

Appendix F. Questionnaires



HOUSEHOLD QUESTIONNAIRE

WE ARE FROM (**Statistics, Sierra Leone**). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW WILL TAKE ABOUT 60 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. DURING THIS TIME I WOULD LIKE TO SPEAK WITH THE HOUSEHOLD HEAD AND ALL MOTHERS OR OTHERS WHO TAKE CARE OF CHILDREN IN THE HOUSEHOLD.

MAY I START NOW? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL		HH
HH1. Cluster number/EA: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor name and number: Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Rural..... 1 Urban 2	HH7. Region: East..... 1 North 2 South..... 3 West..... 4	
HH 7a: Kailahun.....11 Kenema.....12 Kono.....13 Bomabli.....21 Kambia.....22 Koinadugu.....23 Port Loko.....24 Tonkolili.....25 Bo.....31 Bonthe.....32 Moyamba.....33 Pujehun.....34 Western Rural.....41 Western Urban.....42		
HH 8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i> 		

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<p>HH9. Result of HH interview:</p> <p>Completed 1 Not at home 2 Refused 3 HH not found/destroyed 4</p> <p>Other (<i>specify</i>) _____ 6</p>	<p>HH10. Respondent to HH questionnaire:</p> <p>Name: _____</p> <p>Line No: _____</p> <p>HH11. Total number of household members: _____</p>
<p>HH12. No.of women eligible for interview: _____</p>	<p>HH13. No.of women questionnaires completed: _____</p>
<p>HH14. No.of children under age 5: _____</p>	<p>HH15. No.of under-5 questionnaires completed: _____</p>
<p>Interviewer/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i></p>	
<p>HH16. Data entry clerk: _____</p>	

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HOUSEHOLD LISTING FORM										HL						
<p>FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4). Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing. Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page. Tick here if continuation sheet used <input type="checkbox"/></p>										<p align="center">For children age 0-17 years ask HL9-HL12A</p>						
HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	WOMEN'S INTERVIEW		CHILD LABOUR MODULE		If age 18-59 years	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. Is (name's) NATURAL MOTHER ALIVE?	HL10. If alive: DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSEHOLD?	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. Is (name's) NATURAL FATHER ALIVE?	HL12. If alive: DOES (NAME)S NATURAL FATHER LIVE IN THIS HOUSEHOLD?	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?
					HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD?	Y N DK								
01		0 1	1 2	— —	15-49	01	— —	MOTHER	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
02		— —	1 2	— —	02	02	— —	— —	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
03		— —	1 2	— —	03	03	— —	— —	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
04		— —	1 2	— —	04	04	— —	— —	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
05		— —	1 2	— —	05	05	— —	— —	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
06		— —	1 2	— —	06	06	— —	— —	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
07		— —	1 2	— —	07	07	— —	— —	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
08		— —	1 2	— —	08	08	— —	— —	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
09		— —	1 2	— —	09	09	— —	— —	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

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HL1. Line no.	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?	HL5. HOW OLD IS (name)? HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record in completed years 98=DK*	HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record Line no. of mother/caretaker	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. Is (name's) MOTHER ALIVE? 1 YES 2 NO 8 DK HL11	HL10. If alive: DOES (NAME) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record of mother or 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. Is (name's) NATURAL FATHER ALIVE? 1 YES 2 NO 8 DK NEXT LINE	HL12. If alive: DOES (NAME) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record of father or 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	Y N DK	MOTHER	Y N DK	Y N DK	FATHER	Y N DK	
10			1 2		10			1 2 8	1 2 8		1 2 8	1 2 8		1 2 8	
11			1 2		11			1 2 8	1 2 8		1 2 8	1 2 8		1 2 8	
12			1 2		12			1 2 8	1 2 8		1 2 8	1 2 8		1 2 8	
13			1 2		13			1 2 8	1 2 8		1 2 8	1 2 8		1 2 8	
14			1 2		14			1 2 8	1 2 8		1 2 8	1 2 8		1 2 8	
15			1 2		15			1 2 8	1 2 8		1 2 8	1 2 8		1 2 8	
<p>ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert child's name and complete form. Then, complete the totals below.</p>															
					Women 15-49	Children 5-14	Under-5s	Very Sick (=1)	Mothers Dead (=2)	Mothers Very Sick (=1)	Fathers Dead (=2)	Fathers Very Sick (=1)			
Totals															

* See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").
 Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
 For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five.
 You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:
 01 = Head
 02 = Wife or Husband
 03 = Son or Daughter
 04 = Son or Daughter In-Law
 05 = Grandchild
 06 = Parent
 07 = Parent-In-Law
 08 = Brother or Sister
 09 = Brother or Sister-In-Law
 10 = Uncle/Aunt
 11 = Niece/Nephew By Blood
 12 = Niece/Nephew By Marriage
 13 = Other Relative
 14 = Adopted/Foster/Stepchild
 15 = Not Related
 98 = Don't Know

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EDUCATION MODULE		ED									
For household members age 5 and above		For household members age 5-24 years									
ED1. Line no.	ED1A. Name	ED2. HAS (name) EVER ATTENDED SCHOOL OR PRESCHOOL?	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (name) COMPLETED AT THIS LEVEL?	ED4. DURING THE (2004-2005) SCHOOL YEAR, DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME?	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL?	ED6. DURING WHICH THAT SCHOOL YEAR, THIS LEVEL AND GRADE IS/WAS (name) ATTENDING?	ED7. DID (name) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (2003-2004)?	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (name) ATTEND?			
LINE		YES NO	LEVEL GRADE/CLASS	YES NO	DAYS	LEVEL GRADE/CLA	Y N DK	LEVEL GRADE:			
01		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
02		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
03		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
04		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
05		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
06		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
07		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
08		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
09		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
10		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
11		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
12		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
13		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
14		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			
15		1 2⇒NEXT LINE	0 1 2 3 6 8	1 2	—	0 1 2 3 6 8	1 2 8	0 1 2 3 6 8			

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WATER AND SANITATION MODULE		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling..... 11	11⇒WS5
	Piped into yard or plot..... 12	12⇒WS5
	Public tap/standpipe 13	
	Tubewell/borehole 21	
	Dug well	
	Protected well 31	
	Unprotected well 32	
	Water from spring	
	Protected spring..... 41	
	Unprotected spring 42	⇒WS3
	Rainwater collection 51	
	Tanker-truck 61	
	Cart with small tank/drum 71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81		
Bottled water..... 91		
Other (<i>specify</i>) 96	96⇒WS3	
WS2. 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	11⇒WS5
	Piped into yard or plot..... 12	12⇒WS5
	Public tap/standpipe 13	
	Tubewell/borehole 21	
	Dug well	
	Protected well 31	
	Unprotected well 32	
	Water from spring	
	Protected spring..... 41	
	Unprotected spring 42	
	Rainwater collection 51	
	Tanker-truck 61	
	Cart with small tank/drum 71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel)..... 81		
Other (<i>specify</i>) 96		
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes _ _ _	
	Water on premises 995	995⇒WS5
	DK 998	
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? <i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX? Circle code that best describes this person.	Adult woman..... 1	
	Adult man 2	
	Female child (under 15)..... 3	
	Male child (under 15)..... 4	
	DK 8	
WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?	Yes 1	
	No..... 2	2⇒WS7
	DK 8	8⇒WS7

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<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p>ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A</p> <p>Add bleach/chlorine B</p> <p>Strain it through a cloth C</p> <p>Use water filter (ceramic, sand, composite, etc.) D</p> <p>Solar disinfection E</p> <p>Let it stand and settle F</p> <p>Other (<i>specify</i>) X</p> <p>DK Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe: WHERE DOES IT FLUSH TO?</i></p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush / pour flush</p> <p>Flush to piped sewer system 11</p> <p>Flush to septic tank 12</p> <p>Flush to pit (latrine) 13</p> <p>Flush to somewhere else 14</p> <p>Flush to unknown place/not sure/DK where 15</p> <p>Ventilated Improved Pit latrine (VIP) 21</p> <p>Pit latrine with slab 22</p> <p>Pit latrine without slab / open pit 23</p> <p>Composting toilet 31</p> <p>Bucket 41</p> <p>Hanging toilet/hanging latrine 51</p> <p>No facilities or bush or field 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95⇒ NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 ____</p> <p>Ten or more households 10</p> <p>DK 98</p>	

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HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	<i>Christian</i> 1 <i>Muslim</i> 2 <i>Traditional</i> 3 Other religion (<i>specify</i>) _____ 6 No religion 7	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms _ _	
HC3. Main material of the dwelling floor: <i>Record observation.</i>	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 (<i>specify</i>) 96	
HC4. Main material of the roof. <i>Record observation.</i>	Natural roofing No Roof 11 Thatch/palm leaf 12 Sod 13 Rudimentary Roofing Rustic mat 21 Palm/bamboo 22 Wood planks 23 Plastic sheeting 24 Finished roofing Metal 31 Wood 32 Calamine/cement fiber 33 Ceramic tiles 34 Cement 35 Roofing shingles 36 Other (<i>specify</i>) 96	

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HOUSEHOLD CHARACTERISTICS MODULE		HC																								
HC5. Main material of the walls. <i>Record observation.</i>	Natural walls No walls 11 Cane/palm/trunks 12 Dirt 13 Rudimentary walls Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Carton 25 Reused wood 26 Finished walls Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Wood planks/shingles 36 Other (<i>specify</i>) 96																									
HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?	Electricity 01 Liquid Propane Gas (LPG) 02 Natural gas 03 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (<i>specify</i>) 96	01⇒HC8 02⇒HC8 03⇒HC8 04⇒HC8																								
HC7. IN THIS HOUSEHOLD, IS FOOD COOKED ON AN OPEN FIRE, AN OPEN STOVE OR A CLOSED STOVE? <i>Probe for type.</i>	Open fire 1 Open stove 2 Closed stove 3 Other (<i>specify</i>) 6	3⇒HC8 6⇒HC8																								
HC7A. DOES THE FIRE/STOVE HAVE A CHIMNEY OR A HOOD?	Yes 1 No 2																									
HC8. 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 (<i>specify</i>) 6																									
HC9. DOES YOUR HOUSEHOLD HAVE:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A RADIO?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A TELEVISION/VCR/DVD?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A MOBILE/NON-MOBILE TELEPHONE?</td> <td>1</td> <td>2</td> </tr> <tr> <td>SEWING MACHINE?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A REFRIGERATOR?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A WATER PUMP?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	ELECTRICITY?	1	2	A RADIO?	1	2	A TELEVISION/VCR/DVD?	1	2	A MOBILE/NON-MOBILE TELEPHONE?	1	2	SEWING MACHINE?	1	2	A REFRIGERATOR?	1	2	A WATER PUMP?	1	2	
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HC10. DOES ANY HOUSEHOLD MEMBER OWN:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>A WATCH?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A BICYCLE?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A MOTORCYCLE OR SCOOTER?</td> <td>1</td> <td>2</td> </tr> <tr> <td>AN ANIMAL-DRAWN CART?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A CAR OR TRUCK?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A BOAT WITH A MOTOR?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	A WATCH?	1	2	A BICYCLE?	1	2	A MOTORCYCLE OR SCOOTER?	1	2	AN ANIMAL-DRAWN CART?	1	2	A CAR OR TRUCK?	1	2	A BOAT WITH A MOTOR?	1	2				
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ITN MODULE		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2⇒NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE? <i>If 7 or more nets, record '7'.</i>	Number of nets ____	
TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING BRANDS: <i>Read each brand name, show picture card, and circle codes for Yes or No for each brand. If possible, observe the net to verify brand.</i>		
LONG-LASTING TREATED NETS: TN3L1. <i>OLYSET?</i> TN3L2. <i>PERMANET?</i>	Long-lasting treated nets: OLYSET 1 2 8 PERMANET 1 2 8	Y N DK
PRE-TREATED NETS: TN3P1. <i>OLYSET?</i> TN3P2. <i>PERMANET?</i>	Pre-treated nets: OLYSET 1 2 8 PERMANET 1 2 8	
OTHER NETS: TN3o1. <i>POLYESTER?</i> TN3o2. <i>NYLON?</i> TN3o3. <i>COTTON?</i>	Other nets: POLYESTER 1 2 8 NYLON 1 2 8 COTTON 1 2 Unknown brand 1 2	
TN3o4. AN UNKNOWN BRAND OF NET?		
TN4. <i>Check TN3 for brand of net(s). Go through the above list in order until one box is checked and follow instructions:</i>		
1. <input type="checkbox"/> <i>Long-lasting treated net (brand A or brand B) mentioned? ⇒ Go to Next Module</i>		
2. <input type="checkbox"/> <i>Pre-treated net (brand C or brand D) mentioned? ⇒ Go to TN6</i>		
3. <input type="checkbox"/> <i>Other net (brand E, brand F or any other net, or an unknown brand) mentioned? ⇒ Continue with TN5</i>		
TN5. WHEN YOU GOT THE (MOST RECENT) NET, WAS IT ALREADY TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOES?	Yes 1 No 2 DK/not sure 8	
TN6. HOW MANY MONTHS AGO WAS THE (MOST RECENT) NET OBTAINED? <i>If less than 1 month ago, record '00'. If answer is "12 months" or "1 year", probe to determine if net was obtained exactly 12 months ago or earlier or later.</i>	Months ago ____ More than 24 months ago 95 Not sure 98	
TN7. SINCE YOU GOT THE NET(S) HAS IT (HAVE ANY OF THESE NETS) EVER BEEN SOAKED OR DIPPED IN A LIQUID TO KILL/REPEL MOSQUITOES?	Yes 1 No 2 DK 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TN8. HOW LONG AGO WAS THE MOST RECENT SOAKING/DIPPING DONE? <i>If less than 1 month, record '00'. If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i>	Months ago ____ More than 24 months ago 95 Not sure 98	

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CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS	OV
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OV1. Check HL5: any children 0-17?
 Yes ⇒ Continue to OV2
 No ⇒ Next Module

OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?	Yes..... 1 No 2	2⇒OV5
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OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?	Yes..... 1 No 2	2⇒OV5
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OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE SERIOUSLY ILL FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?	Yes..... 1 No 2	1⇒OV8
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OV5. Return to the Household Listing and check the following:

1. Check totals for HL9 and HL11.
 At least one mother or father dead. ⇒ Go to OV8
 No mother or father dead
2. Check totals for HL8A.
 At least one adult aged 18-59 very sick 3 of last 12 months ⇒ Go to OV8
 No adult aged 18-59 very sick 3 of last 12 months
3. Check totals for HL10A and HL12A.
 At least one mother or father ill 3 of last 12 months ⇒ Go to OV8
 No mother or father ill 3 of last 12 months ⇒ Go to Next Module

OV8. List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the household listing module. Use a continuation sheet if there are more than 4 children age 0-17 in the household. Ask all questions for one child before moving to the next child.

	1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD
Name (from HL2)	_____	_____	_____	_____
Line number (from HL1)	___	___	___	___
Age (from HL5)	___	___	___	___

OV9. I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.

OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR (name). IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR (name), SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes..... 1 No 2 DK..... 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
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OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (<i>name</i>), SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes..... 1 No 2 ⇒ OV13 DK..... 8	Yes 1 No.....2 ⇒ OV13 DK8	Yes..... 1 No 2 ⇒ OV13 DK..... 8	Yes 1 No.....2 ⇒ OV13 DK8
OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No 2 DK..... 8	Yes 1 No.....2 DK8	Yes..... 1 No 2 DK..... 8	Yes 1 No.....2 DK8
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (<i>name</i>), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes..... 1 No 2 ⇒OV15 DK..... 8	Yes 1 No.....2 ⇒OV15 DK8	Yes..... 1 No 2 ⇒OV15 DK..... 8	Yes 1 No.....2 ⇒OV15 DK8
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No 2 DK..... 8	Yes 1 No.....2 DK8	Yes..... 1 No 2 DK..... 8	Yes 1 No.....2 DK8
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (<i>name</i>), SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes..... 1 No 2 ⇒ OV17 DK..... 8	Yes 1 No.....2 ⇒ OV17 DK8	Yes..... 1 No 2 ⇒ OV17 DK..... 8	Yes 1 No.....2 ⇒ OV17 DK8
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No 2 DK..... 8	Yes 1 No.....2 DK8	Yes..... 1 No 2 DK..... 8	Yes 1 No.....2 DK8
OV17. Check OV8 for age of child:	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18	<input type="checkbox"/> Age 0-4 ⇒ next child <input type="checkbox"/> Age 5-17 ⇒ OV18
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (<i>name</i> 's) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes..... 1 No 2 DK..... 8	Yes 1 No.....2 DK8	Yes..... 1 No 2 DK..... 8	Yes 1 No.....2 DK8

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CHILD LABOUR MODULE												CL
To be administered to mother/caretaker of each child in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.												
NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.												
CL1. Line no.	CL2. Name	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇔ TO CL5	CL4. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If more than one job, include all hours at all jobs.</i> <i>Record response then ⇔ CL6</i>	CL5. AT ANY TIME DURING THE PAST YEAR, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? <i>If yes: FOR PAY IN CASH OR KIND?</i> 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL6. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, COLLECTING FIREWOOD, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ⇔ TO CL8	CL7. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. DURING THE PAST WEEK, DID (name) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES 2 NO ⇔ NEXT LINE	CL9. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	CL10. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	CL11. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	CL12. <i>If yes:</i> SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?	
LINE NO.	NAME	YES PAID UNPAID NO	PAID	YES PAID UNPAID NO	YES YES NO	NO. HOURS	YES NO	NO. HOURS	NO. HOURS	NO. HOURS	NO. HOURS	
01		1 2 3		1 2 3	1 2		1 2					
02		1 2 3		1 2 3	1 2		1 2					
03		1 2 3		1 2 3	1 2		1 2					
04		1 2 3		1 2 3	1 2		1 2					
05		1 2 3		1 2 3	1 2		1 2					
06		1 2 3		1 2 3	1 2		1 2					
07		1 2 3		1 2 3	1 2		1 2					
08		1 2 3		1 2 3	1 2		1 2					
09		1 2 3		1 2 3	1 2		1 2					
10		1 2 3		1 2 3	1 2		1 2					
11		1 2 3		1 2 3	1 2		1 2					
12		1 2 3		1 2 3	1 2		1 2					
13		1 2 3		1 2 3	1 2		1 2					
14		1 2 3		1 2 3	1 2		1 2					
15		1 2 3		1 2 3	1 2		1 2					

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CHILD DISCIPLINE MODULE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1.	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.	CD6. Line no. of mother/ caretaker from HL7 or HL8.
LINE	LINE	NAME	M	F	AGE	MOTHER
01	___		1	2	___	___
02	___		1	2	___	___
03	___		1	2	___	___
04	___		1	2	___	___
05	___		1	2	___	___
06	___		1	2	___	___
07	___		1	2	___	___
08	___		1	2	___	___
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					___

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8. Last digit of the questionnaire number	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. Record the rank number of the selected child	Rank number of child..... ___
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CHILD DISCIPLINE MODULE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line number _____	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (<i>name</i>) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (<i>name</i>) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes 1 No 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No 2	
CD12C. SHOOK HIM/HER.	Yes 1 No 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes 1 No 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (<i>name</i>) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No 2 Don't know/no opinion 8	

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DISABILITY											DA	
TO BE ADMINISTERED TO CARETAKERS OF ALL CHILDREN 2 THROUGH 9 YEARS OLD LIVING IN THE HOUSEHOLD. FOR HOUSEHOLD MEMBERS BELOW AGE 2 OR ABOVE AGE 9, LEAVE ROWS BLANK. I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.												
DA1. Line no.	DA2. Child's name	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY IN WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): IS (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2-year-olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?
LINE	NAME	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
01		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
02		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
03		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
04		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
05		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
06		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
07		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
08		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
09		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
10		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
11		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
12		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

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MATERNAL MORTALITY MODULE										MM
Administer to each adult household member. Copy name and line number of each adult (age 15 or over) in the household. If one of these adults is not at home, another adult may respond for him/her. Indicate this by placing a '1' in MM3, and insert line number of proxy respondent in MM4. For household members below age 15, leave rows blank										
MM1. Line no.	MM2. Name	MM3. IS THIS A PROXY REPORT? 1 YES ⇨ MM4 2 NO ⇨ MM5	MM4. Line no. of proxy respondent (from household listing HL1)	MM5. HOW MANY SISTERS (BORN TO THE SAME MOTHER) HAVE YOU EVER HAD?	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15?	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW?	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED?	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILD BIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY? 98= DON'T KNOW		
LINE	NAME	Y N	LINE	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW	98= DON'T KNOW		
01		1 2								
02		1 2								
03		1 2								
04		1 2								
05		1 2								
06		1 2								
07		1 2								
08		1 2								
09		1 2								
10		1 2								
11		1 2								
12		1 2								
13		1 2								
14		1 2								
15		1 2								

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SALT IODIZATION MODULE		SI
<p>SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT?</p> <p>Once you have examined the salt, circle number that corresponds to test outcome.</p>	<p>Not iodized 0 PPM 1 Less than 15 PPM 2 15 PPM or more..... 3</p> <p>No salt in home 6 Salt not tested..... 7</p>	
<p>SI2. Does any eligible woman age 15-49 reside in the household? Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.</p> <p><input type="checkbox"/> Yes. ⇒ Go to <u>QUESTIONNAIRE FOR INDIVIDUAL WOMEN</u> to administer the questionnaire to the first eligible woman.</p> <p><input type="checkbox"/> No. ⇒ Continue.</p>		
<p>SI3. Does any child under the age of 5 reside in the household? Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.</p> <p><input type="checkbox"/> Yes. ⇒ Go to <u>QUESTIONNAIRE FOR CHILDREN UNDER FIVE</u> to administer the questionnaire to caretaker of the first eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.</p>		