

District

Chiefdom/City Code

Section Code

EA Number

Rural/Urban

Chiefdom

SLIHS Cluster Code

Household Number

MICS EA? 1 = yes; 2 = no

Section

Locality

of

Qx No

Total Qxs

Total number of listed individuals

Name of HH Head

Interviewer

Code

Address

Supervisor

Code

Phone Number

Data Entry Clerk

Code

	Date	Time Start	Time End	Sections Worked On									
	DD/MM/YY	HH:MM	HH:MM	A	B	C	D	E	F	G	H	I	J
1													
2													
3													
4													
5													
6													
7													
Section completed													

Each time you sit down to interview the household, record the date and the time start. When you are done with that session, record the time end. Then put an X under any sections you worked on during the session.

SECTION A: HOUSEHOLD ROSTER

Demographics

person ID	1		2	3	4	5	6	7					
	What is NAME's relationship to the head of household?		Is NAME male or female?	Do you [Does he/she] have a birth certificate given by the government?	How old are you [is he/she]? (at last birthday)	What is your [his/her] date of birth?	Are you [is NAME] married? (How many wives do you have? How many wives does your husband have?)	Who is your [his/her] spouse(s)?					
	1 head 2 spouse 3 biological child 4 step or adopted child 5 grandchild 6 brother/sister 7 niece/nephew 8 brother/sister-in-law 9 parent 10 parent-in-law 11 son/daughter-in-law 12 other relative 13 maid / nanny / servant 14 non-relative		1 male 2 female	1 yes 2 no	Enter age in completed years. if 16 years old or more → 6 years	if 9 years old or younger → 9 DD/MM/YY	1 married monogamous 2 married polygamous 3 informal / loose union 4 divorced → 8 5 separated → 8 6 widowed → 8 7 never married → 8	Record the IDs of up to 4 spouses, or 98 if the spouse lives outside the household. ID1 ID2 ID3 ID4					
<i>name</i>	<i>code</i>												
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SECTION A: HOUSEHOLD ROSTER

Biological Parents

Household Membership

person ID	8	9	10	11	12	13	14	15	16	17	18
	What is your [NAME's] religion? 1 Catholic 2 Anglican 3 Methodist 4 SDA 5 Pentacostal 6 other Christian 7 Ahmadis Muslim 8 other Muslim 9 Bahai 10 traditional 11 no religion 12 other	Who/where is your [NAME's] biological father? <i>Record ID or</i> 97 deceased 98 outside HH 99 unknown <i>If a member of the HH → 12</i> <i>father ID</i>	Did your [NAME's] father go to school? At which level did he stop? 1 none 2 primary incomplete 3 primary complete 4 secondary incomplete 5 vocational 6 secondary complete 7 post-secondary professional 8 first degree or more 9 don't know	What kind of work did your [NAME's] father do? <i>Use appendix A to code industry OR</i> 999 don't know 882 student 883 unempl <i>ISIC code</i>	Who/where is your [NAME's] biological mother? <i>Record ID or</i> 97 deceased 98 outside HH 99 unknown <i>If a member of the HH → 15</i> <i>mother ID</i>	Did your [NAME's] mother go to school? At which level did she stop? <i>use same codes as 10</i>	What kind of work did your [NAME's] mother do? <i>Use appendix A to code industry OR</i> 999 don't know 881 house-work / childcare 882 student 883 unempl <i>ISIC code</i>	In the last 12 months, how many months were you [was NAME] away from the household living somewhere else? <i>record 00 if not at all if 3 months or less → 17 months</i>	While you were [NAME was] away, where were you [was he/she] staying? 1 another HH 2 institution (boarding school, other dormitory, hospital, prison etc)	<<>> Based on the responses to 15 and 16, is this person a member of the household? 1 yes 2 no	<<>> Record MICS line number or 00 non-MICS EA 99 not on MICS hh roster
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SECTION B: GENERAL EDUCATION

Ever Attended

Highest Level Completed

Ask for all household members aged 5 and above.

person ID	respondent ID	1	2	3	4	5		6	7	
		Did you [NAME] ever go to (formal) school? 1 yes → 3 2 no	Why did you [he/she] never attend formal school? 1 too young 2 too far away 3 too expensive / no money 4 had to work 5 child not interested in school 6 parents didn't value education 7 illness 8 other any response → EOS	Did you [NAME] ever go to any pre-school or nursery? 1 yes 2 no → 5	What kind of pre-school / nursery did you [he/she] go to? 1 public 2 community 3 private 4 mission	When you [NAME] went to school, what was the last class/form that you [he/she] completed? 11 Class 1 12 Class 2 13 Class 3 14 Class 4 15 Class 5 16 Class 6 0 none 21 JSS 1 22 JSS 2 23 JSS 3 24 SSS 1 25 SSS 2 26 SSS 3 27 SSS 4		101 Stand./Grade 1 102 Stand./Grade 2 103 Stand./Grade 3 104 Stand./Grade 4 105 Stand./Grade 5 106 Stand./Grade 6 107 Stand./Grade 7 211 Form 1 212 Form 2 213 Form 3 214 Form 4 215 Form 5 (O Level) 216 Form 6 Lower 217 Form 6 Upper (A Level)	After this, did you [he/she] do any further education? 1 still in primary / secondary → 8 2 did higher education 3 no higher ed. / drop out → 8	What was the highest level completed? record the type of course and the number of years studied at that level 3 vocational 4 teaching training 5 polytechnic (OND, HND) 6 nursing 7 other certificate or diploma program 8 first degree (BA, BSc etc) 9 higher degree course years
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SECTION B: GENERAL EDUCATION

Enrollment Since Pre-Ebola School Year

person ID	8	9						10	11					12	13
	What is the highest qualification that you have [he/she has]? 0 none 1 NPSE (Common/Selective Entrance Exam) 2 BECE 3 GCE O level 4 WASSCE 5 GCE A Level 6 vocational qualification 7 teaching cert (TC, HTC) 8 technical (OND or HND) 9 nursing (SECHN, SRN) 10 other cert. or diploma 11 first degree (BA, BSc etc) 12 higher (masters, PhD etc)	What class did you [NAME] attend during the following school years? <i>use the codes from 5 and 7, or 00 if not attending.</i> <i>leave last column blank for HHs interviewed before Sept 2018</i> <i>if did not attend school at all during these years → 25</i>						<<>> Was the person attending school Sept 2013 to July 2014? 1 yes 2 no → 16	When schools were closed during Ebola, for how many hours each week did NAME ...					After schools were closed during Ebola, when did NAME's school open? 1 on 15 Apr 2015 2 within one week of 15 Apr 3 one to two weeks after 15 Apr 4 two weeks to one month after 15 Apr 5 more than one month after 15 Apr	<<>> Did the person attend school April 2015 to Dec 2015? 1 yes 2 no → 15
		a	b	c	d	e	listen to radio education program hours		review school materials hours	private tuition hours	help with household chores hours	work to earn money hours			
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SECTION B: GENERAL EDUCATION

Current Attendance

person ID	14	15	16	17	18	19	20			21
	When the school opened, when did he/she begin to go to school again? 1 the day school opened 2 within one week of school opening 3 one to two weeks after school opened 4 two weeks to one month after school opened 5 more than one month after school opened any response → 16	Why did he/she not go back to school? 1 financial reasons 2 work commitment 3 moved 4 orphaned 5 pregnancy 6 other	<<>> Based on the responses to 9, did the person repeat a class during the period covered? 1 yes 2 no → 18	Why did NAME repeat a class? 1 financial 2 sickness 3 pregnancy 4 marriage 5 failed exams 6 work commitment 7 dismissed 8 not interested 9 strike 10 other	<<>> Based on the responses to 9 is the person currently attending school? 1 yes 2 no → 25 3 August holiday	Who is in charge of the school where NAME goes? 1 central gov't 2 local gov't 3 community 4 religious organization 5 NGO 6 private person/ organization	Are there any problems at his/her school? rank up to three problems 1 no problem 2 lack of books or supplies 3 poor teaching 4 lack of teachers 5 facilities in bad condition 6 high fees 7 over crowding 8 other <i>first</i> <i>second</i> <i>third</i>	How much time does it take NAME to reach his/her school? <i>record 888 if boarding</i> <i>using usual means of transport</i> <i>minutes</i>		
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SECTION B: GENERAL EDUCATION

person ID	28						29	30	31
	How much did you spend for NAME's ...						Who paid for most of NAME's education?	In the last 12 months, did NAME get any scholarship?	How much was NAME given as scholarship?
	complete EITHER a to j OR k								
	if completing a to j and nothing was spent in a category, record 00 for that category						1 father 2 mother 3 both parents 4 other HH member 5 other relative 6 non-relative 7 paid for by him/herself 8 other	1 yes 2 no → EOS	
e	f	g	h	i	j	k			
School bag	Pens, exercise books, pencils, slate, chalk, geometry set etc	Transportation to and from school	Food and lodging at boarding school	Extra tuition / classes	Other expenses	if education costs cannot be classified by category, enter total costs here.			
amount in Le	amount in Le	amount in Le	amount in Le	amount in Le	amount in Le	amount in Le		amount in Le	
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SECTION C: ALTERNATIVE EDUCATION AND INFORMATION / COMMUNICATION TECHNOLOGY

Nursery / Preschool

Age 2 to age 5

Quaranic Education

Ages 5 and above

Literacy and Numeracy

Ages 10 and above. Must be answered by the person.

person ID	respondent ID	Nursery / Preschool Age 2 to age 5			Quaranic Education Ages 5 and above			Literacy and Numeracy Ages 10 and above. Must be answered by the person.				
		1	2		3	4	5	6	7	8	9	10
		Is NAME going to any day care, nursery, pre-school or community-based early childhood development centre? 1 yes → 3 2 no	Why is NAME not going to nursery school? 1 not available 2 too expensive 3 too far away 4 illness 5 early learning not important 6 too young 7 in primary sch 8 other any response → 4 first second		Who is in charge of the nursery school where NAME goes? 1 central gov't 2 local gov't 3 community organization 4 religious organization 5 NGO 6 private person/ organization	Did you [NAME] ever attended Quaranic classes? 1 yes 2 no → 7	What have you [has NAME] understood in Quaranic education? 1 basic recitation 2 recitation and Arabic writing 3 Hafeez (memorization and Arabic fluency)	How much did you (or any other person in the household) spend on your [NAME's] Quaranic education in the last 12 months? if nothing spent, record 00 amount in Le	Can you read a sentence in English? 1 yes 2 no → 9	<<>> Show the respondent the English sentence flash card. Do they read the sentence correctly? 1 correct 2 incorrect 3 can't read	Can you read a sentence in any Sierra Leonean language? 0 no → 11 1 Mende 2 Temne 3 Krio 4 Limba 5 Other → 11	<<>> Show the respondent the sentence flash card for the local language indicated. Do they read the sentence correctly? 1 correct 2 incorrect 3 can't read
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SECTION C: ALTERNATIVE EDUCATION AND INFORMATION / COMMUNICATION TECHNOLOGY

Adult Education

Ages 15 and above. If the person reached class 6 → 22

person ID	11	12	13	14	15	16	17	18	19		20	21	
	Can you write a sentence in English?	<<>> Ask the respondent to write "Hawa went to the well to get water."	Can you write a sentence in any Sierra Leonean language?	<<>> Read the sentence from the manual for the local language indicated.	Can you do written maths calculations?	<<>> Show flash card with maths problem.	If you go to buy, do you know the change that you should get? <i>read one question from the list of mental arithmetic problems</i>	Have you ever attended an adult education class? (classes for adults who didn't get a chance to go to school)	What kind of things did they teach you?		Would you like to go to an adult education class?	What kind of things would you like to learn?	
	1 yes 2 no → 13	1 correct 2 illegible 3 can't write	0 no → 15 1 Mende 2 Temne 3 Krio 4 Limba 5 Other → 15	1 correct 2 incorrect 3 can't write	1 yes 2 no → 17	1 correct 2 incorrect 3 can't do it	1 correct 2 incorrect 3 can't do it	1 yes 2 no → 20	1 English literacy 2 local language literacy 3 numeracy 4 other <i>first second</i>		1 yes 2 no → 22	1 English literacy 2 local language literacy 3 numeracy 4 other <i>first second</i>	
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SECTION C: ALTERNATIVE EDUCATION AND INFORMATION / COMMUNICATION TECHNOLOGY

Information and Communication Technology

Ages 15 and above.

person ID	22	23	24	25	26	27	28	29	30	31			
	Do you own a mobile phone?	Is your mobile phone able to connect to the internet? <i>capability of the phone, not the availability of the service or if the person subscribes</i>	How many times have you charged your phone outside your house in the last week?	Have you received or sent money through Splash, Orange (AirTel) or Africell money in the last 12 months?	Have you used a computer anywhere in the past 12 months?	Have you used the internet at all in the past 12 months?	Where do you usually use the internet? 1 on your own or a hh member's mobile phone 2 computer at home 3 on another's mobile phone → 30 4 computer at work / office → 30 5 computer at school → 30 6 internet cafe / commercial internet facility → 30 7 other → 30	Who is the internet provider? 1 Orange (AirTel) 2 SierraTel 3 Afcem 4 Limeline 5 IPTel 6 Medosat 7 Smart 8 Africell 9 other	How often do you use the internet? 1 at least once a day 2 at least once a week 3 at least once a month 4 less than once a month	What do you use the internet for? 1 Facebook/other social media (incl. WhatsApp) 2 downloading / watching movies / music / videos 3 sending or receiving email 4 Skype or other internet telephony 5 downloading software 6 formal education 7 reading news 8 getting information from gov't organization 9 check sport results 10 other <i>first second third</i>			
__1	1 yes 2 no → 26	1 yes 2 no	<i>times</i>	1 yes 2 no	1 yes 2 no	1 yes 2 no → EOS							
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SECTION D: GENERAL HEALTH AND DISABILITY

Mosquito Nets

General Morbidity

Ask for all household members.

person ID	respondent ID	1	2	3	4				5	6	7	8
		Did you [NAME] sleep under a mosquito net last night?	Is the net treated ("given medicine") or untreated?	Were you [Was NAME] sick or injured in the past 4 weeks?	What kind of symptoms did you [he/she] have? <i>enter up to 4 codes</i>				Because of this illness / injury, how many days were you [was he/she] unable to do your [his/her] usual activities?	Did you [he/she] consult anyone or visit any health facility for this illness / injury?	Why did you [he/she] not consult anyone or go anywhere?	Although you weren't [NAME wasn't] sick / wounded, did you [he/she] consult any medical worker or go to any medical facility in the last 4 weeks?
		1 yes 2 no → 3	1 treated 2 untreated 3 don't know	1 yes 2 no → 8	1 fever 2 nausea / vomiting 3 diarrhoea 4 rash 5 headaches 6 vision problem 7 eye pain 8 joint pain 9 problem hearing 10 ear pain 11 cough 12 sore	13 boils 14 weakness 15 burns 16 cut / laceration 17 broken bone 18 head injury 19 other 20 stomach pain				1 not serious illness 2 self-treated 3 no money for treatment 4 too far 5 poor services 6 not safe 7 other <i>any response</i> → 20	0 no → 20 1 prenatal care 2 under five visit with vaccination 3 under five visit without vaccination 4 childbirth 5 general check-up 6 family planning 7 other	
					<i>first</i>	<i>second</i>	<i>third</i>	<i>fourth</i>	<i>days</i>			
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SECTION D: GENERAL HEALTH AND DISABILITY

person ID	9	10	11	12	13		14
	Whom did you [NAME] consult?	Where did you [he/she] go for treatment?	How much time did it take for you [him/her] to reach the HOSP?	How far is it to the HOSP?	What kind of illness did they say you [NAME] had?		How much did you (or any other person in the household) pay was paid for you [NAME] to see the PROVIDER?
	1 doctor 2 CHO 3 nurse (SRN, SECHN, MCHA) 4 CHW 5 pharmacist 6 medicine vendor 7 traditional healer 8 spiritualist	1 gov't hospital (district hospital, Connaught etc) 2 gov't clinic (CHC, CHP, MCHP) 3 private hospital 4 private clinic 5 pharmacy 6 patient's home → 13 7 provider's home or store 8 other	time spent on actual means of transport used minutes	record 999 if don't know use one decimal place if needed miles	1 anaemia 2 ARI/pneumonia 3 burns 4 cholera 5 cough / cold 6 diarrhoea 7 dysentery 8 ear infection 9 eye infection 10 hypertension 11 lassa fever 12 malaria 96 preventative care 97 spiritual / witchcraft	13 malnutrition 14 measles 15 meningitis 16 river blindness 17 skin infection 18 STI 19 tetanus 20 tuberculosis 21 typhoid 22 worms 23 wound / injury 24 yellow fever 25 ulcer 00 no diagnosis given 88 other 99 don't know	if nothing, write 00 amount in Le
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SECTION D: GENERAL HEALTH AND DISABILITY

Hospitalization

person ID	15	16		17	18	19	20	21	22
	Did they tell you [he/she] to buy any medication?	How much did you (or any other person in the household) pay for medicine? <i>distinguish between medication purchased from the provider / at the clinic / hospital and that purchased elsewhere</i> <i>if nothing was spent in category, record 00</i>		How did you (or any other person in the household) spend to do tests or x-rays? <i>if nothing, record 00</i>	How much did you pay for other supplies, like needles, bandages, syringes? <i>if nothing, record 00</i>	Did they admit you [NAME] for this illness [injury]?	Have they admitted you [NAME] at all in the last 12 months?	Where did they admit you [he/she]? <i>if multiple admittances, ask about most recent</i> 1 gov't hospital (district hospital, Connaught etc) 2 gov't clinic (CHC, CHP, MCHP) 3 private hospital 4 private clinic 5 provider's home 6 other	For how many nights did you [he/she] sleep at the HOSP? <i>nights</i>
	1 yes 2 no → 17	<i>to provider amount in Le</i>	<i>elsewhere amount in Le</i>	<i>amount in Le</i>	<i>amount in Le</i>	1 yes → 21 2 no	1 yes 2 no → 24		
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SECTION D: GENERAL HEALTH AND DISABILITY

Dental

Disability

person ID	23					24	25	26	
	When you [he/she] was admitted, how much did you (or any other person in the household) pay for...					Did you (or any other person in the household) pay for your [NAME'S] dental care in the last 12 months?	Do you [does NAME] have any part of their body that does not work well?	Which part of your [his/her] body does not work well? 1 limited use of feet/legs 2 loss of leg/foot 3 limited use of arms/hands 4 loss of hand/arm 5 problem with back/spine 6 hearing difficulty 7 deaf (unable to hear) 8 vision problem 9 blind 10 speech impairment 11 mute (unable to speak) 12 mental retardation 13 mental illness 14 other <i>first</i> <i>second</i>	
	<i>complete EITHER a to e OR f</i>								
	<i>if completing a to e and nothing was spent in a category, record 00 in that category</i>					<i>if nothing record 00</i>			
	a	b	c	d	e	f	How much did you pay?		
staying at the facility	consultation	medications	other supplies (needles, bandages etc)	lab tests, X-rays and other	<i>if costs cannot be classified by category, enter total costs here.</i>		1 yes 2 no → 28		
<i>amount in Le</i>	<i>amount in Le</i>	<i>amount in Le</i>	<i>amount in Le</i>	<i>amount in Le</i>	<i>amount in Le</i>	<i>amount in Le</i>			
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SECTION D: GENERAL HEALTH AND DISABILITY

Activities of Daily Living

Ask for all household members aged 5 and above

	27	28	29	30	31	32	33
person ID	What happened to make this part of your [his/her] body not work well?	Do you [does NAME] find it difficult to see, (even if wearing glasses)?	Do you [does NAME] find it difficult to hear, even if using a hearing aid?	Do you [does NAME] find it difficult to walk or climb steps?	Do you [does NAME] find it difficult to remember or to pay attention to something?	Do you [does NAME] find it difficult to wash all over your [his/her] body or to put on your [his/her] clothes?	If they talk to NAME in his/her own language, does he/she find it difficult to understand? Does he/she find it difficult to make people understand him/her?
	1 congenital (from birth)						
	2 disease / illness	1 no - no difficulty	1 no - no difficulty	1 no - no difficulty	1 no - no difficulty	1 no - no difficulty	1 no - no difficulty
	3 transport accident	2 yes - some difficulty	2 yes - some difficulty	2 yes - some difficulty	2 yes - some difficulty	2 yes - some difficulty	2 yes - some difficulty
	4 occupational injury	3 yes - a lot of difficulty	3 yes - a lot of difficulty	3 yes - a lot of difficulty	3 yes - a lot of difficulty	3 yes - a lot of difficulty	3 yes - a lot of difficulty
	5 other accident	4 cannot do at all	4 cannot do at all	4 cannot do at all	4 cannot do at all	4 cannot do at all	4 cannot do at all
	6 war						
	7 aging						
	8 other						
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SECTION E: CHILD PREVENTATIVE HEALTH

Under-Fives Card

Delivery

Breastfeeding

Ask for household members under 6 years (not yet reached 6th birthday)

person ID	respondent ID	1	2	3	4	5	6	7	8	9
		Does NAME have an Under Fives Card or any other paper that shows the vaccinations he/she has taken? 1 yes 2 no → 3	<<>> Ask the respondent to go get the card / record. What kind of record is it? 1 Under Fives Card 2 other record 3 can't find / not available	Where did you give birth to NAME? [Where was NAME born?] 1 gov't hospital (district hosp, PCMH etc) 2 gov't clinic (CHC, CHP or MCHP) 3 private hospital 4 private clinic 5 TBA's home / birth hut 6 at home 7 other	Who helped you to give birth to him/her? [Who helped his/her mother to give birth?] 1 doctor 2 CHO 3 nurse (SRN, SECHN, MCHA) 4 midwife 5 CHW (incl. TBA) 6 traditional healer 7 friend / relative 8 no one	When he/she was born, did any health care worker see him/her at the HOSP or at the house, in the first 2 days? 1 yes 2 no	How much did he/she weigh when he/she was born? <i>should be indicated on back of U5 card</i> <i>record in kg</i> 1000 g = 1 kg so 2800 g = 2.8 kg <i>record 99 if unknown</i> <i>weight in kg one decimal</i>	Did you ever breastfeed NAME? [Did NAME's mother ever breastfeed him/her?] 1 yes 2 no → 12	Is he/she still being breastfed? 1 yes → 10 2 no	For how many months was NAME breastfed? <i>record number of months</i> <i>months</i>
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SECTION E: CHILD PREVENTATIVE HEALTH

Vaccinations

person ID	10	11	12									
	After how many weeks did you [they] begin to give NAME water to drink?	After how many weeks did you [they] begin to give him/her any other thing to drink, or anything to eat?	What vaccinations has NAME received?									
	record number of weeks or 00 within first week 98 not yet given weeks	6 months = 26 weeks record number of weeks or 00 within first week 98 not yet given age in weeks	<p><i>Copy the information from the Under Fives Card if present</i> <i>If no UnderFives Card, try to ascertain the date from the mother/other respondent.</i></p> <p>77 given within first year 88 given after first birthday 99 don't know if given or not 00 not (yet) given</p> <p>OPV0 oral polio, drops given in the mouth at birth or first time baby is taken to clinic BCG injection given in upper arm that leaves a sore/scar, given at birth or first time baby is taken to clinic DPT (1-3) injections usually given in the leg at 6, 10 and 14 weeks of age OPV (1-3) oral polio, drops given in the mouth at 6, 10 and 14 weeks of age Measles injection usually given in the arm at 9 months of age and 12 months of age</p> <p><i>if no vaccines have been given → 15</i></p>									
			OPV0 MM/YY	BCG MM/YY	1 st DPT MM/YY	1 st OPV MM/YY	2 nd DPT MM/YY	2 nd OPV MM/YY	3 rd DPT MM/YY	3 rd OPV MM/YY	Measles 1 MM/YY	Measles 2 MM/YY
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SECTION E: CHILD PREVENTATIVE HEALTH

Defecation

	13	14	15	16	17	18	19	20	21
person ID	Where did he/she get the last vaccination? 1 gov't hospital (district hosp, Children's etc) 2 gov't clinic (CHC, CHP or MCHP) 3 private hospital 4 private clinic 5 community location (school, market etc) 6 mobile team visited home 7 other	How much did you (or any other person in the household) pay for his/her last vaccination? <i>enter 00 if free</i> <i>any response → 16</i> <i>amount in Le</i>	Why has NAME not been vaccinated? 1 too young 2 did not know 3 health centre too far 4 shortage of supply 5 too expensive 6 not safe 7 other	Where does NAME usually defecate? 1 toilet / latrine → 18 2 potty / stool 3 disposable diapers ("pampers") 4 washable diapers ("nappies") 5 inside the house 6 within compound 7 other	Where do they dispose of NAME's faeces? 1 thrown/rinsed into toilet/latrine 2 thrown/rinsed into drain 3 disposed of with general hh waste 4 buried 5 left in the open 6 other	Has NAME had diarrhoea in the last 2 weeks? 1 yes 2 no → 22	How much to drink did they give him/her when he/she had diarrhoea, compared to when he/she didn't have it? 1 much less 2 somewhat less 3 same 4 more 5 nothing	How much food did they give him/her when he/she had diarrhoea, compared to when he/she didn't have it? 1 much less 2 somewhat less 3 same 4 more 5 nothing	Did they give NAME any kind of "water medicine" when he/she had diarrhoea? Which kind? 1 fluid made from ORS packet 2 home salt / sugar drink 3 pre-packaged ORS fluid 4 none of the above
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SECTION E: CHILD PREVENTATIVE HEALTH

Anthropometry

This section will be completed when the supervisor visits the EA.

person ID	22	23	24	25	26	27	28
	<<>> Is the child measured?	<<>> date child is weighed / measured	<<>> record mid-upper arm circumference	<<>> record weight in kilograms with one decimal place	<<>> does the child have an oedema?	<<>> record height in centimeters	<<>> Was the child's height measured standing up or laying down?
	1 yes 2 no, not present → EOS 3 no, refused → EOS 4 no, other → EOS	DD/MM/YY	enter 999 if cannot measure MUAC in mm	enter 99 if cannot weigh and → 27 weight in kg one decimal	1 yes 2 no	enter 999 if cannot measure and → EOS height in cm	1 standing up 2 laying down
_1							
_2							
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SECTION F: WOMEN'S REPRODUCTIVE HEALTH

Birth History

Antenatal Care

Ask for women aged 15 to 49. If at all possible, interview the woman herself in a private setting.

person ID	respondent ID	1		2		3		4	5		6	7		8		9	10
		Have you ever been pregnant?	How many children have you ever given birth to (that ever cried or moved)?	How many of these children are still alive?	How many pregnancies have you had where you were not able to give birth to a live child?	Have you been pregnant or given birth during the last 12 months?	During this pregnancy, did you go anywhere for antenatal care ("belly woman clinic")?	Where did you go for antenatal care?	Whom did you see when you went for antenatal care?	How many times did you go for antenatal care?	How much did you pay the first time you went for antenatal care?						
		1 yes 2 no → 20	girls boys	girls boys	number	1 yes 2 no → 20	1 yes 2 no → 12	1 gov't hospital (district hosp, PCMH etc) 2 gov't clinic (CHC, CHP or MCHP) 3 private hospital 4 private clinic 5 TBA's home / birth hut 6 at home 7 other	1 doctor 2 CHO 3 nurse (SRN, SECHN, MCHA) 4 midwife 5 CHW 6 traditional healer	# of times	amount in Le						
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_2																	
_3																	
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SECTION F: WOMEN'S REPRODUCTIVE HEALTH

Outcome of Pregnancy

person ID	11							12	13	14	15
	When you went for antenatal care, did you receive....							Why did you not go for antenatal care?	How did the pregnancy end? Did you give birth to the child, or not?	Who is the child that you gave birth to?	Where did you give birth?
	1 yes 2 no							1 too expensive 2 too far away 3 not necessary 4 poor service 5 not safe 6 other	1 still pregnant → EOS 2 live birth 3 still birth → 15 4 miscarriage → 20 5 abortion → 20	<i>Find the child in the HH roster and record their ID or</i> 97 deceased 98 outside HH <i>If a member of the HH → 18</i>	1 gov't hospital (district hosp, PCMH etc) 2 gov't clinic (CHC, CHP or MCHP) 3 private hospital 4 private clinic 5 TBA's home / birth hut 6 at home 7 other
	<i>any responses → 13</i>										
a	b	c	d	e	f	g					
<i>2 or more tetanus injections</i>	<i>2 or more doses of fansidar</i>	<i>iron tablets</i>	<i>mosquito net</i>	<i>blood pressure checks</i>	<i>weighings</i>	<i>blood test</i>					
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SECTION F: WOMEN'S REPRODUCTIVE HEALTH

Post-Natal Care

Family Planning

person ID	16	17	18	19	20	21	22	23	24
	Who helped you to give birth?	When you gave birth to the child, did any health care worker see him/her at the HOSP or at the house, in the first 2 days?	After you gave birth, did they give you a time for you to go back so they can check you, how you yourself are doing?	Where did you go for this check?	Are you doing anything so that you don't get pregnant right now?	What are you doing?	Where do you go for this?	How much did you pay for it in the last 3 months?	Why are you not doing anything so that you don't get pregnant right now?
	1 doctor 2 CHO 3 nurse (SRN, SECHN, MCHA) 4 midwife 5 CHW 6 traditional healer 7 friend / relative 8 no one	1 yes 2 no	1 yes 2 no → 20	1 gov't hospital (district hosp, PCMH etc) 2 gov't clinic (CHC, CHP or MCHP) 3 private hospital 4 private clinic 5 pharmacy 6 other	1 yes 2 no → 24	1 female sterilization 2 male sterilization 3 IUD 4 injection 5 implant 6 pill 7 male condom 8 foam/jelly 9 rhythm → EOS 10 withdrawal → EOS 11 abstinence → EOS 12 other modern method 13 traditional method	1 gov't hospital (district hosp, PCMH etc) 2 gov't clinic (CHC, CHP or MCHP) 3 private hospital 4 private clinic 5 pharmacy 6 other 7 meet nurse privately 8 traditional healer / herbalist	any response → EOS amount in Le	1 want to get pregnant 2 don't have man now 3 do not know about 4 not available nearby 5 too expensive 6 personal / religious reasons 7 infertile / too old 8 other
_1									
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SECTION G: HEALTH KNOWLEDGE, BEHAVIORS AND ATTITUDES

Malaria

HIV/AIDS

Ebola

ages 10 and above. Each HH member **MUST** answer for him/herself, if not available, leave the row blank.

person ID	1		2		3			4	5	6			7
	What should someone do so that they don't get malaria?		What do you do so that you don't get malaria?		How can a person catch HIV/AIDS? <i>record up to 3 means</i>			Would you take care of a family member who was sick with HIV/AIDS?	Would you buy food from a cookery seller who has HIV/AIDS?	How can a person catch Ebola?			What is the number to call to report a person who might have Ebola, or who might have died from Ebola?
	<i>record up to two methods for both G1 and G2</i>				<i>record up to 3 means</i>								
	1 mosquito net				1 sexual intercourse					1 contact with sick people			1 correct
	2 spray with shelltox etc				2 having sex with several partners					2 contact with bodily fluids from sick people			(117)
	3 preventative medication				3 sex with commercial sex worker					3 contact with dead bodies			2 incorrect
	4 mosquito coils				4 not using condoms					4 eating/touching bush meat			3 DK
	5 fill in puddles				5 homosexual contact					5 eating fruit chewed on by bats			
	6 keep house clean				6 blood transfusion					6 Ebola does not exist			
	7 other				7 injections					7 supernatural means			
	8 nothing				8 kissing			1 yes	1 yes	8 other			
	9 don't know				9 mosquito bites			2 no	2 no	9 don't know			
	<i>first</i>	<i>second</i>	<i>first</i>	<i>second</i>	<i>first</i>	<i>second</i>	<i>third</i>			<i>first</i>	<i>second</i>	<i>third</i>	
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SECTION H: EMPLOYMENT AND TIME USE - LAST 7 DAYS

Household Chores

Current Economic Activities

Ask all household members aged 10 and above.

person ID	respondent ID	1	2	3					4	5
		Yesterday, how much time did you [NAME] take to go find firewood or other fuel to use at the house? <i>include time spend traveling</i> <i>record 00 if did not do</i> <i>min</i>	Yesterday, how much time did you [NAME] take to go find water for use at the house? <i>include time spend traveling and waiting</i> <i>record 00 if did not do</i> <i>min</i>	In the last 7 days, how many hours did you [NAME] work at...					<<>> Based on the responses to H3, what kind of work did the person do in the last 7 days? <i>Market orientated is any business or job or paid apprenticeship, or any farm work where at least half the produce is intended for sale.</i> 1 market orientated → 13 2 farm mainly for own consumption 3 no work	Although you did not do any work to earn money in the last week, do you have any kind of work or business you will definitely start, or to which you will definitely return? 1 yes 2 no → 9
				a	b	c	d	e		
		Any (non-farm) business , whether big or small, by yourself or with others to earn money? <i>hours</i>	Any job where you were paid a wage or salary either by day or by month, where they pay you in money, or in kind? <i>hours</i>	Any farm work on a farm or garden belonging to the household or looking after animals or fishing or hunting or cutting wood? <i>if 0 → e</i> <i>hours</i>	This farm work that you did, are the products for sale, or for home consumption or both? 1 all home consumption 2 mostly home consumption 3 about half and half 4 mostly sale 5 all sale	Any work as a paid apprentice? <i>hours</i>				
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_2										
_3										
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SECTION H: EMPLOYMENT AND TIME USE - LAST 7 DAYS

Current Main Work

person ID	12	13			14	15	16
	If they had called you for work in the last week, would you have been ready to work? Or if you get work within two weeks from today, would you be ready to work? 1 yes, last week 2 yes, next two weeks only 3 no if H4 = 3 → EOS	What is your main work just now? What kind of things are produced there? What kind of work do you yourself do? <i>written description</i>			Last week, how many hours did you do this work? <i>hours</i>	How do you work? (For someone who pays you? At your own business?) 1 employee, regular → 17 2 employee, casual or seasonal → 17 3 self-employed business / ffarm with employees 4 self-employed business / ffarm, NO employees 5 member of producers cooperative 6 help without pay in HH farm or business 7 paid apprenticeship → 17	What kind of business or farm work are you working at? <i>List each NON-FFARM business in section P of Book 2, and then add the ID from section P (801-810)</i> For FFARM activities code staple crop (rice/cassava) 901 vegetable/market garden 902 cash crop (cocoa, oil palm, etc) 903 animal husbandry 904 hunting / forestry 905 fishing 906 any response → 25 Sec P ID
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_2							
_3							
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_9							
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SECTION H: EMPLOYMENT AND TIME USE - LAST 7 DAYS

Employees

person ID	17	18	19	20	21					22	
	At what kind of workplace do you work?	How many people work for this employer (at any location)?	Do you have a contract for this work that you have signed?	Is there a trade union where you work?	Does your employer...					Last time they paid you, how much all did they pay you? (Either money they paid you or other things they gave you to pay you.)	
	1 private farm or cooperative 2 private household 3 non-farm private business or coop 4 national government 5 other gov't (local gov't, state owned ent., parastatal) 6 non-profit (NGO) or religious org 7 other	1 1 to 5 2 6 to 10 3 11 to 25 4 26 to 50 5 51 to 100 6 more than 100	1 yes 2 no	1 yes 2 no	1 yes 2 no					<i>if nothing paid in one category, record 00 for that category.</i>	
					a	b	c	d	e		
					pay into NASSIT or a private pension for you?	give you paid annual leave?	give you paid sick leave?	provide free or subsidized medical care (including reimbursements)?	provide health insurance or any other medical benefit?		
									a	b	
									<i>cash payments amount in Le</i>	<i>in kind payments value in Le</i>	
_1											
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SECTION H: EMPLOYMENT AND TIME USE - LAST 7 DAYS

Secondary Work

person ID	23		24	25	26			27	28
	What time period did this cover?		When did they last pay you?	In the past 7 days, have you done any other work?	What is your OTHER work just now? What kind of things are produced there? What kind of work do you yourself do?			Last week, how many hours did you do this work?	How do you work? (For someone who pays you? At your own business?)
	1 hour 2 day 3 week 4 month 5 year		DD / MM / YY	1 yes 2 no → 32	written description	ISIC	ISCO	hours	1 employee, regular → 30 2 employee, casual or seasonal → 30 3 self-employed business / ffarm with employees 4 self-employed business / ffarm, NO employees 5 member of producers cooperative 6 help without pay in HH farm or business 7 paid apprenticeship → 30
number of units	time unit								
__1									
__2									
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SECTION H: EMPLOYMENT AND TIME USE - LAST 7 DAYS

Underemployment

person ID	29	30		31		32	33	34
	What kind of business or farm work are you working at? <i>Add any NON-FFARM businesses not already listed in section P of Book 2, and then add the ID from section P (801-810)</i> For FFARM activities code staple crop (rice/cassava) 901 vegetable/market garden 902 cash crop (cocoa, oil palm, etc) 903 animal husbandry 904 hunting / forestry 905 fishing 906 any response → 32	Last time they paid you, how much all did they pay you? (Either money they paid you or other things they gave you to pay you.) if nothing paid in one category, record 00 for that category.		What time period did this cover? 1 hour 2 day 3 week 4 month 5 year		In the last week, would you have liked to have worked more hours than you did in all your work? 1 yes 2 no → EOS	How would you have liked to increase the hours you worked? 1 increase hours in current activities 2 take on additional activities 3 replace current activities with another activity with more hours	Why did you not work more hours? 1 cannot find more work 2 lack of business 3 lack of finance or other inputs 4 attending school or training 5 machinery, electrical or other breakdown 6 slack/off season 7 industrial dispute 8 not available 9 other
		a	b	number of units	time unit			
	cash payments amount in Le	in kind payments value in Le						
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SECTION H: EMPLOYMENT AND TIME USE - LAST 7 DAYS

person ID	35	36	37	38	39
	<p>Would you like to change the work that you do now in other ways than working more hours?</p> <p>1 yes 2 no → EOS</p>	<p>Why do you want to change the work that you do now?</p> <p>1 current work only temporary 2 fear losing current work 3 get higher pay 4 work less hours even with pay decrease 5 better use skills / qualifications 6 more convenient working schedule 7 improve other working conditions 8 other</p>	<p>During the last 4 weeks, did you do anything to find new work or additional work?</p> <p>1 yes 2 no → EOS</p>	<p>What did you do to try to find new work or additional work?</p> <p>1 register at a public or private employment exchange 2 apply to current or other employers 3 check at current or other work sites, farms, factory gates, markets etc 4 place or answer newspaper ads 5 seek assistance of friends or relatives 6 look for land, building, machinery or equip. to establish or improve business 7 arrange for additional or initial financial resources 8 apply for permit 9 other steps</p>	<p>If you had found new work, how soon could you have started working?</p> <p>1 at once 2 within a month 3 later than a month 4 don't know</p>
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SECTION I: EMPLOYMENT AND TIME USE - 12 MONTHS

Usual Economic Activities

Ask all household members aged 10 and above.

Usual Main Work

person ID	respondent ID	1					2			3
		The 12 months, for how many months have you done... if done none of these activities → EOS					Over the last 12 months, what was your main work? What kind of things are produced there? What kind of work do you yourself do?			<<>> Check with questions 13 and 26 in the last section. Is this activity already covered?
		a	b	c	d	e	written description	ISIC	ISCO	1 yes → EOS 2 no
		Any (non-farm) business , whether big or small, by yourself or with others to earn money? <i>months</i>	Any job where you were paid a wage or salary (cash or in kind) including casual / day labor work? <i>months</i>	Any farm work on a farm or garden belonging the household or looking after animals or fishing or hunting or cutting wood? <i>if 0 → e</i> <i>months</i>	This farm work that you did, are the products for sale, or for home consumption or both? 1 all home consumption 2 mostly home consumption 3 about half and half 4 mostly sale 5 all sale <i>months</i>					
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SECTION I: EMPLOYMENT AND TIME USE - 12 MONTHS

Employees

person ID	4	5	6	7	8	9
	The last week you did this work, how many days did you work? <i>days</i>	The last week you did this work, how many hours each day did you work? <i>hours</i>	How did you work? (For someone who pays you? At your own business?) 1 employee, regular → 8 2 employee, casual → 8 or seasonal 3 self-employed business / ffarm with employees 4 self-employed business / ffarm, NO employees 5 member of producers cooperative 6 help without pay in HH farm or business 7 paid apprenticeship → 8	What kind of business or farm work were you working at? <i>Add any NON-FFARM businesses not already listed in section P of Book 2, and then add the ID from section P (801-810)</i> <i>For FFARM activities code</i> staple crop (rice/cassava) production 901 vegetable/market garden 902 cash crop (cocoa, coffee, oil palm etc) 903 livestock 904 hunting / forestry 905 fishing 906 any response → EOS <i>SecP ID</i>	At what kind of workplace did you work at? 1 private farm or cooperative 2 private household 3 non-farm private business or coop 4 national government 5 other gov't (local gov't, state owned ent., parastatal) 6 non-profit (NGO) or religious org 7 other	How many people work for this employer (at any location)? 1 1 to 5 2 6 to 10 3 11 to 25 4 26 to 50 5 51 to 100 6 more than 100
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SECTION I: EMPLOYMENT AND TIME USE - 12 MONTHS

person ID	10	11	12					13		14	
	Do you have a contract for this work that you have signed? 1 yes 2 no	Is there a trade union where you worked? 1 yes 2 no	Does your employer...					Last time they paid you, how much all did they pay you? (Either money they paid you or other things they gave you to pay you.) <i>if nothing paid in one category, record 00 for that category.</i>		What time period did this cover? 1 hour 2 day 3 week 4 month 5 year	
			a	b	c	d	e				
			pay into NASSIT or a private pension for you?	give you paid annual leave?	give you paid sick leave?	provide free or subsidized medical care (including reimbursements)?	provide health insurance or any other medical benefit?			number of units	time unit
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SECTION J: MIGRATION

General Migration

Ask for all household members aged 10 and above.

Ebola Time Migration

person ID	respondent ID	1	2	3	4	5	6	7	8	9
		Were you [was NAME] born in this town or chiefdom?	Where were you [was NAME] born? <i>record 4 digit chiefdom code with city councils</i>	Which year did you move here? <i>record year</i>	Why did you move here?	Why are you staying here, and not going back to where you came from?	Did you move at all during the Ebola outbreak?	Why did you move?	Have you now returned to where you were living in January 2014?	Do you intend to return?
		1 yes → 6 2 no	<i>chiefdom / city code</i>	YYYY	1 work related 2 marriage / family union or separation / friends or relatives 3 community disputes (over water, land etc) 4 for school / training 5 famine or disease 6 property destroyed / occupied 7 better services / housing 8 threat of violence or physically forced to leave during war 9 other		1 yes 2 no → EOS	1 go somewhere safer 2 lost job 3 disruption to farm 4 disruption to business 5 new job / Ebola related work 6 other	1 yes → EOB 2 no	1 yes 2 no
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_2										
_3										
_4										
_5										
_6										
_7										
_8										
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