

GOVERNMENT OF LIBERIA
LIBERIA INSTITUTE FOR STATISTICS AND GEO-INFORMATION SERVICES
2006-07 LIBERIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

Number: _____

IDENTIFICATION				August 31 2006
NAME OF COUNTY _____		 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
NAME OF DISTRICT _____		 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
NAME OF CLAN/TOWNSHIP _____				
NAME OF CITY/TOWN/VILLAGE _____				
LDHS CLUSTER NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
LDHS STRUCTURE NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
HOUSEHOLD NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
URBAN: MONROVIA=1; OTHER URBAN=2; VILLAGE=3 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
NAME OF HOUSEHOLD HEAD _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle; text-align: center;">2 0 0</table>
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	RESULT* <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
TIME	_____	_____		
<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>				TOTAL PERSONS IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> LINE NO. OF RESPONDENT TO HHOLD QUEST. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
SUPERVISOR NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DATE _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>		FIELD EDITOR NAME _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DATE _____ <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>		OFFICE EDITOR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> KEYED BY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
<p>Introduction and Consent</p> <p>Hello. My name is _____. I am working with the Liberia Institute for Statistics and Geo-Information Services (LISGIS). We are conducting a National Demographic and Health Survey. We would very much like your participation in this survey. The survey interview takes a few minutes to complete. As part of this survey, we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If I ask any question you do not want to answer, let me know and I will go to the next question or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p>				

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) sleep here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="checkbox"/>	01	01	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	02	02	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	03	03	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	04	04	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	05	05	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	06	06	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	07	07	07
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	08	08	08
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	09	09	09
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="checkbox"/>	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|------------------------------------|-------------------------------|
| 01 = HEAD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = NIECE/NEPHEW BY BLOOD |
| 03 = SON OR DAUGHTER | 10 = NIECE/NEPHEW BY MARRIAGE |
| 04 = SON-IN-LAW OR DAUGHTER-IN-LAW | 11 = OTHER RELATIVE |
| 05 = GRANDCHILD | 12 = ADOPTED/FOSTER/STEPCHILD |
| 06 = PARENT | 13 = NOT RELATED |
| 07 = PARENT-IN-LAW | 98 = DON'T KNOW |

LINE NO.	IF AGE 0-17 YEARS				IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YRS
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION
	Is (NAME)'s natural mother still living?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father still living?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever been to school?	What is the highest level of school (NAME) attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) go to school any time during this school year? (2006-07)	During this school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) go to school any time during the last school year, that is, (2005 - 2006)?	During that school year, what grade was (NAME) in? SEE CODES BELOW.	Does (NAME) have a birth certificate? SHOW EXAMPLE. THIS IS NOT A ROAD TO HEALTH CARD
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
	Y N DK 1 2 8 ↓ GO TO 14		Y N DK 1 2 8 ↓ GO TO 16		Y N 1 2 ↓ GO TO 22	LEVEL GRADE □ □ □ □	Y N 1 2 ↓ GO TO 20	LEVEL GRADE □ □ □ □	Y N 1 2 ↓ GO TO 22	LEVEL GRADE □ □ □ □	Y N 1 2
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

CODES FOR Qs. 17, 19, AND 21: EDUCATION

LEVEL	GRADE
1 = PRIMARY	00 = LESS THAN 1 YEAR COMPLETED
2 = SECONDARY	(USE '00' FOR Q. 17 ONLY.)
3 = HIGHER	THIS CODE IS NOT ALLOWED
6 = NURSERY, KINDERGARTEN	FOR Qs. 19 AND 21)
8 = DON'T KNOW	98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) sleep here last night?			MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49
	Please give me the names of the persons who usually live in your household and visitors who slept here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-22 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?			How old is (NAME)? IF LESS THAN 1 YEAR, WRITE '00'.	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED, SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED, NEVER LIVED TOGETHER			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
11		<input type="text"/>	M F 1 2	Y N 1 2	Y N 1 2	IN YEARS <input type="text"/>	<input type="text"/>	11	11	11
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	12	12	12
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	13	13	13
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	14	14	14
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	15	15	15
16		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	16	16	16
17		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	17	17	17
18		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	18	18	18
19		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	19	19	19
20		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	20	20	20

TICK HERE IF CONTINUATION SHEET USED

- 2A) Just to make sure that I have a complete list. Are there any other persons, like small children or infants that we have not listed? YES ADD TO TABLE NO
- 2B) Are there any other people who may not be members of your family, like lodgers, domestic servants, or friends who usually live here? YES ADD TO TABLE NO
- 2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ADD TO TABLE NO

- CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**
- 01 = HEAD
 - 02 = WIFE OR HUSBAND
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	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
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11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	Where do you people get your drinking water from?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL HAND PUMP, PROTECTED WELL ... 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER/RIVER/LAKE/STREAM BOTTLED WATER 91 OTHER _____ 96 (SPECIFY)	→ 106 → 103 → 106 → 103 → 103
102	Where do you get water from for washing and cooking?	PIPED WATER PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 TUBE WELL OR BOREHOLE 21 DUG WELL HAND PUMP, PROTECTED WELL ... 31 UNPROTECTED WELL 32 WATER FROM SPRING PROTECTED SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK 71 SURFACE WATER/RIVER/LAKE/STREAM OTHER _____ 96 (SPECIFY)	→ 106 → 106
103	Where is that water source located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
105	Who usually goes to get the water?	ADULT WOMAN 1 ADULT MAN 2 FEMALE CHILD UNDER 15 YEARS 3 MALE CHILD UNDER 15 YEARS 4 FEMALE AND MALE CHILDREN EQUALLY 5 OTHER _____ 6 (SPECIFY)	
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	What do you do to make the water safe for drinking? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B STRAIN THROUGH A CLOTH C USE WATER FILTER (CERAMIC/SAND, ETC) D SOLAR DISINFECTION E LET IT STAND AND SETTLE F OTHER _____ X (SPECIFY) DONT KNOW Z	
108	What type of toilet do you use here?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM ... 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE . 51 NO FACILITY/BUSH/FIELD 61 OTHER _____ 96 (SPECIFY)	→ 111
109	Do other households use this toilet?	YES 1 NO 2	→ 111
110	How many households use this toilet?	NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text" value="0"/> <input type="text"/> 10 OR MORE HOUSEHOLDS 95 DONT KNOW 98	
111	Does your household have:	YES NO	
	Electricity?	ELECTRICITY 1 2	
	A generator?	GENERATOR 1 2	
	A radio?	RADIO 1 2	
	A mobile telephone?	MOBILE TELEPHONE 1 2	
	An ice box?	ICE BOX (REFRIGERATOR) . 1 2	
	A table?	TABLE 1 2	
	Chairs?	CHAIRS 1 2	
	A cupboard?	CUPBOARD 1 2	
	A mattress (not made of straw or grass)?	MATTRESS 1 2	
	A sewing machine?	SEWING MACHINE 1 2	
	A television?	TELEVISION 1 2	
	A computer?	COMPUTER 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What do you use for cooking--coal, gas, wood?	ELECTRICITY 01 GAS CYLINDER 02 KEROSENE STOVE 03 FIRE COAL / COAL / CHARCOAL 04 WOOD 05 NO FOOD COOKED IN HOUSEHOLD ... 95 OTHER _____ 96 (SPECIFY)	→ 115
113	Where do you usually do your cooking?	INSIDE THE HOUSE 1 ON A PORCH 2 IN A SEPARATE BUILDING 3 OUTDOORS 4 OTHER _____ 6 (SPECIFY)	→ 115
114	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
115	MAIN MATERIAL OF THE FLOOR OF THE HOUSEHOLD. RECORD OBSERVATION. IF DIFFERENT ROOMS HAVE DIFFERENT FLOOR MATERIAL, CIRCLE THE CODE FOR THE MOST COMMON, i.e., WHAT COVERS THE LARGEST AREA.	NATURAL FLOOR EARTH/SAND/MUD 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 FLOOR MAT, LINOLEUM, VINYL 32 CERAMIC TILES 33 CONCRETE, CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
116	MAIN MATERIAL OF THE ROOF OF THE HOUSEHOLD. RECORD OBSERVATION.	NATURAL ROOFING THATCH/PALM LEAF 11 RUDIMENTARY ROOFING PALM/BAMBOO/MATS 21 WOOD PLANKS 22 TARPAULIN, PLASTIC 23 FINISHED ROOFING ZINC, METAL 31 WOOD 32 CERAMIC TILES 34 CONCRETE, CEMENT 35 ASBESTOS SHEETS, SHINGLES ... 36 OTHER _____ 96 (SPECIFY)	
117	MAIN MATERIAL OF THE OUTSIDE WALLS OF THE HOUSEHOLD. RECORD OBSERVATION.	NATURAL WALLS MUD AND STICKS 11 CANE/PALM/TRUNKS 12 STRAW, THATCH MATS 13 RUDIMENTARY WALLS MUD BRICKS 21 PLYWOOD, REUSED WOOD 22 CARDBOARD, PLASTIC 23 FINISHED WALLS CEMENT OR STONE BLOCKS..... 31 BRICKS 32 WOOD PLANKS/SHINGLES 33 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
118	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>																			
119	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? A car or truck? A boat or a canoe?	<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>WATCH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BICYCLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE/SCOOTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR/TRUCK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BOAT OR CANOE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	WATCH	1	2	BICYCLE	1	2	MOTORCYCLE/SCOOTER ...	1	2	CAR/TRUCK	1	2	BOAT OR CANOE	1	2	
	YES	NO																			
WATCH	1	2																			
BICYCLE	1	2																			
MOTORCYCLE/SCOOTER ...	1	2																			
CAR/TRUCK	1	2																			
BOAT OR CANOE	1	2																			
120	Does this household own any livestock, other farm animals, or poultry?	YES 1 NO 2	→ 122																		
121	How many of the following animals does this household own? IF NONE, ENTER '00'. IF MORE THAN 95, ENTER '95'. IF UNKNOWN, ENTER '98'. Cows? Pigs? Goats? Sheep? Chickens, ducks or guinea fowls?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>COWS</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>PIGS</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>GOATS</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>SHEEP</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>CHICKENS, DUCKS, FOWL ...</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </tbody> </table>	COWS			PIGS			GOATS			SHEEP			CHICKENS, DUCKS, FOWL ...						
COWS																					
PIGS																					
GOATS																					
SHEEP																					
CHICKENS, DUCKS, FOWL ...																					
122	Does anyone in this household have a bank account?	YES 1 NO 2																			
123	What do you do with the dirt from this household?	COLLECTED BY GOVERNMENT ... 11 COLLECTED BY COMMUNITY ASSOCIATION 12 COLLECTED BY PRIVATE COMPANY 13 DUMPED IN COMPOUND 14 DUMPED IN STREET / DUMP PILE 15 DUMPED IN BUSH 16 BURNED 17 BURIED 18 FED TO ANIMALS 19 OTHER _____ 96 (SPECIFY)																			
124	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ 200																		
125	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS <input style="width: 30px; height: 20px;" type="text"/>																			

**SCHOOL ABSENCE AND CHILD LABOR
FOR ALL CHILDREN AGED 5 THROUGH 14**

200 CHECK COLUMN (7) AGE:

AT LEAST ONE CHILD AGE 5-14 NO CHILDREN AGE 5-14

301

LINE NUMBER	CHILD'S NAME	SCHOOL ABSENCE			WORK LAST WEEK			WORK IN LAST YEAR			HOUSEHOLD CHORES		WORK IN FAMILY BUSINESS OR FARM	
		Is (NAME) going to school these days?	How many days was (NAME) absent from school last week? IF '0', GO TO 206	Why was (NAME) absent from school (or not going to school)? SEE CODES BELOW	During the past week, did (NAME) do any kind of work for someone who is not a member of this household? IF YES: Was that for pay or unpaid?	Since last (DAY OF THE WEEK), about how many hours did (NAME) do this work for someone who is not a member of this household? INCLUDE ALL HOURS AT ALL JOBS.	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: Was that for pay or unpaid?	During the past week, did (NAME) help with household chores like shopping collecting firewood, cleaning, fetching water, or caring for children?	Since last (DAY OF THE WEEK), about how many hours did (NAME) spend doing these chores?	During the past week, did (NAME) do any other family work, on the farm or in a business or selling goods in the street?	Since last (DAY OF THE WEEK), about how many hours did (NAME) spend doing this work?			
(201)	(202)	(203)	(204)	(205)	(206)	(207)	(208)	(209)	(210)	(211)	(212)			
<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 205	DAYS <input type="text"/>	REASON <input type="text"/>	PAID UNPD NO 1 2 3 ↓ GO TO 208	HOURS <input type="text"/>	PAID UNPD NO 1 2 3	Y N 1 2 ↓ GO TO 211	HOURS <input type="text"/>	Y N 1 2 ↓ NEXT LINE	HOURS <input type="text"/>			
<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 205	DAYS <input type="text"/>	REASON <input type="text"/>	PAID UNPD NO 1 2 3 ↓ GO TO 208	HOURS <input type="text"/>	PAID UNPD NO 1 2 3	Y N 1 2 ↓ GO TO 211	HOURS <input type="text"/>	Y N 1 2 ↓ NEXT LINE	HOURS <input type="text"/>			
<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 205	DAYS <input type="text"/>	REASON <input type="text"/>	PAID UNPD NO 1 2 3 ↓ GO TO 208	HOURS <input type="text"/>	PAID UNPD NO 1 2 3	Y N 1 2 ↓ GO TO 211	HOURS <input type="text"/>	Y N 1 2 ↓ NEXT LINE	HOURS <input type="text"/>			
<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 205	DAYS <input type="text"/>	REASON <input type="text"/>	PAID UNPD NO 1 2 3 ↓ GO TO 208	HOURS <input type="text"/>	PAID UNPD NO 1 2 3	Y N 1 2 ↓ GO TO 211	HOURS <input type="text"/>	Y N 1 2 ↓ NEXT LINE	HOURS <input type="text"/>			
<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 205	DAYS <input type="text"/>	REASON <input type="text"/>	PAID UNPD NO 1 2 3 ↓ GO TO 208	HOURS <input type="text"/>	PAID UNPD NO 1 2 3	Y N 1 2 ↓ GO TO 211	HOURS <input type="text"/>	Y N 1 2 ↓ NEXT LINE	HOURS <input type="text"/>			
<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 205	DAYS <input type="text"/>	REASON <input type="text"/>	PAID UNPD NO 1 2 3 ↓ GO TO 208	HOURS <input type="text"/>	PAID UNPD NO 1 2 3	Y N 1 2 ↓ GO TO 211	HOURS <input type="text"/>	Y N 1 2 ↓ NEXT LINE	HOURS <input type="text"/>			
<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 205	DAYS <input type="text"/>	REASON <input type="text"/>	PAID UNPD NO 1 2 3 ↓ GO TO 208	HOURS <input type="text"/>	PAID UNPD NO 1 2 3	Y N 1 2 ↓ GO TO 211	HOURS <input type="text"/>	Y N 1 2 ↓ NEXT LINE	HOURS <input type="text"/>			
<input type="text"/>	<input type="text"/>	Y N 1 2 ↓ GO TO 205	DAYS <input type="text"/>	REASON <input type="text"/>	PAID UNPD NO 1 2 3 ↓ GO TO 208	HOURS <input type="text"/>	PAID UNPD NO 1 2 3	Y N 1 2 ↓ GO TO 211	HOURS <input type="text"/>	Y N 1 2 ↓ NEXT LINE	HOURS <input type="text"/>			

CODES FOR COL. (205):

- | | | | |
|-------------------------|----------------------------------|-----------------------|----------------------|
| 11=WORK | 14= CHILD WAS SICK | 17=SECURITY CONCERNS | 20=SCHOOL TOO FAR |
| 12=DID NOT WANT TO GO | 15=HAD TO CARE FOR SICK RELATIVE | 18=VACATION, HOLIDAYS | 21=NO MONEY FOR FEES |
| 13=MISTREATED AT SCHOOL | 16=SCHOOL IS TOO FAR | 19=SCHOOL NOT OPEN | 96=OTHER |

**CHILD DISCIPLINE
FOR ONE CHILD AGED 2 THROUGH 14**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	CHECK COLUMN 7: MORE THAN 1 CHILD AGED 2-14 <input type="checkbox"/> ONLY 1 CHILD AGED 2-14 <input type="checkbox"/> NO CHILD AGED 2-14 <input type="checkbox"/>		303 501
302	CHECK HOUSEHOLD QUESTIONNAIRE, LAST PAGE SELECT THE CHILD AGE 2-14 AS DESCRIBED		
303	WRITE NAME AND LINE NUMBER OF SELECTED CHILD	_____ <input type="text"/> <input type="text"/> NAME	
304	All adults use certain ways to teach children the right behavior or to correct a behavior 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. a) Took away privileges, forbade something (NAME) liked or did not allow him/her to leave the house? b) Explained why something was wrong? c) Shook him/her? d) Shouted, yelled or screamed at him/her? e) Gave him/her something else to do? f) Spanked him/her on the bottom with bare hand? g) Hit him/her on the bottom or elsewhere on the body with something like a belt, a stick or other hard object? h) Called him/her dumb, lazy, or another name like that? i) Slapped him/her on the face, head, arm or leg? j) Beat him/her up with an implement over and over as hard as one could?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
305	Do you believe that in order to bring up (NAME) properly, you need to physically punish him/her?	YES 1 NO 2 DOES NOT KNOW/NO OPINION 8	

WEIGHT AND HEIGHT FOR CHILDREN AGE 0-5

501	CHECK COLUMN 11. RECORD LINE NUMBER AND AGE FOR ALL CHILDREN 0-5 YEARS IN Q. 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRES. A FINAL OUTCOME MUST BE RECORDED IN Q. 508.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK : What is (NAME'S) birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER?	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/>	KG. ... <input type="text"/>	KG. ... <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/>	CM. <input type="text"/>	CM. <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> NAME _____
503	What is (NAME'S) birth date? IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/>
504	CHECK 503: CHILD BORN IN JANUARY 2001 OR LATER	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES 1 NO 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/>	KG. ... <input type="text"/>	KG. ... <input type="text"/>
506	HEIGHT IN CENTIMETERS	CM. <input type="text"/>	CM. <input type="text"/>	CM. <input type="text"/>
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
509		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

WEIGHT, HEIGHT AND HIV TESTING FOR WOMEN AGE 15-49

515	CHECK COL. 9. WRITE LINE NUMBER AND NAME FOR ALL WOMEN AGE 15-49 IN 516. IF MORE THAN 3 WOMEN, USE ADDITIONAL QUESTIONNAIRES. A FINAL OUTCOME MUST BE RECORDED IN 519 AND 530			
		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
517	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
518	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 525) ←
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 525) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 525) ←	CODE 4 (NEVER IN UNION) ... 1 OTHER 2 (GO TO 525) ←
522	LINE NO. OF PARENT/GUARDIAN RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
525	READ HIV TEST CONSENT. FOR NEVER-IN-UNION WOMEN 15-17, ASK CONSENT FROM PARENT/GUARDIAN IN 522 BEFORE ASKING WOMAN	GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 530).	GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 530).	GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 530).
526	IF CODE '1' OR '2', PROCEED WITH TAKING BLOOD SPOTS. A FINAL OUTCOME MUST BE RECORDED IN 530 FOR EACH WOMAN.			
529	BAR CODE LABEL	PUT 1ST BAR CODE LABEL HERE PUT 2ND BAR CODE LABEL ON RESPONDENT'S FILTER PAPER AND 3RD ON TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER	PUT 1ST BAR CODE LABEL HERE PUT 2ND BAR CODE LABEL ON RESPONDENT'S FILTER PAPER AND 3RD ON TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER	PUT 1ST BAR CODE LABEL HERE PUT 2ND BAR CODE LABEL ON RESPONDENT'S FILTER PAPER AND 3RD ON TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER
530	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
CONSENT STATEMENT FOR HIV TEST				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 536 IF HE CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CONDUCT THE TEST ONLY IF BOTH PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Liberia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>If you want to know whether you have HIV, I can tell you the nearby facilities that offer counseling and testing for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide.</p> <p>Will you give some drops of blood for the HIV test? (allow NAME OF ADOLESCENT to take the HIV test?)</p> <p>We would also like to store part of the blood sample at the laboratory for further tests in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree.</p> <p>If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>				
530D GO BACK TO 517 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 531				

HIV TESTING FOR MEN AGE 15-49

531	CHECK COL. 10. WRITE LINE NUMBER AND NAME FOR ALL MEN AGE 15-49 IN 532. IF MORE THAN 3 MEN, USE ADDITIONAL QUESTIONNAIRE. A FINAL OUTCOME MUST BE RECORDED IN 539.			
		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
533	AGE: CHECK COLUMN 7.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 536) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 536) ←	15-17 YEARS 1 18-49 YEARS 2 (GO TO 536) ←
534	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION 1 OTHER 2 (GO TO 536) ←	CODE 4 (NEVER IN UNION 1 OTHER 2 (GO TO 536) ←	CODE 4 (NEVER IN UNION 1 OTHER 2 (GO TO 536) ←
535	LINE NO. OF PARENT/GUARDIAN RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
536	READ HIV TEST CONSENT. FOR NEVER-IN-UNION MEN 15-17, ASK CONSENT FROM PARENT/GUARDIAN IDENTIFIED IN 535 BEFORE ASKING RESPONDENT.	GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 539).	GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 539).	GRANTED, BOTH HIV AND FURTHER TESTING 1 GRANTED, HIV ONLY 2 PARENT/GUARDIAN REFUSED . 3 RESPONDENT REFUSED 4 (SIGN) (IF CODE 3 OR 4, GO TO 539).
537	IF CODE 1 OR 2, PROCEED WITH TAKING BLOOD SPOTS. A FINAL OUTCOME MUST BE RECORDED IN 539 FOR EACH MAN.			
538	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND 3RD ON THE TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER	PUT THE 1ST BAR CODE LABEL HERE PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND 3RD ON THE TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER	PUT THE 1ST BAR CODE LABEL HERE PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND 3RD ON THE TRANSMITTAL FORM IF CODE '2' (HIV ONLY), WRITE 'NO ADDITIONAL TEST' ON FILTER PAPER
539	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6	BLOOD TAKEN 1 NOT PRESENT 2 REFUSED 3 OTHER 6
CONSENT STATEMENT FOR HIV TEST				
<p>READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 536 IF HE CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.</p> <p>FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CONDUCT THE TEST ONLY IF BOTH PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.</p> <p>As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Liberia.</p> <p>For the HIV test, we need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>No names will be attached so we will not be able to tell you the test results. No one else will be able to know the test results either.</p> <p>If you want to know whether you have HIV, I can tell you the nearby facilities that offer counseling and testing for HIV.</p> <p>Do you have any questions?</p> <p>You can say yes to the test, or you can say no. It is up to you to decide. Will you give some drops of blood for the HIV test? (allow NAME OF ADOLESCENT to take the HIV test?)</p> <p>We would also like to store part of the blood sample at the laboratory for further tests in the future. We are not certain about what tests might be done.</p> <p>The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?</p>				
540	GO BACK TO 533 FOR NEXT MAN; IF NO MORE MEN, END INTERVIEW.			

**TABLE FOR SELECTION OF CHILD FOR THE CHILD DISCIPLINE QUESTIONS
AND WOMAN FOR THE DOMESTIC VIOLENCE QUESTIONS**

LOOK AT THE LAST DIGIT OF THE **QUESTIONNAIRE** NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF CHILDREN 2-14 IN COLUMN (7) OR NUMBER OF WOMEN 15-49 IN COLUMN (9) OF THE HOUSEHOLD QUESTIONNAIRE. 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 NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE CHILD/WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DISCIPLINE/DOMESTIC VIOLENCE QUESTIONS.

FOR CHILD DISCIPLINE: WRITE THE NAME AND LINE NUMBER IN Q. 303.

FOR DOMESTIC VIOLENCE: PUT A CHECK MARK NEXT TO THE LINE NUMBER OF THE SELECTED WOMAN IN COL.9.

EXAMPLE: IF THE QUESTIONNAIRE NUMBER IS '3716', GO TO ROW '6'.

IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'.

FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX (2) INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.

SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THE WOMAN TO BE ASKED THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE CHILDREN / WOMEN IN HOUSEHOLD (COLUMN)							
	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

