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

MICS

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:

  _____

After all questionnaires for the household have been completed, fill in the following information:

HH9. Result of HH interview:

  Completed 1
  Not at home... 2
  Refused 3
  HH not found/destroyed 4

  Other (*specify*) _____ 6

HH10. Respondent to HH questionnaire:

  Name:_____

  Line No: ___ ___

HH11. Total number of household members:

     ___ ___

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HH12. No.of women eligible for interview: ___ ___	HH13. No.of women questionnaires completed: ___ ___
HH14. No.of children under age 5: ___ ___	HH15. No.of under-5 questionnaires completed: ___ ___
Interviewer/supervisor notes: *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.*	
HH16. Data entry clerk: ___ ___	

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HOUSEHOLD LISTING FORM														HL

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 ☐

					Eligible for:			*If age 18-59 years*	*For children age 0-17 years ask HL9-HL12A*					
					WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW							
HL1. *Line no.*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF THE HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 MALE 2 FEM.	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*) NATURAL MOTHER ALIVE? 1 YES 2 NO⇨ HL11 8 DK⇨ HL11	HL10. *If alive:* DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? *Record Line no. of mother or 00 for '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↰ NEXT LINE 8 DK↰ NEXT LINE	HL12. *If alive:* DOES (NAME)S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? *Record Line no. of father or 00 for '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
16		0 1	1 2	___ ___	01	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
17		___ ___	1 2	___ ___	02	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
18		___ ___	1 2	___ ___	03	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
19		___ ___	1 2	___ ___	04	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
20		___ ___	1 2	___ ___	05	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
21		___ ___	1 2	___ ___	06	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
22		___ ___	1 2	___ ___	07	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
23		___ ___	1 2	___ ___	08	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
24		___ ___	1 2	___ ___	09	___ ___	___ ___	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 RELATION-SHIP OF (name) TO THE HEAD OF THE HOUSE-HOLD?	HL4. IS (name) MALE OR FEMALE? 1 MALE 2 FEM.	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) NATURAL MOTHER ALIVE? 1 YES 2 NO⇒HL11 8 DK⇒HL11	HL10. If alive: DOES (NAME)S NATURAL MOTHER LIVE IN THIS HOUSE-HOLD? Record Line no. of mother or 00 for '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⇲ NEXT LINE 8 DK⇲ NEXT LINE	HL12. If alive: DOES (NAME)S NATURAL FATHER LIVE IN THIS HOUSE-HOLD? Record Line no. of father or 00 for '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
25		___ ___	1 2	___ ___	10	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
26		___ ___	1 2	___ ___	11	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
27		___ ___	1 2	___ ___	12	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
28		___ ___	1 2	___ ___	13	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
29		___ ___	1 2	___ ___	14	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8
30		___ ___	1 2	___ ___	15	___ ___	___ ___	1 2 8	1 2 8	___ ___	1 2 8	1 2 8	___ ___	1 2 8

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.

	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 UnderFive.
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	05 = Grandchild	09 = Brother or Sister-In-Law	13 = Other Relative
02 = Wife or Husband	06 = Parent	10 = Uncle/Aunt	14 = Adopted/Foster/Stepchild
03 = Son or Daughter	07 = Parent-In-Law	11 = Niece/Nephew By Blood	15 = Not Related
04 = Son or Daughter In-Law	08 = Brother or Sister	12 = Niece/Nephew By Marriage	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? 1 YES ⇨ ED3 2 NO ↘ 　NEXT LINE	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (*name*) ATTENDED? WHAT IS THE HIGHEST GRADE (*name*) COMPLETED AT THIS LEVEL? LEVEL: 0 PRE-SCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK *If less than 1 grade, enter 00.*	ED4. DURING THIS SCHOOL YEAR (*2005-2006*), HAS (*name*) DID (*name*) ATTENDED SCHOOL OR PRESCHOOL AT ANY TIME? 1 YES 2 NO ⇨ ED7	ED5. SINCE LAST (*day of the week*), HOW MANY DAYS DID (*name*) ATTEND SCHOOL? *Insert number of days in space below.*	ED6. DURING THIS/THAT SCHOOL YEAR, WHICH LEVEL AND GRADE IS/WAS (*name*) ATTENDING? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK	ED7. DID (*name*) ATTEND SCHOOL OR PRESCHOOL AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS (*2004-2005*)? 1 YES 2 NO ↘ 　NEXT LINE 8 DK ↘ 　NEXT LINE	ED8. DURING THAT PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE DID (*name*) ATTEND? LEVEL: 0 PRESCHOOL 1 PRIMARY 2 SECONDARY 3 HIGHER 6 NON-STANDARD CURRICULUM 8 DK GRADE: 98 DK
LINE		YES　NO	LEVEL　GRADE/CLASS	YES　NO	DAYS	LEVEL　GRADE/CLA	Y　N　DK	LEVEL　GRADE
16		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　__ __
17		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　__ __
18		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　__ __
19		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　__ __
20		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　__ __
21		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　__ __
22		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　__ __
23		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　__ __
24		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　__ __
25		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　__ __
26		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　__ __
27		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　__ __
28		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　__ __
29		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　__ __
30		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 　　Piped into yard or plot .... 12 　　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 **Bottled water .... 91** Other (*specify*) _____ 96	11⇨WS5 12⇨WS5 ⇨WS3 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 　　Piped into yard or plot .... 12 　　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 (*specify*) _____ 96	11⇨WS5 12⇨WS5
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes .... __ __ __ Water on premises................................... 995 DK 998	 995⇨WS5
WS4. WHO USUALLY GOES TO THIS SOURCE TO FETCH THE WATER FOR YOUR HOUSEHOLD? *Probe:* 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 DK 8	 2⇨WS7 8⇨WS7

WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK? ANYTHING ELSE? *Record all items mentioned.*	Boil ....A Add bleach/chlorine ....B Strain it through a cloth ....C Use water filter (ceramic, sand, composite, etc.).....................................D Solar disinfection..E Let it stand and settle................................F Other (*specify*) _____ X DK ....Z	

WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?
 	
If "flush" or "pour flush", probe:
WHERE DOES IT FLUSH TO?
 	
If necessary, ask permission to observe the facility.
	Flush / pour flush
	   Flush to piped sewer system 11
	   Flush to septic tank 12
	   Flush to pit (latrine) 13
	   Flush to somewhere else 14
	   Flush to unknown place/not sure/DK where.. 15
	
	Ventilated Improved Pit latrine (VIP) 21
	Pit latrine with slab 22
	Pit latrine without slab / open pit 23
	
	Composting toilet 31
	Bucket 41
	Hanging toilet/hanging latrine 51
	
	No facilities or bush or field........................ 95
	
	Other (*specify*) _____ 96
		
		95⇨ NEXT MODULE

WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?	Yes .... 1 No... 2	 2⇨ NEXT MODULE
WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?	No. of households (if less than 10) .... 0 ___ Ten or more households .... 10 DK 98	

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HOUSEHOLD CHARACTERISTICS MODULE		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	*Christian*.. 1 *Muslim*.. 2 *Traditional* .... 3 Other religion (*specify*)_____ 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:
 	
Record observation.
	Natural floor
	  Earth/sand.. 11
	  Dung.. 12
	Rudimentary floor
	  Wood planks 21
	  Palm/bamboo 22
	Finished floor
	  Parquet or polished wood 31
	  Vinyl or asphalt strips 32
	  Ceramic tiles 33
	  Cement.. 34
	  Carpet 35
	
	Other (*specify*) _____ 96	

HC4. Main material of the roof.
 	
Record observation.
	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 (*specify*) _____ 96	

HOUSEHOLD CHARACTERISTICS MODULE		HC

HC5. Main material of the walls.
 	
Record observation.
	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 (*specify*) _____ 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 (*specify*) _____ 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? *Probe for type.*	Open fire .... 1 Open stove.. 2 Closed stove .... 3 Other (*specify*) _____ 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 (*specify*) _____ 6	
HC9. DOES YOUR HOUSEHOLD HAVE: ELECTRICITY? A RADIO? A TELEVISION/VCR/DVD? A MOBILE/NON-MOBILE TELEPHONE? SEWING MACHINE? A REFRIGERATOR? A WATER PUMP?	Yes No Electricity..1 2 Radio...1 2 Television/VCR/DVD.........................1 2 Mobile/Non mobile Telephone ....1 2 Sewing Machine................................1 2 Refrigerator ....1 2 Water Pump………………………..1 2	
HC10. DOES ANY HOUSEHOLD MEMBER OWN: A WATCH? A BICYCLE? A MOTORCYCLE OR SCOOTER? AN ANIMAL-DRAWN CART? A CAR OR TRUCK? A BOAT WITH A MOTOR?	Yes No Watch/clock......................................1 2 Bicycle..1 2 Motorcycle/Scooter ....1 2 Animal drawn-cart ....1 2 Car/Truck ....1 2 Boat with 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? *If 7 or more nets, record '7'.*	Number of nets ....____	

TN3. IS THE NET (ARE ANY OF THE NETS) ANY OF THE FOLLOWING BRANDS:
 	
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.
 	
LONG-LASTING TREATED NETS:
TN3L1. *OLYSET*?
TN3L2. *PERMANET*?
 	
PRE-TREATED NETS:
TN3P1. *OLYSET*?
TN3P2. *PERMANET*?
 	
OTHER NETS:
TN3O1. *POLYESTER*?
TN3O2. *NYLON*?
TN3O3. COTTON?
 	
TN3O4. AN UNKNOWN BRAND OF NET?
	Y N DK
	Long-lasting treated nets:
	   OLYSET 1 2 8
	   PERMANET 1 2 8
	
	Pre-treated nets:
	   OLYSET 1 2 8
	   PERMANET 1 2 8
	
	Other nets:
	   POLYESTER.................................1 2 8
	   NYLON 1 2 8
	   COTTON 1 2
	   Unknown brand 1 2	

TN4. *Check TN3 for brand of net(s). Go through the above list in order until **one** box is checked and follow instructions:* 1. ☐ *Long-lasting treated net (brand A or brand B) mentioned?* ⇨ *Go to Next Module* 2. ☐ *Pre-treated net (brand C or brand D) mentioned?* ⇨ *Go to TN6* 3. ☐ *Other net (brand E, brand F or any other net, or an unknown brand) mentioned?* ⇨ *Continue with TN5*		
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? *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.*	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? *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.*	Months ago .... __ __ More than 24 months ago .... 95 Not sure... 98	

CHILDREN ORPHANED & MADE VULNERABLE BY HIV/AIDS		OV

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
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
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

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 forHL10A 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.*

	1ST CHILD	2ND CHILD	3RD CHILD	4TH 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.

	1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
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

OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR (*name*), 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 DK............8	Yes...........1 No ....2 ⇨ OV13 DK............8	Yes...........1 No ....2 ⇨ OV13 DK............8
OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR (*name*), SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8	Yes...........1 No ....2 ⇨OV15 DK............8
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR (*name*), 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 DK............8	Yes...........1 No ....2 ⇨ OV17 DK............8	Yes...........1 No ....2 ⇨ OV17 DK............8
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8	Yes...........1 No ....2 DK............8
OV17. *Check OV8 for age of child:*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*	☐ *Age 0-4* ⇨ *next child* ☐ *Age 5-17* ⇨ *OV18*
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR (*name's*) SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes........... 1 No .... 2 DK............ 8	Yes........... 1 No .... 2 DK............ 8	Yes........... 1 No .... 2 DK............ 8	Yes........... 1 No .... 2 DK............ 8

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? *If yes*: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ⇨ TO CL5	CL4. *If yes:* 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? *If more than one job, include all hours at all jobs.* *Record response then ⇨ CL.6*	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? *If yes*: FOR PAY IN CASH OR KIND? 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. *If yes*: 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. *If yes*: 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 NO	NO. HOURS	YES NO	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	___ ___

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

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................ __ __

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 *(name)* IN THE PAST MONTH.			
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes No	1 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes No	1 2	
CD12C. SHOOK HIM/HER.	Yes No	1 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes No	1 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes No	1 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes No	1 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 No	1 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes No	1 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes No	1 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes No	1 2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes No	1 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) *(name)* PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes No Don't know/no opinion	1 2 8	

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 CONSC-IOUSNESS?	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
13		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
14		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2
15		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2

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? 98= DON'T KNOW	MM6. HOW MANY OF THESE SISTERS EVER REACHED AGE 15? 98= DON'T KNOW	MM7. HOW MANY OF THESE SISTERS (WHO ARE AT LEAST 15 YEARS OLD) ARE ALIVE NOW? 98= DON'T KNOW	MM8. HOW MANY OF THESE SISTERS WHO REACHED AGE 15 OR MORE HAVE DIED? 98= DON'T KNOW	MM9. HOW MANY OF THESE DEAD SISTERS DIED WHILE PREGNANT, OR DURING CHILDBIRTH, OR DURING THE SIX WEEKS AFTER THE END OF PREGNANCY? 98= DON'T KNOW
LINE	NAME	Y N	LINE					
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	__ __	__ __	__ __	__ __	__ __	__ __

SALT IODIZATION MODULE		SI
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? *Once you have examined the salt, circle number that corresponds to test outcome.*	Not iodized 0 PPM .... 1 Less than 15 PPM....................................... 2 15 PPM or more... 3 No salt in home .... 6 Salt not tested 7	

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.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN*
to administer the questionnaire to the first eligible woman.

☐ *No.* ⇨ *Continue.*

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.

☐ *Yes.* ⇨ *Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE*
to administer the questionnaire to caretaker of the first eligible child.

☐ *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.