

SIERRA LEONE MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2005



Questionnaire for individual women

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM1. EA / Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: _____/_____/_____	
WM7. Result of women's interview	Completed..... 1 Not at home..... 2 Refused..... 3 Partly completed 4 Incapacitated..... 5 Other (<i>specify</i>) 6	

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Questionnaire for individual women

Repeat greeting if not already read to this woman:

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 45 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. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month__ __ DK month98 Year__ __ __ __ DK year9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)__ __	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes 1 No 2	2⇒WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED: PRIMARY, SECONDARY, OR HIGHER?	Primary 1 Secondary..... 2 Higher 3 Non-standard curriculum..... 6	
WM12. WHAT IS THE HIGHEST GRADE COMPLETED AT THAT LEVEL?	Grade.....__ __	
WM13. Check WM11:		
<input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module		
<input type="checkbox"/> Primary or non-standard curriculum. ⇒ Continue with WM14		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentences to respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? <i>Example sentences for literacy test:</i> 1. The child is reading a book. 2. The rains came late this year. 3. Parents must care for their children. 4. Farming is hard work.	Cannot read at all 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3 No sentence in required language 4 (specify language) Blind/mute, visually/speech impaired 5	

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Questionnaire for individual women

CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all women age 15-49. All questions refer only to LIVE births.</i></p>		
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p><i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i></p>	<p>Yes 1 No 2</p>	<p>2⇒ MARRIAGE /UNION MODULE</p>
<p>CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER.</p> <p><i>Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.</i></p>	<p>Date of first birth Day DK day98</p> <p>Month..... DK month.....98</p> <p>Year DK year.....9998</p>	<p>⇒CM3 ⇓CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth..... _ _</p>	
<p>CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM5</p>
<p>CM4. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p>	<p>Sons at home..... _ _ Daughters at home _ _</p>	
<p>CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes 1 No 2</p>	<p>2⇒CM7</p>
<p>CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Sons elsewhere _ _ Daughters elsewhere _ _</p>	

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Questionnaire for individual women

CHILD MORTALITY MODULE		CM
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes 1 No 2	2⇒CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead..... __ __ Girls dead __ __	
CM9. Sum answers to CM4, CM6, and CM8.	Sum __ __	
<p>CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total number</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> Yes. ⇒ Go to CM11</p> <p><input type="checkbox"/> No. ⇒ Check responses and make corrections before proceeding to CM11</p>		
CM11. OF THESE (<i>total number</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? If day is not known, enter '98' in space for day.	Date of last birth Day/Month/Year..... __ __/ __ __/ __ __ __ __	
<p>CM12. Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2003)?</p> <p>If child has died, take special care when referring to this child by name in the following modules.</p> <p><input type="checkbox"/> No live birth in last 2 years. ⇒ Go to MARRIAGE/UNION module.</p> <p><input type="checkbox"/> Yes, live birth in last 2 years. ⇒ Continue with CM13</p> <p style="text-align: center;">Name of child _____</p>		
CM13. AT THE TIME YOU BECAME PREGNANT WITH (<i>name</i>), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then 1 Later 2 No more 3	



TETANUS TOXOID (TT) MODULE		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?	Yes (card seen) 1 Yes (card not seen)..... 2 No 3 DK..... 8	
<i>If a card is presented, use it to assist with answers to the following questions.</i>		
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes 1 No 2 DK..... 8	2⇒TT5 8⇒TT5
TT3. <i>If yes:</i> HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times..... __ __ DK.....98	98⇒TT5
TT4. How many TT doses during last pregnancy were reported in TT3?		
<input type="checkbox"/> At least two TT injections during last pregnancy. ⇒ Go to Next Module <input type="checkbox"/> Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes 1 No 2 DK..... 8	2⇒NEXT MODULE 8⇒NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times..... __ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Month..... __ __ DK month.....98 Year __ __ __ __ DK year.....9998	⇒NEXT MODULE ↓TT8
<i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>		
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago __ __	

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Questionnaire for individual women

MATERNAL AND NEWBORN HEALTH MODULE		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check child mortality module CM12 and record name of last-born child here _____ . Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN1. IN THE FIRST TWO MONTHS AFTER YOUR LAST BIRTH [THE BIRTH OF <i>name</i>], DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes 1 No 2 DK..... 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional: Doctor A Nurse/midwife B Auxiliary midwife/MCH Aide C Other person Traditional birth attendant F Community health worker G Relative/friend H</p> <p>Other (<i>specify</i>) X No one Y</p>	<p>Y⇒MN7</p>															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>MN3A. WERE YOU WEIGHED? MN3B. WAS YOUR BLOOD PRESSURE MEASURED? MN3C. DID YOU GIVE A URINE SAMPLE? MN3D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Weight</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weight	1	2	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample	1	2	
	Yes	No															
Weight	1	2															
Blood pressure.....	1	2															
Urine sample.....	1	2															
Blood sample	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes 1 No 2 DK..... 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒MN7 8⇒MN7</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK..... 8</p>																
<p>MN6A. DURING THIS PREGNANCY, DID YOU TAKE ANY MEDICINE IN ORDER TO PREVENT YOU FROM GETTING MALARIA?</p>	<p>Yes 1 No 2 DK..... 8</p>	<p>2⇒MN7 8⇒MN7</p>															

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MATERNAL AND NEWBORN HEALTH MODULE		MN
<p>MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?</p> <p><i>Circle all medicines taken. If type of medicine is not determined, show typical anti-malarial to respondent.</i></p>	<p>SP/Fansidar A</p> <p>Chloroquine B</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	
<p>MN6c. Check MN6B for medicine taken:</p> <p><input type="checkbox"/> SP/Fansidar taken. ⇒ Continue with MN6D</p> <p><input type="checkbox"/> SP/Fansidar not taken. ⇒ Go to MN7</p>		
<p>MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?</p>	<p>Number of times _ _</p>	
<p>MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)?</p> <p>ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle all answers given.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse/midwife B</p> <p>Auxiliary midwife/ MCH Aide C</p> <p>Other person</p> <p>Traditional birth attendant F</p> <p>Community health worker G</p> <p>Relative/friend H</p> <p>Other (<i>specify</i>) X</p> <p>No one Y</p>	

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Questionnaire for individual women

MATERNAL AND NEWBORN HEALTH MODULE		MN
<p>MN8. WHERE DID YOU GIVE BIRTH TO (name)?</p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Home</p> <p>Your home11</p> <p>Other home12</p> <p>Public sector</p> <p>Govt. hospital21</p> <p>Govt. clinic/health center22</p> <p>Other public (specify) 26</p> <p>Private Medical Sector</p> <p>Private hospital31</p> <p>Private clinic32</p> <p>Private maternity home33</p> <p>Other private medical (specify) 36</p> <p>Other (specify) 96</p>	
<p>MN9. WHEN YOUR LAST CHILD (name) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large 1</p> <p>Larger than average..... 2</p> <p>Average 3</p> <p>Smaller than average..... 4</p> <p>Very small..... 5</p> <p>DK..... 8</p>	
<p>MN10. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒MN12</p> <p>8⇒MN12</p>
<p>MN11. HOW MUCH DID (name) WEIGH?</p> <p><i>Record weight from health card, if available.</i></p>	<p>From card 1 (kilograms) __ . ____</p> <p>From recall..... 2 (kilograms) __ . ____</p> <p>DK.....99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately000</p> <p>Hours1 ____</p> <p>or</p> <p>Days2 ____</p> <p>Don't know/remember998</p>	

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Questionnaire for individual women

MARRIAGE/UNION MODULE		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man 2 No, not in union..... 3	3⇒MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years.....__ __ DK.....98	
MA2A. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES?	Yes 1 No 2	2⇒MA5
MA2B. HOW MANY OTHER WIVES DOES HE HAVE?	Number.....__ __ DK.....98	⇒MA5 98⇒MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married..... 1 Yes, formerly lived with a man 2 No 3	3⇒NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once 2	
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month.....__ __ DK month.....98 Year__ __ __ __ DK year.....9998	
MA7. Check MA6:		
<input type="checkbox"/> Both month and year of marriage/union known? ⇒ Go to Next Module		
<input type="checkbox"/> Either month or year of marriage/union not known? ⇒ Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....__ __	



CONTRACEPTION MODULE		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant..... 1</p> <p>No 2</p> <p>Unsure or DK..... 8</p>	<p>1⇒ NEXT MODULE</p>
<p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ NEXT MODULE</p>
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization A</p> <p>Male sterilization B</p> <p>Pill C</p> <p>IUD D</p> <p>Injections E</p> <p>Implants F</p> <p>Condom G</p> <p>Female condom H</p> <p>Diaphragm I</p> <p>Foam/jelly J</p> <p>Lactational amenorrhoea method (LAM) K</p> <p>Periodic abstinence..... L</p> <p>Withdrawal M</p> <p>Other (<i>specify</i>) X</p>	

SIERRA LEONE MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2005



Questionnaire for individual women

FEMALE SECRET SOCIETY MODULE		FG
FG1. HAVE YOU EVER HEARD OF BONDO SOCIETY?	Yes 1 No 2	2⇒NEXT MODULE
FG3. ARE YOU A MEMBER?	Yes 1 No 2	2⇒FG8
FG7. WHO INITIATED YOU?	Traditional persons Traditional 'circumciser'11 Traditional birth attendant12 Other traditional (<i>specify</i>) 16 Health professional Doctor21 Nurse/midwife22 Other health professional (<i>specify</i>) 26 DK.....98	
FG8. <i>The following questions apply only to women who have at least one living daughter. Check CM4 and CM6, Child Mortality Module: Woman has living daughter?</i>		
<input type="checkbox"/> Yes. ⇒ Continue with FG9		
<input type="checkbox"/> No. ⇒ Go to FG16		
FG9. ARE ANY OF YOUR DAUGHTERS MEMBERS OF THE BONDO SOCIETY? IF YES, HOW MANY?	Number of daughters : __ __ No daughters initiated00	00⇒FG16
FG10. WHICH OF YOUR DAUGHTERS WAS INITIATED MOST RECENTLY? <i>Record the daughter's name.</i>	Name of daughter: _____	
FG14. HOW OLD WAS (NAME) WHEN THIS OCCURRED? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	Daughter's age at initiation __ __ DK.....98	
FG15. WHO DID THE INITIATION?	Traditional persons Traditional 'initiator'11 Traditional birth attendant12 Other Traditional (<i>specify</i>).....16 Health professional Doctor21 Nurse/midwife22 Other health professional (<i>specify</i>) 26 DK.....98	
FG16. DO YOU THINK THE BONDO SOCIETY SHOULD BE CONTINUED OR DISCONTINUED?	Continued 1 Discontinued 2 Depends 3 DK..... 8	



ATTITUDES TOWARD DOMESTIC VIOLENCE			
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:			
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?		Yes	No
DV1B. IF SHE NEGLECTS THE CHILDREN?	DK		
DV1C. IF SHE ARGUES WITH HIM?	Goes out without telling.....	1	2 8
DV1D. IF SHE REFUSES SEX WITH HIM?	Neglects children.....	1	2 8
DV1E. IF SHE BURNS THE FOOD?	Argues.....	1	2 8
DV1F. IF SHE REFUSES TO COOK	Refuses sex.....	1	2 8
DV1G. IF SHE GOES OUT WITH A BOY FRIEND	Burns food.....	1	2 8
DV1H. IF SHE REFUSES TO CLEAN THE HOUSE	Refuses to cook.....	1	2 8
	Goes out with Boyfriend.....	1	2 8
	Refuses to clean the house.....	1	2 8

SEXUAL BEHAVIOUR MODULE		SB
CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.		
SB0. Check WM9: Age of respondent is between 15 and 24?		
<input type="checkbox"/> Age 25-49. ⇒ Go to Next Module		
<input type="checkbox"/> Age 15-24. ⇒ Continue with SB1		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.	Never had intercourse.....00 Age in years.....__ __ First time when started living with (first) husband/partner.....95	00⇒NEXT MODULE

SIERRA LEONE MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2005



Questionnaire for individual women

SEXUAL BEHAVIOUR MODULE		SB
HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?		
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago1 __ __ Weeks ago.....2 __ __ Months ago.....3 __ __ Years ago4 __ __	4⇒NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes 1 No 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>If man is 'boyfriend' or 'fiancée', ask: WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? If 'yes', circle 1. If 'no', circle 2.</i>	Spouse / cohabiting partner 1 Man is boyfriend / fiancée 2 Other friend..... 3 Casual acquaintance 4 Other (<i>specify</i>) 6	1⇒SB6
SB5. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner __ __ DK.....98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes 1 No 2	
SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN? <i>If man is 'boyfriend' or 'fiancée', ask: WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? If 'yes', circle 1. If 'no', circle 2.</i>	Spouse / cohabiting partner 1 Man is boyfriend / fiancée 2 Other friend..... 3 Casual acquaintance 4 Other (<i>specify</i>) 6	1⇒SB10
SB9. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner __ __ DK.....98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒NEXT MODULE
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners __ __	

SIERRA LEONE MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2005



Questionnaire for individual women

HIV/AIDS MODULE		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	Yes 1 No 2	2⇒ NEXT MODULE
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes 1 No 2 DK..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK..... 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes 1 No 2 DK..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK..... 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes 1 No 2 DK..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY? HA9A. DURING PREGNANCY? HA9B. DURING DELIVERY? HA9C. BY BREASTFEEDING?	Yes No DK During pregnancy1 2 8 During delivery1 2 8 By breastfeeding1 2 8	
HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes 1 No 2 DK/not sure/depends 8	

SIERRA LEONE MULTI-INDICATOR CLUSTER SURVEY (MICS3) – 2005



Questionnaire for individual women

HIV/AIDS MODULE		HA
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No 2 DK/not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes 1 No 2 DK/not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes 1 No 2 DK/not sure/depends 8	
HA14. <i>Check MN5: Tested for HIV during antenatal care?</i> <input type="checkbox"/> Yes. ⇒ Go to HA18A <input type="checkbox"/> No. ⇒ Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes 1 No 2	2⇒HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test 1 Offered and accepted 2 Required 3	1⇒NEXT MODULE 2⇒NEXT MODULE 3⇒NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No 2	
HA18A. <i>If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?</i>		

Follow instructions in your Interviewer's Manual.

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).</p> <p>A separate questionnaire should be used for each eligible child.</p> <p>Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</p>		
UF1. Cluster number/EA: _____	UF2. Household number: _____	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ____/____/_____	
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed 1 Not at home 2 Refused 3 Partly completed 4 Incapacitated 5 Other (specify) 6	

Repeat greeting if not already read to this respondent:

WE ARE FROM STATISTICS OFFICE 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. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. **MAY I START NOW?**

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT <i>(name)</i> . IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN? <i>Probe:</i> WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day98 DK day98 Month98 DK month98 Year9998 DK year9998	
UF11. HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?	Age in completed years	

Record age in completed years.		
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BIRTH REGISTRATION AND EARLY LEARNING MODULE		BR
BR1. DOES <i>(name)</i> HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen..... 1 Yes, not seen..... 2 No..... 3 DK..... 8	1⇒BR5
BR2. HAS <i>(name's)</i> BIRTH BEEN REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No..... 2 DK..... 8	1⇒BR5 8⇒BR4
BR3. WHY IS <i>(name's)</i> BIRTH NOT REGISTERED?	Costs too much..... 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register..... 5 Other (<i>specify</i>) 6 DK..... 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No..... 2	
BR5. Check age of child in UF11: Child is 3 to 5 years old? <input type="checkbox"/> Yes. ⇒ Continue with BR6 <input type="checkbox"/> No. ⇒ Go to BR8		
BR6. DOES <i>(name)</i> ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 No..... 2 DK..... 8	2⇒BR8 8⇒BR8
BR7. WITHIN THE LAST SEVEN DAYS, ABOUT HOW MANY HOURS DID <i>(name)</i> ATTEND?	No. of hours _ _	
BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i> : <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH THE CHILD - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/RESPONDENT)?</i> <i>Circle all that apply.</i>		
BR8A. READ BOOKS OR LOOK AT PICTURE BOOKS WITH <i>(name)</i> ?	Books	Mother Father Other No one A B X Y
BR8B. TELL STORIES TO <i>(name)</i> ?	Stories	A B X Y
BR8C. SING SONGS WITH <i>(name)</i> ?	Songs	A B X Y
BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE?	Take outside	A B X Y
BR8E. PLAY WITH <i>(name)</i> ?	Play with	A B X Y
BR8F. SPEND TIME WITH <i>(name)</i> NAMING, COUNTING, AND/OR DRAWING THINGS?	Spend time with	A B X Y

CHILD DEVELOPMENT		CE
Question CE1 is to be administered only once to each caretaker		
CE1. HOW MANY BOOKS ARE THERE IN THE HOUSEHOLD? PLEASE INCLUDE SCHOOLBOOKS, BUT NOT OTHER BOOKS MEANT FOR CHILDREN, SUCH AS PICTURE BOOKS If 'none' enter 00	Number of non-children's books0 __ Ten or more non-children's books10	
CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (<i>name</i>)? If 'none' enter 00	Number of children's books.....0 __ Ten or more books10	
CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (<i>name</i>) PLAYS WITH WHEN HE/SHE IS AT HOME. WHAT DOES (<i>name</i>) PLAY WITH? DOES HE/SHE PLAY WITH HOUSEHOLD OBJECTS, SUCH AS BOWLS, PLATES, CUPS OR POTS? OBJECTS AND MATERIALS FOUND OUTSIDE THE LIVING QUARTERS, SUCH AS STICKS, ROCKS, ANIMALS, SHELLS, OR LEAVES? HOMEMADE TOYS, SUCH AS DOLLS, CARS AND OTHER TOYS MADE AT HOME? TOYS THAT CAME FROM A STORE? If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response Code Y if child does not play with any of the items mentioned.	Household objects (bowls, plates, cups, pots) A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) B Homemade toys (dolls, cars and other toys made at home) C Toys that came from a store D No playthings mentioned Y	
CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN WITH OTHERS. SINCE LAST (<i>day of the week</i>) HOW MANY TIMES WAS (<i>name</i>) LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)? If 'none' enter 00	Number of times __ __	
CE5. IN THE PAST WEEK, HOW MANY TIMES WAS (<i>name</i>) LEFT ALONE?	Number of times __ __	

CHILD DEVELOPMENT		CE
If 'none' enter 00		

VITAMIN A MODULE		VA
VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old, 200,000 IU for those 12-59 months old.	Yes 1 No 2 DK..... 8	2⇒NEXT MODULE 8⇒NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago __ __ DK.....98	
VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign..... 3 Other (<i>specify</i>) 6 DK..... 8	

BREASTFEEDING MODULE		BF
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes 1 No 2 DK..... 8	2⇒BF3 8⇒BF3
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes 1 No 2 DK..... 8	
<p>BF3. SINCE THIS TIME YESTERDAY, DID HE/SHE RECEIVE ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>BF3A. VITAMIN, MINERAL SUPPLEMENTS OR MEDICINE? BF3B. PLAIN WATER? BF3C. SWEETENED, FLAVOURED WATER OR FRUIT JUICE OR TEA OR INFUSION? BF3D. ORAL REHYDRATION SOLUTION (ORS)? BF3E. INFANT FORMULA? BF3F. TINNED, POWDERED OR FRESH MILK? BF3G. ANY OTHER LIQUIDS? BF3H. SOLID OR SEMI-SOLID (MUSHY) FOOD?</p>	<p style="text-align: right;">Y N DK</p> <p>A. Vitamin supplements 1 2 8 B. Plain water 1 2 8 C. Sweetened water or juice 1 2 8 D. ORS 1 2 8 E. Infant formula 1 2 8 F. Milk 1 2 8 G. Other liquids 1 2 8 H. Solid or semi-solid food 1 2 8</p>	
<p>BF4. Check BF3H: Child received solid or semi-solid (mushy) food?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with BF5</p> <p><input type="checkbox"/> No or DK. ⇒ Go to Next Module</p>		
<p>BF5. SINCE THIS TIME YESTERDAY, HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMISOLID, OR SOFT FOODS OTHER THAN LIQUIDS?</p> <p>If 7 or more times, record '7'.</p>	<p>No. of times..... ____</p> <p>Don't know 8</p>	

CARE OF ILLNESS MODULE		CA
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p> <p>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</p>	Yes 1 No 2 DK..... 8	2⇒CA5 8⇒CA5
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p>Read each item aloud and record response before proceeding to the next item.</p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS packet solution?</p> <p>CA2B. GOVERNMENT-RECOMMENDED HOMEMADE SSS FLUID?</p> <p>CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<p style="text-align: right;">Yes No DK</p> A. Fluid from ORS packet 1 2 8 B. Recommended homemade SSS ..1 2 8 C. Pre-packaged ORS fluid.....1 2 8	
<p>CA3. DURING (<i>name's</i>) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?</p>	Much less or none 1 About the same (or somewhat less)..... 2 More 3 DK..... 8	
<p>CA4. DURING (<i>name's</i>) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL?</p> <p>If "less", probe: MUCH LESS OR A LITTLE LESS?</p>	None 1 Much less..... 2 Somewhat less 3 About the same..... 4 More 5 DK..... 8	
<p>CA5. HAS (<i>name</i>) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST?</p>	Yes 1 No 2 DK..... 8	2⇒CA12 8⇒CA12
<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	Yes 1 No 2 DK..... 8	2⇒CA12 8⇒CA12
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	Problem in chest 1 Blocked nose 2 Both 3 Other (<i>specify</i>) 6 DK..... 8	2⇒CA12 6⇒CA12
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE</p>	Yes 1 No 2	2⇒CA10

CARE OF ILLNESS MODULE		CA
THE HOME?	DK..... 8	8⇒CA10
<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p>ANYWHERE ELSE?</p> <p>Circle all providers mentioned, but do NOT prompt with any suggestions.</p> <p>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</p> <p>_____</p> <p>(Name of place)</p>	<p>Public sources</p> <p>Govt. hospital A</p> <p>Govt. health centre/post B</p> <p>Govt. MCH post C</p> <p>Village health worker..... D</p> <p>Govt. Mobile/outreach clinic E</p> <p>Other public (<i>specify</i>) H</p> <p>Private sources</p> <p>Private hospital/clinic..... I</p> <p>Private physician J</p> <p>Pharmacy K</p> <p>Mobile clinic L</p> <p>Other private medical (<i>specify</i>) O</p> <p>Other source</p> <p>Relative or friend P</p> <p>Shop Q</p> <p>Traditional practitioner R</p> <p>Other (<i>specify</i>) X</p>	
CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒CA12</p> <p>8⇒CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p>Circle all medicines given.</p>	<p>Antibiotic (like procaine, amoxicillin, tetracycline, ampicylone, etc) A</p> <p>Paracetamol/Panadol/Acetaminophen P</p> <p>Aspirin..... Q</p> <p>Ibuprofen..... R</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	
<p>CA12. Check UF11: Child aged under 3?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with CA13</p> <p><input type="checkbox"/> No. ⇒ Go to CA14</p>		
CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	<p>Child used toilet/latrine.....01</p> <p>Put/rinsed into toilet or latrine.....02</p> <p>Put/rinsed into drain or ditch03</p> <p>Thrown into garbage (solid waste)04</p> <p>Buried05</p> <p>Left in the open06</p> <p>Other (<i>specify</i>) 96</p> <p>DK.....98</p>	

CARE OF ILLNESS MODULE		CA
<p>Ask the following question (CA14) only once for each caretaker.</p> <p>CA14. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY RIGHT AWAY?</p> <p>Keep asking for more signs or symptoms until the caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, But do NOT prompt with any suggestions.</p>	<p>Child not able to drink or breastfeed A Child becomes sicker B Child develops a fever C Child has fast breathing D Child has difficult breathing E Child has blood in stool F Child is drinking poorly G</p> <p>Other (<i>specify</i>) X</p> <p>Other (<i>specify</i>) Y</p> <p>Other (<i>specify</i>) Z</p>	

MALARIA MODULE FOR UNDER-FIVES		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes 1 No 2 DK..... 8	2⇒ML10 8⇒ML10
ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML6 8⇒ML6
ML3. DID (<i>name</i>) TAKE A MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	2⇒ML5 8⇒ML5
ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? <i>Circle all medicines mentioned.</i>	Anti-malarials: SP/Fansidar A Chloroquine..... B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>)H Other medications: Paracetamol/Panadol/Acetaminophen ... P Aspirin Q Ibuprofen..... R Other (<i>specify</i>) X DK..... Z	
ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK..... 8	1⇒ML7 2⇒ML8 8⇒ML8
ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No 2 DK..... 8	2⇒ML8 8⇒ML8

MALARIA MODULE FOR UNDER-FIVES		ML
<p>ML7. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i></p>	<p>Anti-malarials:</p> <p>SP/Fansidar A</p> <p>Chloroquine..... B</p> <p>Amodiaquine C</p> <p>Quinine D</p> <p>Artemisinin-based combinations E</p> <p>Other anti-malarial (<i>specify</i>)H</p> <p>Other medications:</p> <p>Paracetamol/Panadol/Acetaminophen ... P</p> <p>Aspirin Q</p> <p>Ibuprofen..... R</p> <p>Other (<i>specify</i>) X</p> <p>DK..... Z</p>	
<p>ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with ML9</p> <p><input type="checkbox"/> No. ⇒ Go to ML10</p>		
<p>ML9. HOW LONG AFTER THE FEVER STARTED DID (<i>name</i>) FIRST TAKE (<i>name of anti-malarial from ML4 or ML7</i>)?</p> <p><i>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</i></p> <p><i>Record the code for the day on which the first anti-malarial was given.</i></p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever 2</p> <p>3 days after the fever 3</p> <p>4 or more days after the fever 4</p> <p>DK..... 8</p>	
<p>ML10. DID (<i>name</i>) SLEEP UNDER A MOSQUITO NET LAST NIGHT?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK..... 8</p>	<p>2⇒NEXT MODULE</p> <p>8⇒NEXT MODULE</p>
<p>ML11. HOW LONG AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET?</p> <p><i>If less than 1 month, record '00'.</i></p> <p><i>If answer is "12 months" or "1 year", probe to determine if net was treated exactly 12 months ago or earlier or later.</i></p>	<p>Months ago — —</p> <p>More than 24 months ago 95</p> <p>Not sure 98</p>	

IMMUNIZATION MODULE										IM
IM3C. POLIO 2	OPV2									
IM3D. POLIO 3	OPV3									
IM4A. DPT1	DPT1									
IM4B. DPT2	DPT2									
IM4C. DPT3	DPT3									
IM6. MEASLES (OR MMR)	MEASLES									
IM7. YELLOW FEVER	YF									
IM8A. VITAMIN A (1)	VITA1									
IM8B. VITAMIN A (2)	VITA2									
IM9. IN ADDITION TO THE VACCINATIONS AND VITAMIN A CAPSULES SHOWN ON THIS CARD, DID (<i>name</i>) RECEIVE ANY OTHER VACCINATIONS – INCLUDING VACCINATIONS RECEIVED IN CAMPAIGNS OR IMMUNIZATION DAYS? Record ‘Yes’ only if respondent mentions BCG, OPV 0-3, DPT 1-3, Hepatitis B 1-3, Measles, Yellow Fever vaccine(s), or Vitamin A supplements.	Yes 1 (Probe for vaccinations and write ‘66’ in the corresponding day column on IM2 to IM8B.) No 2 DK..... 8	1⇒IM19 2⇒IM19 8⇒IM19								
IM10. HAS (<i>name</i>) EVER RECEIVED ANY VACCINATIONS TO PREVENT HIM/HER FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN OR IMMUNIZATION DAY?	Yes 1 No 2 DK..... 8	2⇒IM19 8⇒IM19								
IM11. HAS (<i>name</i>) EVER BEEN GIVEN A BCG VACCINATION AGAINST TUBERCULOSIS – THAT IS, AN INJECTION IN THE ARM OR SHOULDER THAT CAUSED A SCAR?	Yes 1 No 2 DK..... 8									
IM12. HAS (<i>name</i>) EVER BEEN GIVEN ANY “VACCINATION DROPS IN THE MOUTH” TO PROTECT HIM/HER FROM GETTING DISEASES – THAT IS, POLIO?	Yes 1 No 2 DK..... 8	2⇒IM15 8⇒IM15								
IM13. HOW OLD WAS HE/SHE WHEN THE FIRST DOSE WAS GIVEN – JUST AFTER BIRTH (WITHIN TWO WEEKS) OR LATER?	Just after birth (within two weeks) 1 Later 2									
IM14. HOW MANY TIMES HAS HE/SHE BEEN GIVEN THESE DROPS?	No. of times..... _ _									

IMMUNIZATION MODULE		IM
IM15. HAS (<i>name</i>) EVER BEEN GIVEN “DPT VACCINATION INJECTIONS” – THAT IS, AN INJECTION IN THE THIGH OR BUTTOCKS – TO PREVENT HIM/HER FROM GETTING TETANUS, WHOOPING COUGH, DIPHTHERIA? (SOMETIMES GIVEN AT THE SAME TIME AS POLIO)	Yes 1 No 2 DK..... 8	2⇒IM17 8⇒IM17
IM16. HOW MANY TIMES?	No. of times..... _ _	
IM17. HAS (<i>name</i>) EVER BEEN GIVEN “MEASLES VACCINATION INJECTIONS” OR MMR – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING MEASLES?	Yes 1 No 2 DK..... 8	
IM18. HAS (<i>name</i>) EVER BEEN GIVEN “YELLOW FEVER VACCINATION INJECTIONS” – THAT IS, A SHOT IN THE ARM AT THE AGE OF 9 MONTHS OR OLDER - TO PREVENT HIM/HER FROM GETTING YELLOW FEVER? (SOMETIMES GIVEN AT THE SAME TIME AS MEASLES)	Yes 1 No 2 DK..... 8	
IM19. PLEASE TELL ME IF (<i>name</i>) HAS PARTICIPATED IN ANY OF THE FOLLOWING CAMPAIGNS, NATIONAL IMMUNIZATION DAYS AND/OR VITAMIN A OR CHILD HEALTH DAYS:		
IM19A. NID APRIL 2005 (CAMPAIGN A)	Campaign A 1 2 8	Y N DK
IM19B. NID FEBRUARY 2005 (CAMPAIGN B)	Campaign B 1 2 8	
IM19C. NID NOVEMBER 2004 (CAMPAIGN C)	Campaign C 1 2 8	
<p>M20. Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.</p> <p><input type="checkbox"/> Yes. ⇒ End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this respondent by thanking him/her for his/her cooperation.</p> <p>If this is the last eligible child in the household, go on to ANTHROPOMETRY MODULE.</p>		

ANTHROPOMETRY MODULE	AN
<p>After questionnaires for all children are complete, the measurer weighs and measures each child. Record weight and length/height below, taking care to record the measurements on the correct questionnaire for each child. Check the child’s name and line number on the household listing before recording measurements.</p>	

AN1. Child's weight.	Kilograms (kg)..... _ _ . _	
AN2. Child's length or height. Check age of child in UF11: <input type="checkbox"/> Child under 2 years old. ⇒ Measure length (lying down). <input type="checkbox"/> Child age 2 or more years. ⇒ Measure height (standing up).	Length (cm) Lying down..... 1 _ _ _ . _ Height (cm) Standing up..... 2 _ _ _ . _	
AN3. Measurer's identification code.	Measurer code..... _ _	
AN4. Result of measurement.	Measured..... 1 Not present 2 Refused 3 Other (<i>specify</i>) 6	

<p>AN5. Is there another child in the household who is eligible for measurement?</p> <p><input type="checkbox"/> Yes. ⇒ Record measurements for next child.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this household by thanking all participants for their cooperation.</p> <p>Gather together all questionnaires for this household and check that all identification numbers are inserted on each page. Tally on the Household Information Panel the number of interviews completed.</p>
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