

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).</i></p> <p><i>Fill in one form for each eligible woman</i></p> <p><i>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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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 month 98 Year DK year 9998	
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. Show sentences to respondent. If respondent cannot read whole sentence, probe: CAN YOU READ PART OF THE SENTENCE TO ME? Example sentences for literacy test: 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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CHILD MORTALITY MODULE		CM
<p><i>This module is to be administered to all women age 15-49.</i></p> <p><i>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></p> <p>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?</p>	<p>Yes 1</p> <p>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</p> <p>Day 98</p> <p>DK day 98</p> <p>Month 98</p> <p>DK month 98</p> <p>Year 9998</p> <p>DK year 9998</p>	<p>⇒ CM3</p> <p>↓ CM2B</p>
<p>CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth 98</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</p> <p>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 98</p> <p>Daughters at home 98</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</p> <p>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 98</p> <p>Daughters elsewhere 98</p>	
<p>CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒ CM9</p>
<p>CM8. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p>	<p>Boys dead 98</p> <p>Girls dead 98</p>	
<p>CM9. Sum answers to CM4, CM6, and CM8.</p>	<p>Sum 98</p>	



CHILD MORTALITY MODULE		CM
<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>		
<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)?</p> <p><i>If day is not known, enter '98' in space for day.</i></p>	<p>Date of last birth</p> <p>Day/Month/Year __ __ / __ __ / __ __ __ __</p>	
<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><i>If child has died, take special care when referring to this child by name in the following modules.</i></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>		
<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?</p>	<p>Then 1</p> <p>Later 2</p> <p>No more 3</p>	

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Questionnaire for individual women

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 <i>If a card is presented, use it to assist with answers to the following questions.</i> DK 8	
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. <i>How many TT doses during last pregnancy were reported in TT3?</i> <input type="checkbox"/> <i>At least two TT injections during last pregnancy. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Fewer than two TT injections during last pregnancy. ⇒ Continue with TT5</i>		
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? <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month __ __ DK month 98 Year __ __ __ __ DK year 9998	⇒NEXT MODULE ↓TT8
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 Other (<i>specify</i>) X No one Y</p>	Y⇒MN7															
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>MN3A. WERE YOU WEIGHED?</td> <td>Weight 1</td> <td>2</td> </tr> <tr> <td>MN3B. WAS YOUR BLOOD PRESSURE MEASURED?</td> <td>Blood pressure 1</td> <td>2</td> </tr> <tr> <td>MN3C. DID YOU GIVE A URINE SAMPLE?</td> <td>Urine sample 1</td> <td>2</td> </tr> <tr> <td>MN3D. DID YOU GIVE A BLOOD SAMPLE?</td> <td>Blood sample 1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	MN3A. WERE YOU WEIGHED?	Weight 1	2	MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure 1	2	MN3C. DID YOU GIVE A URINE SAMPLE?	Urine sample 1	2	MN3D. DID YOU GIVE A BLOOD SAMPLE?	Blood sample 1	2	
	Yes	No															
MN3A. WERE YOU WEIGHED?	Weight 1	2															
MN3B. WAS YOUR BLOOD PRESSURE MEASURED?	Blood pressure 1	2															
MN3C. DID YOU GIVE A URINE SAMPLE?	Urine sample 1	2															
MN3D. DID YOU GIVE A BLOOD SAMPLE?	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>	2⇒MN7 8⇒MN7															
<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>	2⇒MN7 8⇒MN7															
<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 Chloroquine B Other (<i>specify</i>) X 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>																	

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Questionnaire for individual women

MATERNAL AND NEWBORN HEALTH MODULE		MN
MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR DURING THIS PREGNANCY TO PREVENT MALARIA?	Number of times..... _ _	
MN7. WHO ASSISTED WITH THE DELIVERY OF YOUR LAST CHILD (<i>name</i>)? ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional: Doctor.....A Nurse/midwifeB Auxiliary midwife/ MCH Aide.....C Other person Traditional birth attendantF Community health workerG Relative/friendH Other (<i>specify</i>)X No one.....Y	
MN8. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)? <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> _____ (<i>Name of place</i>)	Home Your home..... 11 Other home 12 Public sector Govt. hospital 21 Govt. clinic/health center..... 22 Other public (<i>specify</i>) 26 Private Medical Sector Private hospital..... 31 Private clinic 32 Private maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	
MN9. WHEN YOUR LAST CHILD (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large..... 1 Larger than average..... 2 Average..... 3 Smaller than average..... 4 Very small 5 DK 8	
MN10. WAS (<i>name</i>) WEIGHED AT BIRTH?	Yes 1 No..... 2 DK 8	2⇒MN12 8⇒MN12
MN11. HOW MUCH DID (<i>name</i>) WEIGH? <i>Record weight from health card, if available.</i>	From card..... 1 (kilograms) _ . _ _ _ From recall 2 (kilograms) _ . _ _ _ DK 99998	

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MATERNAL AND NEWBORN HEALTH MODULE		MN
MN12. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2⇒ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (<i>name</i>) TO THE BREAST? <i>If less than 1 hour, record '00' hours.</i> <i>If less than 24 hours, record hours.</i> <i>Otherwise, record days.</i>	Immediately 000 Hours 1 _ _ <i>or</i> Days 2 _ _ Don't know/remember 998	



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>	1⇒ NEXT MODULE
<p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒ NEXT MODULE
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i></p> <p><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>	



FEMALE SECRET SOCIETY MODULE		FG
FG1. HAVE YOU EVER HEARD OF THE 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 'initiator' 11 Traditional birth attendant 12 Other traditional (specify) 16 Health professional Doctor..... 21 Nurse/midwife 22 Other health professional (specify) 26 DK 98	
<p>FG8. 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?</p> <p><input type="checkbox"/> Yes. ⇒ Continue with FG9</p> <p><input type="checkbox"/> No. ⇒ Go to FG16</p>		
FG9. ARE ANY OF YOUR DAUGHTERS MEMBERS OF THE BONDO SOCIETY?	Number of daughters : _ _	
IF YES, HOW MANY?	No of daughters initiated 00	00⇒FG16
FG10. WHICH OF YOUR DAUGHTERS WAS INITIATED MOST RECENTLY?	Name of daughter: _____	
<i>Record the daughter's name.</i>		
FG14. HOW OLD WAS (NAME) WHEN THIS OCCURRED?	Daughter's age at initiation _ _ DK 98	
IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.		
FG15. WHO DID THE INITIATION?	Traditional persons Traditional 'initiator' 11 Traditional birth attendant 12 Other traditional (specify) 16 Health professional Doctor..... 21 Nurse/midwife 22 Other health professional (specify) 26 DK 98	
FG16. DO YOU THINK THE BONDO SOCIETY SHOULD BE CONTINUED OR SHOULD BE 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:			
	Yes	No	DK
DV1A. IF SHE GOES OUT WITHOUT TELLING HIM?			
DV1B. IF SHE NEGLECTS THE CHILDREN?			
DV1C. IF SHE ARGUES WITH HIM?			
DV1D. IF SHE REFUSES SEX WITH HIM?			
DV1E. IF SHE BURNS THE FOOD?			
DV1F. IF SHE REFUSES TO COOK			
DV1G. IF SHE GOES OUT WITH A BOY FRIEND			
DV1H. IF SHE REFUSES TO CLEAN THE HOUSE			

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?

☐ Age 25-49. ⇒ Go to Next Module

☐ 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. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse..... 00 Age in years First time when started living with (first) husband/partner 95	00⇒NEXT MODULE
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 ago 1 Weeks ago 2 Months ago 3	



Questionnaire for individual women

SEXUAL BEHAVIOUR MODULE		SB
	Years ago..... 4 _ _	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.	Yes 1	2⇒ NEXT MODULE
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?	No..... 2	
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?		
	Yes No DK	
HA9A. DURING PREGNANCY?	During pregnancy..... 1 2 8	
HA9B. DURING DELIVERY?	During delivery 1 2 8	
HA9C. BY BREASTFEEDING?	By breastfeeding 1 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	
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	

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



Questionnaire for individual women

HIV/AIDS MODULE		HA
<p>HA14. Check MN5: Tested for HIV during antenatal care?</p> <p><input type="checkbox"/> Yes. ⇒ Go to HA18A</p> <p><input type="checkbox"/> No. ⇒ Continue with HA15</p>		
<p>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?</p>	<p>Yes 1</p> <p>No..... 2</p>	2⇒HA18
<p>HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?</p>	<p>Yes 1</p> <p>No..... 2</p>	
<p>HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?</p>	<p>Asked for the test 1</p> <p>Offered and accepted 2</p> <p>Required..... 3</p>	<p>1⇒NEXT MODULE</p> <p>2⇒NEXT MODULE</p> <p>3⇒NEXT MODULE</p>
<p>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?</p> <p>HA18A. 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?</p>	<p>Yes 1</p> <p>No..... 2</p>	

Follow instructions in your Interviewer's Manual.