

2019-20 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

LAST UPDATED: 3-Oct-19

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES

IDENTIFICATION																				
PLACE NAME _____																				
NAME OF HOUSEHOLD HEAD _____																				
CLUSTER NUMBER				<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
HOUSEHOLD NUMBER				<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
NAME AND LINE NUMBER OF MAN _____																				
INTERVIEWER VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div style="text-align: center;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="text-align: center;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="text-align: center;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td>2</td><td>0</td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div> <div style="display: flex; justify-content: space-between;"> <div>INT. NO.</div> <div style="text-align: center;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div>									2	0						
2	0																			
INTERVIEWER'S NAME	_____	_____	_____	<div style="display: flex; justify-content: space-between;"> <div>RESULT*</div> <div style="text-align: center;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div>																
NEXT VISIT: DATE TIME	<div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div>	<div style="text-align: center;">_____</div> <div style="text-align: center;">_____</div>		<div style="display: flex; justify-content: space-between;"> <div>TOTAL NUMBER OF VISITS</div> <div style="text-align: center;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </div> </div>																
<div style="display: flex; justify-content: space-between;"> <div> <p>*RESULT CODES: 1 COMPLETED</p> <p>2 NOT AT HOME</p> <p>3 POSTPONED</p> </div> <div> <p>4 REFUSED</p> <p>5 PARTLY COMPLETED</p> <p>6 INCAPACITATED</p> </div> <div> <p>7 OTHER _____</p> <p style="text-align: right;">SPECIFY</p> </div> </div>																				
<div style="text-align: center; margin-bottom: 10px;">SUPERVISOR</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>_____</p> <p style="text-align: center;">NAME</p> </div> <div style="width: 15%; text-align: center;"> <table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <p>NUMBER</p> </div> </div>																				

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Liberia Institute of Statistics and Geo-Information Services. We are conducting a survey about health and other topics all over Liberia. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	<div style="display: flex; justify-content: space-between;"> <div>HOURS</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MINUTES</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
102	How long have you been living continuously in (NAME OF CURRENT COUNTY)?	<div style="display: flex; justify-content: space-between;"> <div>YEARS</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
	IF LESS THAN ONE YEAR, RECORD '00' YEARS.	<div style="display: flex; justify-content: space-between;"> <div>ALWAYS</div> <div>95</div> </div> <div style="display: flex; justify-content: space-between;"> <div>VISITOR</div> <div>96</div> </div>	→ 105
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	<div style="display: flex; justify-content: space-between;"> <div>CITY</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>TOWN</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RURAL AREA</div> <div>3</div> </div>	
104	Before you moved here, which county did you live in?	<div style="display: flex; justify-content: space-between;"> <div>BOMI</div> <div>01</div> </div> <div style="display: flex; justify-content: space-between;"> <div>BONG</div> <div>02</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GBARPOLU</div> <div>03</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GRAND BASSA</div> <div>04</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GRAND CAPE MOUNT</div> <div>05</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GRAND GEDEH</div> <div>06</div> </div> <div style="display: flex; justify-content: space-between;"> <div>GRAND KRU</div> <div>07</div> </div> <div style="display: flex; justify-content: space-between;"> <div>LOFA</div> <div>08</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MARGIBI</div> <div>09</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MARYLAND</div> <div>10</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTSERRADO</div> <div>11</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NIMBA</div> <div>12</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RIVER CESS</div> <div>13</div> </div> <div style="display: flex; justify-content: space-between;"> <div>RIVER GEE</div> <div>14</div> </div> <div style="display: flex; justify-content: space-between;"> <div>SINOE</div> <div>15</div> </div> <div style="display: flex; justify-content: space-between;"> <div>OUTSIDE OF LIBERIA</div> <div>96</div> </div>	
105	In what month and year were you born?	<div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW MONTH</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="border: 1px solid black; width: 80px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>DON'T KNOW YEAR</div> <div>9998</div> </div>	
106	How old were you at your last birthday?	<div style="display: flex; justify-content: space-between;"> <div>AGE IN COMPLETED YEARS</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>	
	COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended: elementary, junior high, senior high, or higher?	ELEMENTARY (GRADES 1-6) 1 JUNIOR HIGH (GRADES 7-9) 2 SENIOR HIGH (GRADES 10-12) 3 HIGHER 4	
109	What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
110	CHECK 108: ELEMENTARY, JUNIOR HIGH, OR <input type="checkbox"/> SENIOR HIGH <input type="checkbox"/> HIGHER <input type="checkbox"/>		→ 113
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) _____ BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED <input type="checkbox"/>	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you own a mobile telephone?	YES 1 NO 2	→ 118
117	Do you use your mobile phone for any financial transactions?	YES 1 NO 2	
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Have you ever used the internet?	YES 1 NO 2	→ 122
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
121	During the last one month, how often did you use the internet: 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	
122	What is your religion?	CHRISTIAN 1 MUSLIM 2 TRADITIONAL RELIGION 3 NO RELIGION 4 OTHER 6 (SPECIFY)	
123	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 MANDINGO 13 MANO 14 MENDE 15 SAPRO 16 VAI 17 NONE / ONLY ENGLISH 18 OTHER 96	

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	<input type="checkbox"/> → 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	<input type="checkbox"/> → 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> ↓ </div> </div>	<div style="display: flex; justify-content: space-between;"> <div></div> <div>→ 211</div> </div> <div style="display: flex; justify-content: space-between;"> <div></div> <div>→ 301</div> </div>	
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) How old were you when your first child was born? </div> <div style="width: 45%;"> b) How old were you when your child was born? </div> </div>	AGE IN YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE LIVING CHILD <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> ↓ </div> </div>	→ 301	
213	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MORE THAN ONE LIVING CHILD <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> ONLY ONE LIVING CHILD <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) How old is your youngest child? </div> <div style="width: 45%;"> b) How old is your child? </div> </div>	AGE IN YEARS <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
214	CHECK 213: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> (YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/> ↓ </div> </div>	→ 301	
215	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MORE THAN ONE LIVING CHILD <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> ONLY ONE LIVING CHILD <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) What is the name of your youngest child? </div> <div style="width: 45%;"> b) What is the name of your child? </div> </div>	_____ (NAME OF (YOUNGEST) CHILD)	
216	When (NAME)'s mother was pregnant with (NAME), did she have any prenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 218
217	Were you ever present during any of those prenatal check-ups?	PRESENT 1 NOT PRESENT 2	
218	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY 1 OTHER 2	
219	When a child has running stomach, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing 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	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization, Tube Tie, Turning the Womb. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
04	Injectables, Depo. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants, Jadelle. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Condom, Raincoat. PROBE: Men can put a rubber sheath on their penis before woman business.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before man business.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within five days after they have unprotected man business, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	CycleBeads/ Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not do man business.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not do man business on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone?	YES NO			
		a) RADIO	1 2		
		b) TELEVISION	1 2		
		c) NEWSPAPER OR MAGAZINE	1 2		
		d) MOBILE PHONE	1 2		
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES	1		
		NO	2		
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she does man business?	YES	1		
		NO	2		
		DON'T KNOW	8		→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS	1		
		DURING HER PERIOD	2		
		RIGHT AFTER HER PERIOD HAS ENDED	3		
		HALFWAY BETWEEN TWO PERIODS	4		
		OTHER _____ (SPECIFY)	6		
		DON'T KNOW	8		
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES	1		
		NO	2		
		DON'T KNOW	8		
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK			
		a) CONTRACEPTION WOMAN'S CONCERN	1 2 8		
		b) WOMEN MAY BECOME PROMISCUOUS	1 2 8		

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	→ 404
		YES, LIVING WITH A WOMAN	2	
		NO, NOT IN UNION	3	
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED	1	→ 413
		YES, LIVED WITH A WOMAN	2	
		NO	3	
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED	1	→ 410
		DIVORCED	2	
		SEPARATED	3	
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 other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE)	1	→ 407
		NO (ONLY ONE WIFE)	2	
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS		
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> </div> </div> <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>	<div style="display: flex; justify-content: space-between;"> <div> <p>NAME</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div> <p>LINE NUMBER</p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> </div> <div> <p>AGE</p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> <p><input type="text"/><input type="text"/></p> </div> </div>		<p>408</p> <p>How old was (NAME) on her last birthday?</p>
408	ASK 408 FOR EACH PERSON.			

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	CHECK 407: ONE WIFE/ PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/>	→ 411
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2	
411	CHECK 405 AND 410: BOTH ARE <input type="checkbox"/> CODE '2' ↓ a) In what month and year did you start living with your (wife/partner)? OTHER <input type="checkbox"/> ↓ b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	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	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you did woman business for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 501
415	I would like to ask you about your recent sexual activity. When was the last 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 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 417 → 427

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
416	When was the last time you did woman business with this person?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
417	The last time you did woman business with this person, was a condom used?	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←	YES 1 NO 2 (SKIP TO 419) ←
418	Was a condom used 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
419	What was your relationship to this person with whom you did woman business? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)
420	How long ago did you first do woman business with this person?	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
421	How many times during the last 12 months did you do woman business with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
422	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
423	Apart from this person, have you done woman business with any other person in the last 12 months?	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	YES 1 (GO BACK TO 416 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	
424	In total, with how many different people have you done woman business in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 419 (ALL COLUMNS): AT LEAST ONE PARTNER <input type="checkbox"/> IS A SEX WORKER	NO PARTNERS <input type="checkbox"/> ARE SEX WORKERS	→ 427
426	CHECK 419 AND 417 (ALL COLUMNS): CONDOM USED WITH <input type="checkbox"/> EVERY SEX WORKER	OTHER <input type="checkbox"/>	→ 430 → 431
427	In the last 12 months, did you pay anyone in exchange for doing woman business?	YES 1 NO 2	→ 429
428	Have you ever paid anyone in exchange for doing woman business?	YES 1 NO 2	→ 431
429	The last time you paid someone for doing woman business, was a condom used?	YES 1 NO 2	→ 431
430	Was a condom used during woman business every time you paid someone in exchange for doing woman business in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
431	In the past 12 months have you given any gifts or other goods in order to do woman business or to become sexually involved with anyone?	YES 1 NO 2	→ 433
432	Have you ever given any gifts or other goods in order to do woman business or to become sexually involved with anyone?	YES 1 NO 2	
433	In total, with how many different people have you done woman business in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
434	CHECK 417: MOST RECENT PARTNER (FIRST COLUMN) CONDOM <input type="checkbox"/> USED	NOT ASKED <input type="checkbox"/> NO CONDOM <input type="checkbox"/> USED	→ 438 → 438
437	The last time you did woman business did you or your partner use any method other than a condom to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 439 → 440
438	The last time you did woman business did you or your partner use any method to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 440
439	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 MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I CYCLEBEADS/STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 501
440	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 514								
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 514								
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>		→ 509								
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 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 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> HAS NOT FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 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 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	Now I have some questions about the future. After the (child/children) you and your (wives/partners) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
511	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> 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 OTHER 996 (SPECIFY) _____ DON'T KNOW 998									→ 514
512	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 (WIFE/WIVES/PARTNER(S)) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 514								
513	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN <input type="checkbox"/> ↓ b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> 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 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) _____ DON'T KNOW 998									
514	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> ↓ a) 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"/> ↓ b) 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 → 601						
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	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	→ 607		
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			
605	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			
606	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			
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612		
608	CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610		
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 OTHER _____ 6 (SPECIFY)			
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6			
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6			

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 615																								
613	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615																								
614	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																									
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 618																								
616	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 618																								
617	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8																									
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) NEGLECTS CHILDREN ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN ..	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
	YES	NO	DK																								
a) GOES OUT	1	2	8																								
b) NEGLECTS CHILDREN ..	1	2	8																								
c) ARGUES	1	2	8																								
d) REFUSES SEX	1	2	8																								
e) BURNS FOOD	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 HIV or AIDS?	YES 1 NO 2	→ 727																
702	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV 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 HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
708	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) DURING PREGNANCY ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) DURING DELIVERY</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
709	CHECK 708: <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> → </div>		→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.				
712	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 716		
713	How many months ago was your most recent HIV test?	MONTHS AGO <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> TWO OR MORE YEARS 95			
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2			
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT HEALTH CLINIC 13 STAND-ALONE VTC CENTER 14 NATIONAL AIDS CONTROL PROGRAM 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR 21 STAND-ALONE VTC CENTER 22 PHARMACY 23 PLANNED PARENTHOOD ASSN. LIB 24 MOBILE CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE HOME 31 SHOP 32 OTHER _____ 96 (SPECIFY)	→ 718		
716	Do you know of a place where people can go to get an HIV test?	YES 1 NO 2	→ 718		
717	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH CLINIC C STAND-ALONE VTC CENTER D NATIONAL AIDS CONTROL PROGRAM E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G STAND-ALONE VTC CENTER H PHARMACY I PLANNED PARENTHOOD ASSN. LIB. J MOBILE CLINIC K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) OTHER _____ X (SPECIFY)			

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 720
719	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
720	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
721	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
722	Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
723	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8	
726	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS HE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
727	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓</p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"></div> <div style="width: 45%;"> <p>YES 1 NO 2</p> </div> </div>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
728	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 736
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 731
730	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 through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
731	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	
732	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
733	CHECK 730, 731 AND 732: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 736
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 736
735	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH CLINIC C STAND-ALONE VTC CENTER D NATIONAL AIDS CONTROL PROGRAM E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR G STAND-ALONE VTC CENTER H PHARMACY I PLANNED PARENTHOOD ASSN. LIB. J MOBILE CLINIC K OTHER PRIVATE MEDICAL SECTOR _____ L (SPECIFY) OTHER SOURCE SHOP M OTHER _____ X (SPECIFY)	
736	If a wife knows her husband has a disease that she can get from doing man business, is she justified in asking that they use a condom when they do man business?	YES 1 NO 2 DON'T KNOW 8	
737	Is a wife justified in refusing to do man business with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811 → 810
809	In the past, have you smoked tobacco every day?	YES 1 NO 2	<input type="checkbox"/> → 812
810	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	<input type="checkbox"/> → 813
811	<p>On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Kreteks?</p> <p>c) Pipes full of tobacco?</p> <p>d) Cigars, cheroots, or cigarillos?</p> <p>e) Number of water pipe/shisha sessions?</p> <p>f) Any others?</p> <p>_____ (SPECIFY)</p>	<p align="center">NUMBER DAILY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 813
812	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Kreteks?</p> <p>c) Pipes full of tobacco?</p> <p>d) Cigars, cheroots, or cigarillos?</p> <p>e) Number of water pipe/shisha sessions?</p> <p>f) Any others?</p> <p>_____ (SPECIFY)</p>	<p align="center">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 815 → 815AA
814	On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? d) Any others? <div style="border-bottom: 1px solid black; width: 150px; margin-left: 100px;"></div> <div style="text-align: center; margin-left: 100px;">(SPECIFY)</div>	<div style="text-align: right; margin-bottom: 5px;">TIMES DAILY</div> a) SNUFF, BY MOUTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> b) SNUFF, BY NOSE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> c) CHEWING TOBACCO <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> d) ANY OTHERS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	→ 815AA
815	On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Snuff, by mouth? b) Snuff, by nose? c) Chewing tobacco? d) Any others? <div style="border-bottom: 1px solid black; width: 150px; margin-left: 100px;"></div> <div style="text-align: center; margin-left: 100px;">(SPECIFY)</div>	<div style="text-align: right; margin-bottom: 5px;">TIMES WEEKLY</div> a) SNUFF, BY MOUTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> b) SNUFF, BY NOSE <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> c) CHEWING TOBACCO <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> d) ANY OTHERS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
815AA	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 816
815AB	What are the things that can happen to you when you have tuberculosis? Anything else? RECORD ALL MENTIONED.	COUGHING FOR 2 OR MORE WEEKS A COUGHING UP BLOOD B CHEST PAIN/ PAINFUL BREATHING OR COUGHING C WEIGHT LOSS D FATIGUE E FEVER F NIGHT SWEATS G OTHER X <div style="border-bottom: 1px solid black; width: 150px; margin-left: 100px;"></div> <div style="text-align: center; margin-left: 100px;">(SPECIFY)</div> DON'T KNOW Z	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
815AC	<p>How does tuberculosis spread from one person to another?</p> <p>Any other way?</p> <p>RECORD ALL MENTIONED.</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB .. C</p> <p>THROUGH FOOD .. D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>																									
815AD	Can tuberculosis be cured?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
815AE	If a member of your family got tuberculosis, would you want it to remain a secret or not?	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DON'T KNOW/ NOT SURE/ DEPENDS 8</p>																									
816	Are you covered by any health insurance?	<p>YES 1</p> <p>NO 2</p>	→ 818																								
817	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A</p> <p>HEALTH INSURANCE THROUGH EMPLOYER B</p> <p>SOCIAL SECURITY C</p> <p>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D</p> <p>OTHER _____ X (SPECIFY)</p>																									
818	Do you currently possess a form of identity document for yourself, such as a birth certificate, voter card, or national ID?	<p>YES 1</p> <p>NO 2</p>	→ 819B																								
819	<p>A. Do you currently possess a:</p> <table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) Birth certificate</td> <td>YES 1 NO 2</td> <td>→ 1 2</td> </tr> <tr> <td>b) Voter card</td> <td>YES 1 NO 2</td> <td>→ 1 2</td> </tr> <tr> <td>c) National ID</td> <td>YES 1 NO 2</td> <td>→ 1 2</td> </tr> </tbody> </table>		YES	NO	a) Birth certificate	YES 1 NO 2	→ 1 2	b) Voter card	YES 1 NO 2	→ 1 2	c) National ID	YES 1 NO 2	→ 1 2	<p>B. Have you ever tried to obtain a [document from 819A]?</p> <table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) Birth certificate</td> <td>YES 1 NO 2</td> <td>→ 1 2</td> </tr> <tr> <td>b) Voter card</td> <td>YES 1 NO 2</td> <td>→ 1 2</td> </tr> <tr> <td>c) National ID</td> <td>YES 1 NO 2</td> <td>→ 1 2</td> </tr> </tbody> </table>		YES	NO	a) Birth certificate	YES 1 NO 2	→ 1 2	b) Voter card	YES 1 NO 2	→ 1 2	c) National ID	YES 1 NO 2	→ 1 2	
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c) National ID	YES 1 NO 2	→ 1 2																									

SECTION 14. EBOLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	<p>During the Ebola time in Liberia, which counties did you live in?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>BOMI A</p> <p>BONG B</p> <p>GBARPOLU C</p> <p>GRAND BASSA D</p> <p>GRAND CAPE MOUNT E</p> <p>GRAND GEDEH F</p> <p>GRAND KRU G</p> <p>LOFA H</p> <p>MARGIBI I</p> <p>MARYLAND J</p> <p>MONTSERRADO K</p> <p>NIMBA L</p> <p>RIVER CESS M</p> <p>RIVER GEE N</p> <p>SINOE O</p> <p>OUTSIDE OF LIBERIA Z</p>	
901A	<p>CHECK 901: <u>ONLY</u> "Z - OUTSIDE OF LIBERIA" CIRCLED?</p> <p align="center">NO <input type="checkbox"/> <u>ONLY</u> Z CIRCLED <input type="checkbox"/></p>		→ 923
902	<p>Did you get sick with any illness during the Ebola time in Liberia?</p>	<p>YES 1</p> <p>NO 2</p>	→ 908
903	<p>In what month and year did you first get sick with the illness during Ebola time in Liberia?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
904	<p>In what county were you when you first got sick with the illness?</p>	<p>BOMI 1</p> <p>BONG 2</p> <p>GBARPOLU 3</p> <p>GRAND BASSA 4</p> <p>GRAND CAPE MOUNT 5</p> <p>GRAND GEDEH 6</p> <p>GRAND KRU 7</p> <p>LOFA 8</p> <p>MARGIBI 9</p> <p>MARYLAND 10</p> <p>MONTSERRADO 11</p> <p>NIMBA 12</p> <p>RIVER CESS 13</p> <p>RIVER GEE 14</p> <p>SINOE 15</p>	
905	<p>When you were sick with the illness, did you have symptoms like fever, vomiting, diarrhea, severe headache, muscle pain, stomach pain, or unexplained bleeding?</p>	<p>YES 1</p> <p>NO 2</p>	→ 908
906	<p>Did you seek advice or treatment for those symptoms from any source?</p>	<p>YES 1</p> <p>NO 2</p>	→ 908

EBOLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
907	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH CLINIC C</p> <p>MOBILE CLINIC D</p> <p>RELATIVE/FRIEND/NEIGHBOR WHO IS A HEALTHCARE WORKER E</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/ CENTER/ CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>RELATIVE/FRIEND/NEIGHBOR WHO IS A HEALTHCARE WORKER K</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ L</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>EBOLA TREATMENT UNIT M</p> <p>SHOP N</p> <p>TRADITIONAL PRACTITIONER O</p> <p>RELATIVE/FRIEND/NEIGHBOR WHO IS NOT A HEALTHCARE WORKER P</p> <p>BLACK BAGGER/ DRUG PEDDLER Q</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
908	<p>Were you admitted to an Ebola treatment unit or ETU during the Ebola time in Liberia?</p>	<p>YES 1</p> <p>NO 2</p>	→ 911
909	<p>In what month and year were you admitted to an Ebola treatment unit or ETU?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
910	<p>In what county was the Ebola treatment unit or ETU?</p>	<p>BOMI 1</p> <p>BONG 2</p> <p>GBARPOLU 3</p> <p>GRAND BASSA 4</p> <p>GRAND CAPE MOUNT 5</p> <p>GRAND GEDEH 6</p> <p>GRAND KRU 7</p> <p>LOFA 8</p> <p>MARGIBI 9</p> <p>MARYLAND 10</p> <p>MONTSERRADO 11</p> <p>NIMBA 12</p> <p>RIVER CESS 13</p> <p>RIVER GEE 14</p> <p>SINOE 15</p>	

EBOLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
911	Did any members of your household or other persons you were close to like relatives or friends get sick with any illness during the Ebola time in Liberia?	YES 1 NO 2	→ 915										
912	Were you in close contact with any of these people who got sick? By close contact I mean you took care of them when they were sick or shared, for example, the same bed, cooking utensils, or toilet facilities.	YES 1 NO 2											
913	Were any of these people who got sick admitted to an Ebola treatment unit or ETU?	YES 1 NO 2 DON'T KNOW 8											
914	Were you ever on a contact list, that is, did someone ever come to your house to take your temperature two times every day?	YES 1 NO 2 DON'T KNOW 8											
915	Did any members of your household, other relatives, or close friends die during the Ebola time in Liberia?	YES 1 NO 2 DON'T KNOW 8	→ 918										
916	a) How many members of your household died? b) How many other relatives died? c) How many close friends died? IF NONE, RECORD '00'.	a) HOUSEHOLD MEMBERS DEAD .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) OTHER RELATIVES DEAD b) CLOSE FRIENDS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>											
917	Did you attend any of the burials for these deaths?	YES 1 NO 2											
918	Did you ever receive the Ebola vaccine by PREVAIL?	YES 1 NO 2	→ 920										
919	In what month and year were you vaccinated for Ebola by PREVAIL?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998											
920	During the Ebola time in Liberia, did you work in an Ebola treatment unit or ETU?	YES 1 NO 2											
921	During the Ebola time in Liberia, did you work in a health facility that was not an Ebola treatment unit or ETU ?	YES 1 NO 2	→ 922										

EBOLA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
921A	Have you <u>ever</u> worked in a health facility?	YES 1 NO 2									
922	During the Ebola time in Liberia, did you care for someone at home who had Ebola?	YES 1 NO 2									
922A	Have you ever gone to the bush to hunt or catch animals?	YES 1 NO 2	→ 923								
922B	What kinds of animals have you hunted or caught in the bush? Any other kind of animal? RECORD ALL MENTIONED.	BUSH HOG A BAT B BIRDS C DEER D GROUNDHOG E MONKEY F PORCUPINE G OTHER X									
922C	What did you do with the animal(s) once you caught (it/them)? Anything else? RECORD ALL MENTIONED.	BUTCHER/SKIN/CLEAN THE ANIMAL A COOK THE ANIMAL B EAT THE ANIMAL C SELL THE ANIMAL D OTHER X									
923	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <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 OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
