC 24
		FINISHED ROOFING
		   ZINC, METAL, ALUMINUM 31
		   WOOD 32
		   CERAMIC TILES 33
		   CONCRETE, CEMENT 34
		   ASBESTOS SHEETS, SHINGLES ... 35
		
		OTHER _____ 96
		             (SPECIFY)	

117	MAIN MATERIAL OF THE EXTERIOR WALLS OF THE HOUSEHOLD.
	
	    RECORD OBSERVATION.
		NATURAL WALLS
		   MUD AND STICKS 11
		   CANE/PALM/TRUNKS 12
		   STRAW, THATCH MATS 13
		RUDIMENTARY WALLS
		   MUD BRICKS 21
		   PLYWOOD 22
		   CARDBOARD, PLASTIC 23
		   REUSED WOOD 24
		FINISHED WALLS
		   ZINC, METAL 31
		   CEMENT 32
		   STONE BLOCKS 33
		   BRICKS 34
		   WOOD PLANKS/SHINGLES 35
		
		OTHER _____ 96
		             (SPECIFY)	

118	How many rooms in this household are used for sleeping?	ROOMS .... ☐☐	
119	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? A boat or canoe?	YES NO WATCH .... 1 2 BICYCLE .... 1 2 MOTORCYCLE/SCOOTER ... 1 2 CAR/TRUCK .... 1 2 BOAT OR CANOE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Does any member of this household farm any agricultural land?	YES . . . . 1 NO 2	→ 122
121	How many acres of agricultural land do members of this household farm? IF 95 OR MORE, CIRCLE '950'.	ACRES . . . . □□.□ 95 OR MORE ACRES . . . . 950 DON'T KNOW 998	
122	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 124
123	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. Cows? Pigs? Goats? Sheep? Chickens, ducks, or guinea fowl?	 COWS . . . . □□ PIGS . . . . □□ GOATS . . . . □□ SHEEP . . . . □□ CHICKENS/DUCKS/GUINEA . . . . . □□	
124	Does any member of this household have a bank account?	YES . . . . 1 NO 2	
125	What is the distance from your home to the nearest health facility? IF LESS THAN ONE MILE, ENTER '00'. IF MORE THAN 95 MILES, ENTER '95'.	MILES . . . . □□ DON'T KNOW 98	

126	If you were to go to the nearest health facility, how would you go there?	PRIVATE TRANSPORT (CAR, MOTORBIKE) 1
		PUBLIC TRANSPORT (BUS, TAXI,
		     MOTORBIKE) 2
		WALKING 3
		BICYCLE 4
		WHEELBARROW 5
		
		OTHER _____ 6
		              (SPECIFY)	

127	How long does it take you to get to the nearest health facility by (MEANS OF TRANSPORTATION RECORDED IN 126)?	MINUTES . . . . □□□ DON'T KNOW 998	
128	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 130

129	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM . . . . . A
		PRIVATE COMPANY . . . . B
		NONGOVERNMENTAL
		   ORGANIZATION (NGO) C
		OTHER _____ X
		              (SPECIFY)
		DON'T KNOW . . . . Z	

130	Does your household have any mosquito nets that can be used while sleeping? PROBE: Any mosquito nets at all?	YES . . . . 1 NO 2	→ 140
131	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . □	

		NET #1	NET #2	NET #3
132	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	OBSERVED . . . . . 1 NOT OBSERVED . . . 2	OBSERVED . . . . . 1 NOT OBSERVED . . . 2
133	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
134	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) OLYSET . . . . . 11⌐ PERMANET . . . . . 12⌐ BASF NET . . . . . 13 ⌐ OTHER/DK BRAND BUT LLIN . . . . . 16⌐ (SKIP TO 137) ← OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11⌐ PERMANET . . . . . 12⌐ BASF NET . . . . . 13 ⌐ OTHER/DK BRAND BUT LLIN . . . . . 16⌐ (SKIP TO 137) ← OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) OLYSET . . . . . 11⌐ PERMANET . . . . . 12⌐ BASF NET . . . . . 13 ⌐ OTHER/DK BRAND BUT LLIN . . . . . 16⌐ (SKIP TO 137) ← OTHER BRAND . . . 96 DK BRAND 98
135	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 137) ← NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 137) ← NOT SURE 8	YES . . . . 1 NO . . . . 2 (SKIP TO 137) ← NOT SURE 8
136	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98

		NET #1	NET #2	NET #3
137	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 139) ←┐ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 139) ←┐ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 139) ←┐ NOT SURE 8
138	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐
139		GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 140.	GO BACK TO 132 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 140.	GO TO 132 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 140.

140	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 143) ←

141	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE .... 1 WATER IS NOT AVAILABLE 2
142	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) .... A ASH, MUD, SAND .... B NONE C
143	Can you please provide me with a teaspoonful of cooking salt.? I will conduct a test to determine the presence of iodine. Iodine prevents goiter. 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)

201	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE:	ONE OR MORE INPATIENTS ☐ ↓	NO INPATIENTS ☐ → 301

202	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE: ENTER THE LINE NUMBER AND NAME OF EACH HOUSEHOLD MEMBER WHO WAS AN INPATIENT. Now I would like to ask some questions about the household members who stayed overnight in a health facility in the last six months. (IF THERE ARE MORE THAN 3 INPATIENTS, USE ADDITIONAL QUESTIONNAIRE).

203	LINE NUMBER FROM COLUMN 22 IN HOUSEHOLD SCHEDULE	INPATIENT LINE NUMBER ☐☐	INPATIENT LINE NUMBER ☐☐	INPATIENT LINE NUMBER ☐☐
204	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____

205	Where did (NAME) most recently stay overnight for health care?	PUBLIC SECTOR
		  GOVT HOSPITAL 21
		  GOVT HEALTH
		    CENTER 22
		  GOVT HEALTH
		    CLINIC 23
		  OTHER PUBLIC
		    SECTOR
		    _____ 26
		    (SPECIFY)
		
		PRIVATE MEDICAL
		  SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED. SECTOR
		    _____ 36
		    (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL 21
			  GOVT HEALTH
			    CENTER 22
			  GOVT HEALTH
			    CLINIC 23
			  OTHER PUBLIC
			    SECTOR
			    _____ 26
			    (SPECIFY)
			
			PRIVATE MEDICAL
			  SECTOR
			  PVT. HOSPITAL/
			    CLINIC 31
			  OTHER PRIVATE
			    MED. SECTOR
			    _____ 36
			    (SPECIFY)
			
			OTHER _____ 96
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL 21
				  GOVT HEALTH
				    CENTER 22
				  GOVT HEALTH
				    CLINIC 23
				  OTHER PUBLIC
				    SECTOR
				    _____ 26
				    (SPECIFY)
				
				PRIVATE MEDICAL
				  SECTOR
				  PVT. HOSPITAL/
				    CLINIC 31
				  OTHER PRIVATE
				    MED. SECTOR
				    _____ 36
				    (SPECIFY)
				
				OTHER _____ 96
				    (SPECIFY)

206	What was the main reason for (NAME) to seek care this most recent time?	PREGNANCY/
		  DELIVERY 01
		ILLNESS 02
		ACCIDENT/INJURY 03
		OTHER
		    _____ 06
		    (SPECIFY)
			PREGNANCY/
			  DELIVERY 01
			ILLNESS 02
			ACCIDENT/INJURY 03
			OTHER
			    _____ 06
			    (SPECIFY)
				PREGNANCY/
				  DELIVERY 01
				ILLNESS 02
				ACCIDENT/INJURY 03
				OTHER
				    _____ 06
				    (SPECIFY)

207	How much money was spent on treatment and services (NAME) received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST (LIB. DOLLARS)
		☐☐☐☐☐
		
		NO COST/
		  FREE 00000
		IN KIND ONLY . 99995
		DON'T KNOW . 99998
			COST (LIB. DOLLARS)
			☐☐☐☐☐
			
			NO COST/
			  FREE 00000
			IN KIND ONLY . 99995
			DON'T KNOW . 99998
				COST (LIB. DOLLARS)
				☐☐☐☐☐
				
				NO COST/
				  FREE 00000
				IN KIND ONLY . 99995
				DON'T KNOW . 99998

208	Did (NAME) stay overnight at a health facility another time in the last six months?	YES 1
		NO 2
		    (GO TO 218) ←
			YES 1
			NO 2
			    (GO TO 218) ←
				YES 1
				NO 2
				    (GO TO 218) ←

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
209	Where did (NAME) stay the next-to-last time he/she stayed overnight for health care?	PUBLIC SECTOR 　GOVT HOSPITAL　21 　GOVT HEALTH 　　CENTER . . . . . 22 　GOVT HEALTH 　　CLINIC . . . . 23 　OTHER PUBLIC 　　SECTOR 　　　_____ 26 　　　(SPECIFY) PRIVATE MEDICAL 　SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . . 31 　OTHER PRIVATE 　　MED. SECTOR 　　　_____ 36 　　　(SPECIFY) OTHER _____ 96 　　　(SPECIFY)	PUBLIC SECTOR 　GOVT HOSPITAL　21 　GOVT HEALTH 　　CENTER . . . . . 22 　GOVT HEALTH 　　CLINIC . . . . 23 　OTHER PUBLIC 　　SECTOR 　　　_____ 26 　　　(SPECIFY) PRIVATE MEDICAL 　SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . . 31 　OTHER PRIVATE 　　MED. SECTOR 　　　_____ 36 　　　(SPECIFY) OTHER _____ 96 　　　(SPECIFY)	PUBLIC SECTOR 　GOVT HOSPITAL　21 　GOVT HEALTH 　　CENTER . . . . . 22 　GOVT HEALTH 　　CLINIC . . . . 23 　OTHER PUBLIC 　　SECTOR 　　　_____ 26 　　　(SPECIFY) PRIVATE MEDICAL 　SECTOR 　PVT. HOSPITAL/ 　　CLINIC . . . . 31 　OTHER PRIVATE 　　MED. SECTOR 　　　_____ 36 　　　(SPECIFY) OTHER _____ 96 　　　(SPECIFY)
210	What was the main reason for (NAME) to seek care this next-to-last time?	PREGNANCY/ 　DELIVERY . . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY　03 OTHER 　　_____ 06 　　(SPECIFY)	PREGNANCY/ 　DELIVERY . . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY　03 OTHER 　　_____ 06 　　(SPECIFY)	PREGNANCY/ 　DELIVERY . . . . . 01 ILLNESS . . . . 02 ACCIDENT/INJURY　03 OTHER 　　_____ 06 　　(SPECIFY)
211	How much money was spent on treatment and services (NAME) received during the next-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST (LIB. DOLLARS) ☐☐☐☐☐ NO COST/ 　FREE . . . . . 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST (LIB. DOLLARS) ☐☐☐☐☐ NO COST/ 　FREE . . . . . 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998	COST (LIB. DOLLARS) ☐☐☐☐☐ NO COST/ 　FREE . . . . . 00000 IN KIND ONLY . 99995 DON'T KNOW . 99998
212	Besides the two stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES . . . . 1 NO . . . . 2 　(GO TO 218) ⬑	YES . . . . 1 NO . . . . 2 　(GO TO 218) ⬑	YES . . . . 1 NO . . . . 2 　(GO TO 218) ⬑

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____

213	Where did (NAME) stay the second-to-last time he/she stayed overnight for health care?	PUBLIC SECTOR
		  GOVT HOSPITAL 21
		  GOVT HEALTH
		    CENTER 22
		  GOVT HEALTH
		    CLINIC 23
		  OTHER PUBLIC
		    SECTOR
		                          26
		    ‾‾‾‾(SPECIFY)‾‾‾‾
		
		PRIVATE MEDICAL
		  SECTOR
		  PVT. HOSPITAL/
		    CLINIC 31
		  OTHER PRIVATE
		    MED. SECTOR
		                          36
		    ‾‾‾‾(SPECIFY)‾‾‾‾
		
		OTHER _____ 96
		      ‾‾(SPECIFY)‾‾
			PUBLIC SECTOR
			  GOVT HOSPITAL 21
			  GOVT HEALTH
			    CENTER 22
			  GOVT HEALTH
			    CLINIC 23
			  OTHER PUBLIC
			    SECTOR
			                          26
			    ‾‾‾‾(SPECIFY)‾‾‾‾
			
			PRIVATE MEDICAL
			  SECTOR
			  PVT. HOSPITAL/
			    CLINIC 31
			  OTHER PRIVATE
			    MED. SECTOR
			                          36
			    ‾‾‾‾(SPECIFY)‾‾‾‾
			
			OTHER _____ 96
			      ‾‾(SPECIFY)‾‾
				PUBLIC SECTOR
				  GOVT HOSPITAL 21
				  GOVT HEALTH
				    CENTER 22
				  GOVT HEALTH
				    CLINIC 23
				  OTHER PUBLIC
				    SECTOR
				                          26
				    ‾‾‾‾(SPECIFY)‾‾‾‾
				
				PRIVATE MEDICAL
				  SECTOR
				  PVT. HOSPITAL/
				    CLINIC 31
				  OTHER PRIVATE
				    MED. SECTOR
				                          36
				    ‾‾‾‾(SPECIFY)‾‾‾‾
				
				OTHER _____ 96
				      ‾‾(SPECIFY)‾‾

214	What was the main reason for (NAME) to seek care this second-to-last time?	PREGNANCY/
		  DELIVERY 01
		ILLNESS 02
		ACCIDENT/INJURY 03
		OTHER
		                          06
		  ‾‾‾‾‾(SPECIFY)‾‾‾‾
			PREGNANCY/
			  DELIVERY 01
			ILLNESS 02
			ACCIDENT/INJURY 03
			OTHER
			                          06
			  ‾‾‾‾‾(SPECIFY)‾‾‾‾
				PREGNANCY/
				  DELIVERY 01
				ILLNESS 02
				ACCIDENT/INJURY 03
				OTHER
				                          06
				  ‾‾‾‾‾(SPECIFY)‾‾‾‾

215	How much money was spent on treatment and services (NAME) received during the second-to-last overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST (LIB. DOLLARS)
		☐☐☐☐☐
		
		NO COST/
		  FREE 00000
		IN KIND ONLY . 99995
		DON'T KNOW . 99998
			COST (LIB. DOLLARS)
			☐☐☐☐☐
			
			NO COST/
			  FREE 00000
			IN KIND ONLY . 99995
			DON'T KNOW . 99998
				COST (LIB. DOLLARS)
				☐☐☐☐☐
				
				NO COST/
				  FREE 00000
				IN KIND ONLY . 99995
				DON'T KNOW . 99998

216	Besides the three stays you have told me about, did (NAME) stay overnight in a health facility another time in the last six months?	YES 1
		NO 2
		    (GO TO 218) ←┘
			YES 1
			NO 2
			    (GO TO 218) ←┘
				YES 1
				NO 2
				    (GO TO 218) ←┘

217	In total, how many times did (NAME) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS ☐☐	NUMBER OF INPATIENT VISITS ☐☐	NUMBER OF INPATIENT VISITS ☐☐

	NAME FROM COLUMN 2 IN HOUSEHOLD SCHEDULE	INPATIENT NAME _____	INPATIENT NAME _____	INPATIENT NAME _____
218	Is (NAME) covered by any health insurance?	YES . . . . 1 NO . . . . 2 (SKIP TO 220) ◄┐ DON'T KNOW . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 220) ◄┐ DON'T KNOW . . . 8	YES . . . . 1 NO . . . . 2 (SKIP TO 220) ◄┐ DON'T KNOW . . . 8

219	What is (NAME)'s main type of health insurance?	MUTUAL HEALTH
		  ORGANIZATION/
		  COMMUNITY BASED
		  HEALTH
		  INSURANCE . . . 1
		HEALTH INSURANCE
		  THROUGH
		  EMPLOYER 2
		SOCIAL
		  SECURITY 3
		OTHER PRIVATELY
		  PURCHASED
		  COMMERCIAL
		  HEALTH
		  INSURANCE . . . 4
		OTHER 6
		DON'T KNOW . . . 8
			MUTUAL HEALTH
			  ORGANIZATION/
			  COMMUNITY BASED
			  HEALTH
			  INSURANCE . . . 1
			HEALTH INSURANCE
			  THROUGH
			  EMPLOYER 2
			SOCIAL
			  SECURITY 3
			OTHER PRIVATELY
			  PURCHASED
			  COMMERCIAL
			  HEALTH
			  INSURANCE . . . 4
			OTHER 6
			DON'T KNOW . . . 8
				MUTUAL HEALTH
				  ORGANIZATION/
				  COMMUNITY BASED
				  HEALTH
				  INSURANCE . . . 1
				HEALTH INSURANCE
				  THROUGH
				  EMPLOYER 2
				SOCIAL
				  SECURITY 3
				OTHER PRIVATELY
				  PURCHASED
				  COMMERCIAL
				  HEALTH
				  INSURANCE . . . 4
				OTHER 6
				DON'T KNOW . . . 8

220		GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301.	GO BACK TO 205 IN NEXT COLUMN; OR, IF NO MORE INPATIENTS, GO TO 301.	GO TO 205 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE INPATIENTS, GO TO 301.

301 CHECK COLUMN 25:

ONE OR MORE ELIGIBLE OUTPATIENTS ☐

NO ELIGIBLE OUTPATIENTS ☐ ⟶ 311

TABLE FOR SELECTION OF OUTPATIENT
WHO PAID FOR CARE THE LAST TIME SOUGHT CARE IN THE LAST FOUR WEEKS

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD NUMBER ON THE HOUSEHOLD QUESTIONNAIRE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE OUTPATIENTS (COLUMN 25) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE PERSON SELECTED FOR THE OUTPATIENT QUESTIONS FROM THE LIST OF ELIGIBLE OUTPATIENTS IN COLUMN 25 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q302.

EXAMPLE: THE HOUSEHOLD NUMBER IS '116' AND THE HOUSEHOLD SCHEDULE COLUMN 25 SHOWS THAT THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE OUTPATIENTS IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND OUTPATIENT WHO IS ELIGIBLE FOR THE OUTPATIENT QUESTIONS (LINE NUMBER '04' IN THIS EXAMPLE). WRITE THE NAME AND LINE NUMBER OF THE SELECTED OUTPATIENT IN Q302.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE OUTPATIENTS IN HOUSEHOLD SCHEDULE COLUMN 25							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

302

NAME OF SELECTED OUTPATIENT _____

HH LINE NUMBER OF SELECTED OUTPATIENT ☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

303	Now I would like to ask some questions about health care that (NAME IN 302) received in the last four weeks, without having to stay overnight. Where did (NAME) get care most recently without staying overnight?	PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 21
		  GOVERNMENT HEALTH CENTER . . . 22
		  GOVERNMENT HEALTH CLINIC 23
		  COM. HEATH VOLUNTEER/gCHV 24
		  OTHER PUBLIC SECTOR
		
		                                     26
		                   (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  MOBILE CLINIC 34
		  PLANNED PARENTHOOD ASSN. LIBERIA 35
		  OTHER PRIVATE
		    MEDICAL SECTOR
		
		                                     36
		                   (SPECIFY)
		
		OTHER SOURCE
		  SHOP 41
		  TRADITIONAL PRACTITIONER 42
		
		OTHER _____ 46
		                  (SPECIFY)	

304	How much money was spent on treatment and services (NAME) received from (NAME OF PROVIDER IN 303)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST IN LIBERIAN DOLLARS . . . . □□□□□ DON'T KNOW 99998	

305	What was the main reason for (NAME) to seek care this most recent time?	FAMILY PLANNING 01
		PRENATAL CARE/
		  DELIVERY/
		  POSTNATAL CARE 02
		MALARIA 03
		FEVER 04
		RUNNING STOMACH/DIARRHEA 05
		HIV/AIDS/STD 06
		OTHER ILLNESS 07
		CHECK-UP/
		  PREVENTIVE CARE 08
		ACCIDENT/INJURY 09
		OTHER _____ 96
		               (SPECIFY)
		DON'T KNOW 98	

306	Did (NAME) get care another time in the last four weeks from a health provider, a pharmacy, or a traditional healer, without staying overnight?	YES . . . . 1 NO 2	→ 309
307	How many other times did (NAME) get care in the last four weeks?	NUMBER OF OUTPATIENT VISITS . . . . □□	
308	How many times was money spent?	NUMBER OF OUTPATIENT VISITS PAID MONEY . . . . □□	

309	Is (NAME) covered by any health insurance?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 311

310	What is (NAME)'s main type of health insurance?	MUTUAL HEALTH ORGANIZATION/
		   COMMUNITY BASED
		   HEALTH INSURANCE 1
		 HEALTH INSURANCE
		   THROUGH EMPLOYER 2
		 SOCIAL SECURITY 3
		 OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE . . . 4
		 OTHER 6
		 DON'T KNOW 8	

311	Sometimes people buy vitamins, medicines, and herbal remedies without consulting with a health provider, pharmacy, or traditional healer. They may also buy other health-related items such as band-aids/plasters, thermometers, or other medical devices, and so on without a consultation. In the last four weeks, how much money was spent on these types of health-related items for members of your household?	COST IN LIBERIAN DOLLARS . . . . [ ][ ][ ][ ][ ] NONE . . . . 00000 IN KIND . . . . 99995 DON'T KNOW 99998	

400	CHECK COVER PAGE: IS HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND BLOOD COLLECTION?
	YES ☐ NO ☐ ————————————————→ END OF HOUSEHOLD QUESTIONNAIRE

401	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 402. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
402	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
403	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 . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
404	CHECK 403: CHILD BORN IN JANUARY 2008 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 409)	YES . . . . 1 NO . . . . 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 409)	YES . . . . 1 NO . . . . 2 (GO TO 403 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 409)
405A	CONFIRM SCALE IS SET TO KG.	CONFIRM SCALE SET TO KG ☐	CONFIRM SCALE SET TO KG ☐	CONFIRM SCALE SET TO KG ☐
405	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
406	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
407	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
408	GO BACK TO 403 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 409.			

		CHILD 4	CHILD 5	CHILD 6
402	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
403	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 . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
404	CHECK 403: CHILD BORN IN JANUARY 2008 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 403 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 409)	YES . . . . 1 NO . . . . 2 (GO TO 403 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 409)	YES . . . . 1 NO . . . . 2 (GO TO 403 FOR NEXT CHILD OR, IF NO ← MORE CHILDREN, GO TO 409)
405A	CONFIRM SCALE IS SET TO KG.	CONFIRM SCALE ☐ SET TO KG ↓	CONFIRM SCALE ☐ SET TO KG ↓	CONFIRM SCALE ☐ SET TO KG ↓
405	WEIGHT IN KILOGRAMS	KG. ☐☐ . ☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐ . ☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐ . ☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
406	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
407	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
408	GO BACK TO 403 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 409.			

409	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 410. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
		WOMAN 1	WOMAN 2	WOMAN 3

410	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . NAME _____	LINE NUMBER . . . . NAME _____	LINE NUMBER . . . . NAME _____
410A	CHECK SCALE	CONFIRM SCALE IS SET TO KG ↓	CONFIRM SCALE SET TO KG ↓	CONFIRM SCALE IS SET TO KG ↓
411	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
412	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
413	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 418) ↵	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 418) ↵	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 418) ↵
414	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 418) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 418) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 418) ↵
415	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE 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 ☐☐
416	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 415 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	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 Liberia. For the HIV test, we 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. 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. 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?		
417	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____(SIGN)_____← PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF REFUSED, NOT PRESENT OR OTHER, GO TO 428)	GRANTED . . . . 1 _____(SIGN)_____← PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF REFUSED, NOT PRESENT OR OTHER, GO TO 428)	GRANTED . . . . 1 _____(SIGN)_____← PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF REFUSED, NOT PRESENT OR OTHER, GO TO 428)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
418	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	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 Liberia. For the HIV test, we 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. 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. 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?		
419	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED .... 1 ――――――――― ←┐ (SIGN) RESPONDENT REFUSED ..... 2 NOT PRESENT .... 5 OTHER .... 6 [ ][ ][ ] (IF REFUSED, NOT PRESENT OR OTHER, GO TO 428)	GRANTED .... 1 ――――――――― ←┐ (SIGN) RESPONDENT REFUSED ..... 2 NOT PRESENT .... 5 OTHER .... 6 [ ][ ][ ] (IF REFUSED, NOT PRESENT OR OTHER, GO TO 428)	GRANTED .... 1 ――――――――― ←┐ (SIGN) RESPONDENT REFUSED ..... 2 NOT PRESENT .... 5 OTHER .... 6 [ ][ ][ ] (IF REFUSED, NOT PRESENT OR OTHER, GO TO 428)
420	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 424) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 424) ↵	15-17 YEARS .... 1 18-49 YEARS .... 2 (GO TO 424) ↵
421	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 424) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 424) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 424) ↵
422	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 415 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	We ask you to allow the National Reference Laboratory 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. 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?		

423	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1
		――――――――― ←┐
		(SIGN)
		PARENT/OTHER RESPONSIBLE
		  ADULT REFUSED 2
		NOT PRESENT 5
		OTHER 6
		
		(IF REFUSED, NOT PRESENT OR OTHER, GO TO 426)
			GRANTED 1
			――――――――― ←┐
			(SIGN)
			PARENT/OTHER RESPONSIBLE
			  ADULT REFUSED 2
			NOT PRESENT 5
			OTHER 6
			
			(IF REFUSED, NOT PRESENT OR OTHER, GO TO 426)
				GRANTED 1
				――――――――― ←┐
				(SIGN)
				PARENT/OTHER RESPONSIBLE
				  ADULT REFUSED 2
				NOT PRESENT 5
				OTHER 6
				
				(IF REFUSED, NOT PRESENT OR OTHER, GO TO 426)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
424	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the National Reference Laboratory 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. 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?		
425	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ (SIGN) ← RESPONDENT REFUSED . . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF GRANTED, SKIP TO 427)	GRANTED . . . . 1 _____ (SIGN) ← RESPONDENT REFUSED . . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF GRANTED, SKIP TO 427)	GRANTED . . . . 1 _____ (SIGN) ← RESPONDENT REFUSED . . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF GRANTED, SKIP TO 427)
426	ADDITIONAL TESTS	CHECK 423 AND 425: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 423 AND 425: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 423 AND 425: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
427	PREPARE EQUIPMENT AND SUPPLIES AND PROCEED WITH THE TEST.			
428	BAR CODE LABEL	┌─ ─ ─ ─ ─ ─ ─ ─ ─┐ │ PUT THE 1ST BAR CODE LABEL HERE. │ └─ ─ ─ ─ ─ ─ ─ ─ ─┘ 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.	┌─ ─ ─ ─ ─ ─ ─ ─ ─┐ │ PUT THE 1ST BAR CODE LABEL HERE. │ └─ ─ ─ ─ ─ ─ ─ ─ ─┘ 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.	┌─ ─ ─ ─ ─ ─ ─ ─ ─┐ │ PUT THE 1ST BAR CODE LABEL HERE. │ └─ ─ ─ ─ ─ ─ ─ ─ ─┘ 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.
429	GO BACK TO 410A IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 430.			

430	CHECK COLUMN 10 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 431. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).		
		MAN 1	MAN 2	MAN 3
431	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
431A	CHECK SCALE	CONFIRM SCALE ☐ IS SET TO KG ↓	CONFIRM SCALE ☐ SET TO KG ↓	CONFIRM SCALE ☐ IS SET TO KG ↓
432	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
433	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
434	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 439) ↵	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 439) ↵	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 439) ↵
435	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION . . . 1 OTHER . . . . 2 (GO TO 439) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 439) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 439) ↵
436	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON-SIBLE 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 ☐☐
437	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 436 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	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 Liberia. For the HIV test, we 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. 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 a list of [nearby] facilities offering counseling and testing for HIV. 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?		
438	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ ← (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF REFUSED, NOT PRESENT OR OTHER, GO TO 449)	GRANTED . . . . 1 _____ ← (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF REFUSED, NOT PRESENT OR OTHER, GO TO 449)	GRANTED . . . . 1 _____ ← (SIGN) PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 (IF REFUSED, NOT PRESENT OR OTHER, GO TO 449)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
439	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	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 Liberia. For the HIV test, we 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. 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. 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?		
440	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED . . . . 1 ———(SIGN)———←— RESPONDENT REFUSED . . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 ☐☐☐ (IF REFUSED, NOT PRESENT OR OTHER, GO TO 449)	GRANTED . . . . 1 ———(SIGN)———←— RESPONDENT REFUSED . . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 ☐☐☐ (IF REFUSED, NOT PRESENT OR OTHER, GO TO 449)	GRANTED . . . . 1 ———(SIGN)———←— RESPONDENT REFUSED . . . . . 2 NOT PRESENT . . . . 5 OTHER . . . . 6 ☐☐☐ (IF REFUSED, NOT PRESENT OR OTHER, GO TO 449)
441	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 445) ↵	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 445) ↵	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 445) ↵
442	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 445) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 445) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 445) ↵
443	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 436 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	We ask you to allow the National Reference Laboratory 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. 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?		

444	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED 1
		———(SIGN)———←—
		PARENT/OTHER RESPONSIBLE
		  ADULT REFUSED 2
		NOT PRESENT 5
		OTHER 6
		
		(IF REFUSED, NOT PRESENT OR OTHER, GO TO 447)
			GRANTED 1
			———(SIGN)———←—
			PARENT/OTHER RESPONSIBLE
			  ADULT REFUSED 2
			NOT PRESENT 5
			OTHER 6
			
			(IF REFUSED, NOT PRESENT OR OTHER, GO TO 447)
				GRANTED 1
				———(SIGN)———←—
				PARENT/OTHER RESPONSIBLE
				  ADULT REFUSED 2
				NOT PRESENT 5
				OTHER 6
				
				(IF REFUSED, NOT PRESENT OR OTHER, GO TO 447)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
445	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the National Reference Laboraotry 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. 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?		
446	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 _____ (SIGN) ⟵ RESPONDENT REFUSED ..... 2 NOT PRESENT .... 5 OTHER .... 6 (IF GRANTED, SKIP TO 448)	GRANTED .... 1 _____ (SIGN) ⟵ RESPONDENT REFUSED ..... 2 NOT PRESENT .... 5 OTHER .... 6 (IF GRANTED, SKIP TO 448)	GRANTED .... 1 _____ (SIGN) ⟵ RESPONDENT REFUSED ..... 2 NOT PRESENT .... 5 OTHER .... 6 (IF GRANTED, SKIP TO 448)
447	ADDITIONAL TESTS	CHECK 444 AND 446: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 444 AND 446: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 444 AND 446: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
448	PREPARE EQUIPMENT AND SUPPLIES AND PROCEED WITH THE TEST.			
449	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. 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.	PUT THE 1ST BAR CODE LABEL HERE. 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.	PUT THE 1ST BAR CODE LABEL HERE. 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.
450	GO BACK TO 431A IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			