

**GUYANA AIDS INDICATORS SURVEY (GAIS)
HOUSEHOLD QUESTIONNAIRE**

6-Jun-05

**MINISTRY OF HEALTH, GOVERNMENT OF GUYANA
GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION**

IDENTIFICATION																
PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> </table>															
NAME OF HOUSEHOLD HEAD _____																
CLUSTER NUMBER																
HOUSEHOLD NUMBER																
REGION																
URBAN/RURAL (URBAN=1, RURAL=2)																

INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"> <tr><td>2</td><td>0</td><td>0</td><td>5</td></tr> </table>	2	0	0	5
2	0	0	5					
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
*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 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
				TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
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				LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				

LANGUAGE				
LANGUAGE CODES: 1=ENGLISH, 2=OTHER				
LANGUAGE OF INTERVIEW _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
LANGUAGE OF RESPONDENT _____				
WAS A TRANSLATOR USED? (1=YES; 2=NO)				

SUPERVISOR NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					OFFICE EDITOR _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					KEYED BY DATA ENTRY CLERK _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
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HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE		AGE	ELIGIBILITY	
			(4)	(4)	(5)	(6)	(7)	(8)	(9)
	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.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?		Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49
			M	F	YES	NO	YES	NO	IN YEARS
01		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>
02		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>
03		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>
04		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>
05		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>
06		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>
07		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>
08		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>
09		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>

* 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 = NIECE/NEPHEW BY BLOOD
 10 = NIECE/NEPHEW BY MARRIAGE
 11 = OTHER RELATIVE
 12 = ADOPTED/FOSTER/STEPCHILD
 13 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EDUCATION						BIRTH REGISTRATION
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
	IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS				IF AGE 0-4
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER**	Is (NAME)'s natural father alive?	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER**	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest year (NAME) completed at that level?***	Did (NAME) attend school at any time during the (2004 - 2005) school year?	During this/that school year, what level and year [is/was] (NAME) attending?***	Did (NAME) attend school at any time during the previous school year, that is, (2003 - 2004)	During that school year, what level and year did (NAME) attend?***	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? ****
	Y N DK		Y N DK		YES NO	LEVEL YEAR	YES NO	LEVEL YEAR	YES NO	LEVEL YEAR	C R N DK
01	1 2 8 ↓ GO TO 12		1 2 8 ↓ GO TO 14		1 2 NEXT LINE ↙		1 2 ↓ GO TO 18		1 2 NEXT LINE ↙		1 2 3 8
02	1 2 8 ↓ GO TO 12		1 2 8 ↓ GO TO 14		1 2 NEXT LINE ↙		1 2 ↓ GO TO 18		1 2 NEXT LINE ↙		1 2 3 8
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05	1 2 8 ↓ GO TO 12		1 2 8 ↓ GO TO 14		1 2 NEXT LINE ↙		1 2 ↓ GO TO 18		1 2 NEXT LINE ↙		1 2 3 8
06	1 2 8 ↓ GO TO 12		1 2 8 ↓ GO TO 14		1 2 NEXT LINE ↙		1 2 ↓ GO TO 18		1 2 NEXT LINE ↙		1 2 3 8
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09	1 2 8 ↓ GO TO 12		1 2 8 ↓ GO TO 14		1 2 NEXT LINE ↙		1 2 ↓ GO TO 18		1 2 NEXT LINE ↙		1 2 3 8

**Qs. 11 AND 13
RECORD '00' IF PARENT NOT LISTED
IN THE HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 17 AND 19
EDUCATION LEVEL:
0 = NURSERY
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
8 = DON'T KNOW

YEARS OF EDUCATION:
00 = LESS THAN 1 YEAR COMPLETED
(FOR Q. 15 ONLY. THIS CODE IS
NOT ALLOWED FOR Qs. 17 AND 19.)
98 = DON'T KNOW

****CODES FOR Q.20
1 = CERTIFICATE (C)
2 = REGISTRATION (R)
3 = NEITHER (N)
8 = DON'T KNOW (DK)

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY	
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
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10		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	10	10
11		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	11	11
12		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	12	12
13		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	13	13
14		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	14	14
15		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	15	15
16		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	16	16
17		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	17	17
18		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	18	18
19		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	19	19

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18	1 2 8 ↓ GO TO 12		1 2 8 ↓ GO TO 14		1 2 NEXT LINE ↙		1 2 ↓ GO TO 18		1 2 NEXT LINE ↙		1 2 3 8
19	1 2 8 ↓ GO TO 12		1 2 8 ↓ GO TO 14		1 2 NEXT LINE ↙		1 2 ↓ GO TO 18		1 2 NEXT LINE ↙		1 2 3 8

TICK HERE IF CONTINUATION SHEET USED . . .

Just to make sure that I have a complete household listing:

- Are there any other persons such as small children or infants that we have not listed? YES → ENTER EACH IN TABLE NO
- 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 → ENTER EACH IN TABLE NO
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES → ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER 91 PURIFIED WATER 92 OTHER 96 (SPECIFY)	→ 26 → 23 → 26 → 23 → 26 → 23 → 23
22	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL PROTECTED WELL 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 PURIFIED WATER 92 OTHER 96 (SPECIFY)	→ 26 → 26 → 26 → 28 → 28
23	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 26
24	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996 DON'T KNOW 998	→ 26
25	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS OLD 3 MALE CHILD UNDER 15 YEARS OLD 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
26	Do you treat your water in any way to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 28
27	What do you usually do to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER X (SPECIFY) DON'T KNOW Z	
28	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE . 14 FLUSH, DON'T KNOW WHERE . 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 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)	→ 31
29	Do you share this toilet facility with other households?	YES 1 NO 2	→ 31
30	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS ... 95 DON'T KNOW 98	
30A	How does your household usually dispose of its' garbage or rubbish?	COLLECTION BY PUBLIC SERVICE.. A BURYING THE GARBAGE B BURNING THE GARABAGE C DUMPING IN CANAL/RIVER D DUMPING ON WASTE LAND E OTHER X (SPECIFY)	
31	Does your household have:	YES NO BED 1 2 VANITY 1 2 WALL DIVIDER 1 2 LAMP CANDLES/LANTERN .. 1 2 LAND-LINE TELEPHONE ... 1 2 CELL PHONE 1 2 ELECTRICITY 1 2 RADIO 1 2 TELEVISION 1 2 VHS PLAYER 1 2 FAN 1 2 AIR-CONDITIONER 1 2 COMPUTER 1 2 MICROWAVE OVEN ... 1 2 REFRIGERATOR 1 2 WASHING MACHINE 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
32	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG 02 NATURAL GAS 03 BIOGAS 04 KEROSENE 05 COAL, LIGNITE 06 CHARCOAL 07 WOOD 08 STRAW/SHRUBS/GRASS 09 AGRICULTURAL CROP 10 OTHER 96 (SPECIFY)	→ 34
33	In this household, is food cooked on an open fire, on an open stove/ fireside, or on a closed stove?	OPEN FIRE 1 OPEN STOVE/ FIRESIDE 2 CLOSED STOVE 3 OTHER 6 (SPECIFY)	→ 34
33A	Does the fire/stove have a chimney or a hood?	YES 1 NO 2	
34	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 36
35	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
36	<u>MAIN</u> MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS ... 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
37	<u>MAIN</u> MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF 11 THATCH/PALM LEAF 12 RUDIMENTARY ROOFING PALM/BAMBOO 22 WOOD PLANKS 23 FINISHED ROOFING METAL 31 WOOD 32 CALAMINE/CEMENT FIBER ... 33 CERAMIC TILES 34 CEMENT 35 ROOFING SHINGLES 36 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
38	<p><u>MAIN</u> MATERIAL OF THE WALLS.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL WALLS</p> <p>NO WALLS 11</p> <p>CANE/PALM/TRUNKS 12</p> <p>DIRT 13</p> <p>RUDIMENTARY WALLS</p> <p>BAMBOO WITH MUD 21</p> <p>STONE WITH MUD 22</p> <p>UNCOVERED ADOBE 23</p> <p>PLYWOOD 24</p> <p>CARTON 25</p> <p>REUSED WOOD 26</p> <p>FINISHED WALLS</p> <p>CEMENT 31</p> <p>STONE WITH LIME/CEMENT ... 32</p> <p>BRICKS 33</p> <p>CEMENT BLOCKS 34</p> <p>COVERED ADOBE 35</p> <p>WOOD PLANKS/SHINGLES ... 36</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
39	<p>TYPE OF WINDOWS.</p> <p>RECORD OBSERVATION.</p>	<p>YES NO</p> <p>ANY WINDOWS 1 2</p> <p>WINDOWS WITH GLASS ... 1 2</p> <p>WINDOWS WITH SCREENS . 1 2</p> <p>WINDOWS WITH CURTAINS</p> <p>OR SHUTTERS 1 2</p> <p>WOODEN WINDOWS 1 2</p>	
40	<p>How many rooms in this household are used for sleeping?</p>	<p>ROOMS <input type="text"/> <input type="text"/></p>	
41	<p>Does any member of this household own:</p> <p>A bicycle?</p> <p>A motorcycle or motor scooter?</p> <p>An animal-drawn cart?</p> <p>A car, truck, mini-van?</p> <p>A boat with a motor?</p> <p>A boat without a motor?</p>	<p>YES NO</p> <p>BICYCLE 1 2</p> <p>MOTORCYCLE/SCOOTER ... 1 2</p> <p>ANIMAL-DRAWN CART 1 2</p> <p>CAR/TRUCK/MINIVAN 1 2</p> <p>BOAT WITH MOTOR 1 2</p> <p>BOAT WITHOUT MOTOR ... 1 2</p>	
42	<p>Does any member of this household own any land that can be used for agriculture?</p>	<p>YES 1</p> <p>NO 2 → 44</p>	
43	<p>How many acres of agricultural land do members of this household own?</p> <p>IF UNKNOWN, ENTER '98'.</p> <p>IF LESS THAN 1 ACRE, ENTER '00'.</p>	<p>ACRES <input type="text"/> <input type="text"/></p>	
44	<p>Does this household own any livestock, herds, or farm animals?</p>	<p>YES 1</p> <p>NO 2 → 46</p>	
45	<p>How many of the following animals does this household own?</p> <p>Cows or bulls?</p> <p>Horses, donkeys, or mules?</p> <p>Goats?</p> <p>Sheep?</p> <p>Chickens, ducks, turkeys and other poultry?</p> <p>IF NONE, ENTER '00'.</p> <p>IF MORE THAN 95, ENTER '95'.</p> <p>IF UNKNOWN, ENTER '98'.</p>	<p>COWS/BULLS <input type="text"/> <input type="text"/></p> <p>HORSES/DONKEYS/MULES . <input type="text"/> <input type="text"/></p> <p>GOATS <input type="text"/> <input type="text"/></p> <p>SHEEP <input type="text"/> <input type="text"/></p> <p>POULTRY <input type="text"/> <input type="text"/></p>	
46	<p>Does any member of this household have a bank account?</p>	<p>YES 1</p> <p>NO 2</p>	

46A	Does your household use metal or plastic screens on windows to keep mosquitos out?	YES 1 NO 2		
50	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2 → IND.		INTERVIEW
51	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'	NUMBER OF NETS <input type="text"/>		
		NET #1	NET #2	NET #3
52	ASK RESPONDENT TO SHOW YOU THE NET(S) IN THE HOUSEHOLD.	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
53	How many months ago did your household obtain the mosquito net (NUMBER)? IF LESS THAN ONE MONTH, RECORD '00'. IF 37 MONTHS OR MORE, CIRCLE CODE '95'.	MONTHS <input type="text"/> AGO MORE THAN 3 YEARS AGO... 95 DON'T KNOW/NOT SURE 98	MONTHS <input type="text"/> AGO MORE THAN 3 YEARS AGO... 95 DON'T KNOW/NOT SURE 98	MONTHS <input type="text"/> AGO MORE THAN 3 YEARS AGO... 95 DON'T KNOW/NOT SURE 98
55	When you got the net, was it already treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
56	Since you got the mosquito net, was it ever soaked or dipped in a liquid to repel mosquitos or bugs?	YES 1 NO 2 NOT SURE 8 (SKIP TO 58) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 58) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 58) ←
57	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'. IF 25 MONTHS OR MORE, CIRCLE CODE '95'.	MONTHS <input type="text"/> AGO MORE THAN 2 YEARS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS <input type="text"/> AGO MORE THAN 2 YEARS AGO 95 DON'T KNOW/NOT SURE 98	MONTHS <input type="text"/> AGO MORE THAN 2 YEARS AGO 95 DON'T KNOW/NOT SURE 98
58	Did anyone sleep under this mosquito net last night?	YES 1 NO 2 NOT SURE 8 (SKIP TO 60) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 60) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 60) ←
59	Who slept under this mosquito net last night? RECORD THE RESPECTIVE NAME(S) AND LINE NUMBER(S)	NAME LINE <input type="text"/> NUMBER NAME LINE <input type="text"/> NUMBER NAME LINE <input type="text"/> NUMBER NAME LINE <input type="text"/> NUMBER	NAME LINE <input type="text"/> NUMBER NAME LINE <input type="text"/> NUMBER NAME LINE <input type="text"/> NUMBER NAME LINE <input type="text"/> NUMBER	NAME LINE <input type="text"/> NUMBER NAME LINE <input type="text"/> NUMBER NAME LINE <input type="text"/> NUMBER
60		GO BACK TO 53 FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	GO BACK TO 53 FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	GO BACK TO 53 FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS

NET #4	NET #5	NET #6	NET #7
OBSERVED 1 NOT OBSERVED 2			
MONTHS AGO <input type="text"/> <input type="text"/>			
MORE THAN 3 YEARS AGO... 95 DON'T KNOW/NOT SURE #	MORE THAN 3 YEARS AGO... 95 DON'T KNOW/NOT SURE 98	MORE THAN 3 YEARS AGO... 95 DON'T KNOW/NOT SURE 98	MORE THAN 3 YEARS AGO... 95 DON'T KNOW/NOT SURE 98
YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8	YES 1 NO 2 NOT SURE 8
YES 1 NO 2 NOT SURE 8 (SKIP TO 58) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 58) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 58) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 58) ←
MONTHS AGO <input type="text"/> <input type="text"/>			
MORE THAN 2 YEARS AGO 95 DON'T KNOW/NOT SURE #	MORE THAN 2 YEARS AGO 95 DON'T KNOW/NOT SURE 98	MORE THAN 2 YEARS AGO 95 DON'T KNOW/NOT SURE 98	MORE THAN 2 YEARS AGO 95 DON'T KNOW/NOT SURE 98
YES 1 NO 2 NOT SURE 8 (SKIP TO 60) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 60) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 60) ←	YES 1 NO 2 NOT SURE 8 (SKIP TO 60) ←
NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/> NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>
GO BACK TO 53 FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	GO BACK TO 53 FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	GO BACK TO 53 FOR NEXT NET; OR, IF NO MORE NETS, CONTINUE WITH THE INDIVIDUAL INTERVIEWS	CONTINUE WITH THE INDIVIDUAL INTERVIEW

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

**GUYANA AIDS INDICATOR SURVEY
INDIVIDUAL QUESTIONNAIRE**

6-Jun-05

**MINISTRY OF HEALTH, GOVERNMENT OF GUYANA
GUYANA RESPONSIBLE PARENTHOOD ASSOCIATION**

IDENTIFICATION																									
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
CLUSTER NUMBER																									
HOUSEHOLD NUMBER																									
REGION																									
URBAN/RURAL (URBAN=1, RURAL=2)																									
NAME AND LINE NUMBER OF RESPONDENT _____																									
SEX OF RESPONDENT (MALE = 1 FEMALE = 2)																									
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
RESULT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	2	0	0	5																	
2	0	0	5																						
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
TIME	_____	_____		RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
*RESULT CODES:																									
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td>7 OTHER _____</td> <td></td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> <td style="text-align: right;">(SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED			2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____		3 POSTPONED	6 INCAPACITATED		(SPECIFY)									
1 COMPLETED	4 REFUSED																								
2 NOT AT HOME	5 PARTLY COMPLETED	7 OTHER _____																							
3 POSTPONED	6 INCAPACITATED		(SPECIFY)																						
LANGUAGE																									
LANGUAGE CODES: 1=ENGLISH, 2=OTHER																									
LANGUAGE OF INTERVIEW _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																								
LANGUAGE OF RESPONDENT _____																									
WAS A TRANSLATOR USED? (1=YES; 2=NO)																									
SUPERVISOR	OFFICE EDITOR	KEYED BY DATA ENTRY CLERK																							
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																			
DATE _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																			

SECTION 1 - RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Guyana Responsible Parenthood Association, Ministry of Health. We are conducting a national health survey. We would very much appreciate your participation in this survey. I would like to ask you about some important health issues. This information will help the government to plan health services. The survey usually takes around 20 minutes to complete.

Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

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.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 107
105	What is the highest level of school you attended: nursery, primary, secondary, or higher?	NURSERY 1 PRIMARY 2 SECONDARY 3 HIGHER 4	
106	What is the highest year you have completed at that level? RECORD '00' IF LESS THAN ONE GRADE COMPLETED AT THAT LEVEL.	YEAR <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Do you read a newspaper or magazine 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 CANNOT READ 8	
108	Do you listen to the radio 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	
109	Do you watch television 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	
110	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>		→ 113
111	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 116
112	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 116 → 115
113	Have you done any work in the last seven days?	YES 1 NO 2	→ 116
114	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	→ 116
115	Have you done any work in the last 12 months?	YES 1 NO 2	→ 117
116	What is your occupation, that is, what kind of work do you mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	→ 118
117	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 01 LOOKING FOR WORK 02 RETIRED 03 TOO ILL TO WORK 04 HANDICAPPED, CANNOT WORK ... 05 HOUSEWORK/CHILD CARE 06 OTHER _____ 96 (SPECIFY)	
118	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="checkbox"/> <input type="checkbox"/> ALWAYS 95 VISITOR 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 121
120	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
121	What is your religion?	CHRISTIAN 1 HINDU 2 MUSLIM 3 OTHER _____ 6 SPECIFY	
122	Which ethnic group do you belong to?	AFRICAN 01 INDIAN 02 AMERINDIAN 03 PORTUGUESE 04 CHINESE 05 MIXED 06 OTHER _____ 96 SPECIFY	

SECTION 2 - REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<p>MALE <input type="checkbox"/></p> <p>Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Now I would like to ask about all the births you have had during your lifetime. Have you ever given birth?</p>	<p>YES 1</p> <p>NO 2 → 206</p>
202	<p>Do you have any sons or daughters whom you have fathered who are now living with you?</p>	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	<p>YES 1</p> <p>NO 2 → 204</p>
203	<p>How many sons live with you?</p> <p>And how many daughters live with you?</p> <p>IF NONE, RECORD '00'.</p>		<p>SONS AT HOME <input type="text"/><input type="text"/></p> <p>DAUGHTERS AT HOME <input type="text"/><input type="text"/></p>
204	<p>MALE <input type="checkbox"/></p> <p>Do you have any sons or daughters whom you have fathered who are alive but do not live with you?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	<p>YES 1</p> <p>NO 2 → 206</p>
205	<p>How many sons are alive but do not live with you?</p> <p>And how many daughters are alive but do not live with you?</p> <p>IF NONE, RECORD '00'.</p>		<p>SONS ELSEWHERE <input type="text"/><input type="text"/></p> <p>DAUGHTERS ELSEWHERE <input type="text"/><input type="text"/></p>
206	<p>MALE <input type="checkbox"/></p> <p>Have you ever fathered a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?</p>	<p>FEMALE <input type="checkbox"/></p> <p>Have you ever given birth to a boy or girl who was born alive but later died? Any baby who cried or showed signs of life but did not survive?</p>	<p>YES 1</p> <p>NO 2 → 208</p>
207	<p>How many boys have died?</p> <p>And how many girls have died?</p> <p>IF NONE, RECORD '00'.</p>		<p>BOYS DEAD <input type="text"/><input type="text"/></p> <p>GIRLS DEAD <input type="text"/><input type="text"/></p>
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.</p>		<p>TOTAL <input type="text"/><input type="text"/></p>
209	<p>Just to make sure that I have this right: you have fathered in TOTAL _____ children during your life. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> →</p>	<p>Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?</p> <p>PROBE AND CORRECT 201-208</p>	
210	<p>MALE <input type="checkbox"/></p> <p>FEMALE <input type="checkbox"/></p>		<p>→ 215</p>