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| MICS logo ALL | questionnaire for individual menName and year of survey |  |

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| man’s information panel MWM |
| **MWM1**. *Cluster number:* \_\_\_ \_\_\_ \_\_\_ | **MWM2**. *Household number:* \_\_\_ \_\_\_ |
| **MWM3**. *Man’s name and line number:* Name \_\_\_ \_\_\_ | **MWM4**. *Supervisor’s name and number:*Name \_\_\_ \_\_\_ \_\_\_ |
| **MWM5**. *Interviewer’s name and number:*Name \_\_\_ \_\_\_ \_\_\_ | **MWM6**. *Day / Month / Year of interview:* \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / \_2\_ \_0\_ \_1\_ \_\_\_ |

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| *Check man’s age in HL6 in List of Household Members, Household Questionnaire: If age 15-17, verify in HH39 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and ‘06’ should be circled in MWM17.* | **MWM7**. *Record the time:* |
| Hours | : Minutes |
| \_\_ \_\_ | : \_\_ \_\_ |
| **MWM8**. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, interviewed already 1NO, First Interview 2 | 1*⇨MWM9B*2*⇨MWM9A* |
| **MWM9A**. Hello, my name is (***your name***). We are from National Statistical Office. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about numberminutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | **MWM9B**. Now I would like to talk to you about your health and other topics in more detail. This interview will take about number minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? |
| Yes, permission is given 1No, permission is not given 2  | 1*⇨Man’s Background Module*2*⇨*MWM17 |

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| **MWM17**. *Result of man’s interview.**Discuss any result not completed with Supervisor.* | Completed 01Not at home 02Refused 03Partly completed 04Incapacitated (*specify*) 05No adult consent for respondent age 15-17 06Other (specify) 96 |

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| MAN’S BACKGROUND MWB |
| **MWB1**. Check the respondent’s line number (MWM3) in MAN’S INFORMATION PANEL and the respondent to the Household Questionnaire (HH47): | MWM3=HH47 1MWM3≠HH47 2 | 2*⇨MWB3* |
| **MWB2**. Check ED5 in Education Module in the Household Questionnaire for this respondent: Highest level of school attended: | ED5=2, 3 or 4 1ED5=0, 1 or 8 2 | 1*⇨MWB15*2*⇨MWB14* |
| **MWB3**. In what month and year were you born? | Date of birthMonth \_\_ \_\_ DK month 98 Year \_\_ \_\_ \_\_ \_\_ DK year 9998 |  |
| **MWB4**. How old are you? *Probe:* How old were you at your last birthday? *If responses to MWB3 and MWB4 are inconsistent, probe further and correct. Age must be recorded.* | Age (in completed years) \_\_ \_\_ |  |
| **MWB5**. Have you ever attended school or any early childhood education programme? | Yes 1No 2 | 2*⇨MWB14* |
| **MWB6**. What is the highest level and grade or year of school you have attended? | Early Childhood Education 000Primary **1** \_\_ \_\_Lower Secondary **2** \_\_ \_\_Upper Secondary **3** \_\_ \_\_Higher **4** \_\_ \_\_ | 000*⇨MWB14* |
| **MWB7**. Did you complete that (grade/year)? | Yes 1No 2 |  |
| **MWB8**. Check MWB4: Age of respondent: | Age 15-24 1Age 25-49 2 | 2*⇨MWB13* |
| **MWB9**. At any time during the current school year did you attend school? | Yes 1No 2 | 2*⇨MWB11* |
| **MWB10**. During this current school year, which level and grade or year are you attending? | Primary **1** \_\_ \_\_Lower Secondary **2** \_\_ \_\_Upper Secondary **3** \_\_ \_\_Higher **4** \_\_ \_\_ |  |
| **MWB11**. At any time during the previous school year did you attend school? | Yes 1No 2 | 2*⇨MWB13* |
| **MWB12**. During that previous school year, which level and grade or year did you attend? | Primary **1** \_\_ \_\_Lower Secondary **2** \_\_ \_\_Upper Secondary **3** \_\_ \_\_Higher **4** \_\_ \_\_ |  |
| **MWB13**. Check MWB6: Highest level of school attended: | MWB6=2, 3 or 4 1MWB6=000 or 1 2 | 1*⇨MWB15* |
| **MWB14**. Now I would like you to read this sentence to me. Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe: Can you read part of the sentence to me? | Cannot read at all 1Able to read only parts of sentence 2Able to read whole sentence 3No sentence in  required language / braille (*specify*) 6 |  |
| **MWB15**. How long have you been continuously living in (*name of current city, town or village of residence*)? If less than one year, record ‘00’ years. | Years \_\_ \_\_Always / Since birth 95 | 95*⇨MWB18* |
| **MWB16**. Just before you moved here, did you live in a city, in a town, or in a rural area? Probe to identify the type of place. If unable to determine whether the place is a city, a town or a rural area, write the name of the place and ask your supervisor to assist at the end of the interview.*(Name of place)* | City 1Town 2Rural area 3 |  |
| **MWB17**. Before you moved here, in which region did you live in? | Region 1 01Region 2 02Region 3 03Region 4 04Region 5 05Outside of Country (specify) 96 |  |
| **MWB18**. Are you covered by any health insurance? | Yes 1No 2 | 2*⇨End* |
| **MWB19**. What type of health insurance are you covered by? Record all mentioned. | Mutual health organization / Community-based health insurance AHealth insurance through employer BSocial security COther privately purchased commercial health insurance DOther (specify) X |  |

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| MASS MEDIA AND ICT | MMT |
| **MMT1**. Do you read a newspaper or magazine at least once a week, less than once a week or not at all? *If ‘At least once a week’, probe:* Would you say this happens almost every day or less often? *If ‘Yes’ circle 3, if ‘No’ circle 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 |  |
| **MMT2**. Do you listen to the radio at least once a week, less than once a week or not at all? *If ‘At least once a week’, probe:* Would you say this happens almost every day or less often?  *If ‘Yes’ circle 3, if ‘No’ circle 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 |  |
| **MMT3**. Do you watch television at least once a week, less than once a week or not at all? *If ‘At least once a week’, probe:* Would you say this happens almost every day or less often?  *If ‘Yes’ circle 3, if ‘No’ circle 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 |  |
| **MMT4**. Have you ever used a computer or a tablet from any location? | Yes 1No 2 | 2*⇨MMT9* |
| **MMT5**. During the last 3 months, did you use a computer or a tablet at least once a week, less than once a week or not at all? *If ‘At least once a week’, probe:* Would you say this happened almost every day or less often?  *If ‘Yes’ circle 3, if ‘No’ circle 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 | 0*⇨MMT9* |
| **MMT6**. During the last 3 months, did you: [A] Copy or move a file or folder? [B] Use a copy and paste tool to duplicate or move information within a document? [C] Send e-mail with attached file, such as a document, picture or video? [D] Use a basic arithmetic formula in a spreadsheet? [E] Connect and install a new device, such as a modem, camera or printer? [F] Find, download, install and configure software? [G] Create an electronic presentation with presentation software, including text, images, sound, video or charts? [H] Transfer a file between a computer and other device? [I] Write a computer program in any programming language? |  Yes NoCopy/Move file 1 2Use copy/paste in document 1 2Send e-mail with attachment 1 2Use basic spreadsheet formula 1 2Connect device 1 2Install software 1 2Create presentation 1 2Transfer file 1 2Programming 1 2 |  |
| **MMT7**. Check MMT6[C]: Is ‘Yes’ circled? | Yes, MMT6[C]=1 1No, MMT6[C]=2 2 | 1*⇨MMT10* |
| **MMT8**. Check MMT6[F]: Is ‘Yes’ circled? | Yes, MMT6[F]=1 1No, MMT6[F]=2 2 | 1*⇨MMT10* |
| **MMT9**. Have you ever used the internet from any location and any device?  | Yes 1No 2 | 2*⇨MMT11* |
| **MMT10**. During the last 3 months did you use the internet at least once a week, less than once a week or not at all? *If ‘At least once a week’, probe:* Would you say this happens almost every day or less often?  *If ‘Yes’ circle 3, if ‘No’ circle 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 |  |
| **MMT11**. Do you own a mobile phone? | Yes 1No 2 |  |
| **MMT12**. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all? *Probe if necessary:* I mean have you communicated with someone using a mobile phone.*If ‘At least once a week’, probe:* Would you say this happens almost every day or less often?  *If ‘Yes’ circle 3, if ‘No’ circle 2.* | Not at all 0Less than once a week 1At least once a week 2Almost every day 3 |  |
| FERTILITY MCM |
| **MCM1**. Now I would like to ask about all the children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman? *This module should only include children born alive. Any stillbirths should not be included in response to any question.* | Yes 1No 2DK 8 | 2*⇨MCM8*8*⇨MCM8* |
| **MCM2**. Do you have any sons or daughters that you have fathered who are now living with you? | Yes 1No 2 | 2*⇨MCM5* |
| **MCM3**. How many sons live with you? *If none, record ‘00’*. | Sons at home \_\_ \_\_ |  |
| **MCM4**. How many daughters live with you? *If none, record ‘00’*. | Daughters at home \_\_ \_\_ |  |
| **MCM5**. Do you have any sons or daughters that you have fathered who are alive but do not live with you? | Yes 1No 2 | 2*⇨MCM8* |
| **MCM6**. How many sons are alive but do not live with you? *If none, record ‘00’*. | Sons elsewhere \_\_ \_\_ |  |
| **MCM7**. How many daughters are alive but do not live with you? *If none, record ‘00’*. | Daughters elsewhere \_\_ \_\_ |  |
| **MCM8**. Have you ever fathered a son or daughter who was born alive but later died?If ‘No’ probe by asking: I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time? | Yes 1No 2 | 2*⇨MCM11* |
| **MCM9**. How many boys have died? *If none, record ‘00’*. | Boys dead \_\_ \_\_ |  |
| **MCM10**. How many girls have died? *If none, record ‘00’*. | Girls dead \_\_ \_\_ |  |
| **MCM11**. Sum answers to MCM3, MCM4, MCM6, MCM7, MCM9 and MCM10. | Sum \_\_ \_\_ |  |
| **MCM12**. Just to make sure that I have this right, you have fathered (**total number in MCM11**) live births during your life. Is this correct? | Yes 1No 2 | 1*⇨MCM14* |
| **MCM13**. Check responses to MCM1-MCM10 and make corrections as necessary until response in MCM12 is ‘Yes’. |  |  |
| **MCM14**. Check MCM11: How many live births fathered? | No live births, MCM11=00 0One live birth Only, MCM11=01 1Two or more live births, MCM11=02 or more 2 | 0*⇨End*1*⇨MCM18A* |
| **MCM15**. Did all the children you have fathered have the same biological mother? | Yes 1No 2 | 1*⇨MCM17* |
| **MCM16**. In all, how many women have you fathered children with? | Number of women \_\_ \_\_ |  |
| **MCM17**. How old were you when your first child was born? | Age in years \_\_ \_\_ | *⇨MCM18B* |
| **MCM18A**. In what month and year was the child you have fathered born?**MCM18B**. In what month and year was the last of these (***total number in MCM11***) children you have fathered born even if he or she has died? Month and year must be recorded. | Date of last birth Month \_\_ \_\_ Year \_\_ \_\_ \_\_ \_\_ |  |

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| ATTITUDES TOWARD DOMESTIC VIOLENCE MDV |
| **MDV1**. 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: [A] If she goes out without telling him? [B] If she neglects the children? [C] If she argues with him? [D] If she refuses to have sex with him? [E] If she burns the food? |  Yes No DKGoes out without telling 1 2 8Neglects children 1 2 8Argues with him 1 2 8Refuses sex 1 2 8Burns food 1 2 8 |  |

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| Victimisation | MVT |
| **MVT1**. *Check for the presence of others. Before continuing, ensure privacy.* Now I would like to ask you some questions about crimes in which you personally were the victim.  Let me assure you again that the information you supply will remain strictly confidential. In the last three years, that is since (***month of interview***) 2013, has anyone taken or tried taking something from you, by using force or threatening to use force? *Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.* *If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure:* It can be difficult to remember this sort of incidents, so please take your time while you think about your answers. | Yes 1No 2DK 8 | 2*⇨MVT9B*8*⇨MVT9B* |
| **MVT2**. Did this last happen during the last 12 months, that is, since (***month of interview***) 2015? | Yes, during the last 12 months 1No, more than 12 months ago 2DK / Don’t remember 8 | 2*⇨MVT5B*8*⇨MVT5B* |
| **MVT3**. How many times did this happen in the last 12 months? *If ‘DK/Don’t remember’, probe:* Did it happen once, twice, or at least three times? | One time 1Two times 2Three or more times 3DK / Don’t remember 8 |  |
| **MVT4**. Check MVT3: One or more times? | One time, MVT3=1 1More than once or dK, MVT3=2, 3 or 8 2 | 1*⇨MVT5A*2*⇨MVT5B* |
| **MVT5A**. When this happened, was anything stolen from you?**MVT5B**. The last time this happened, was anything stolen from you? | Yes 1No 2DK / Not sure 8 |  |
| **MVT6**. Did the person(s) have a weapon? | Yes 1No 2DK / Not sure 8 | 2*⇨MVT8*8*⇨MVT8* |
| **MVT7**. Was a knife, a gun or something else used as a weapon? *Circle all that apply.* | Yes, a knife AYes, a gun BYes, something else X |  |
| **MVT8**. Did you or anyone else report the incident to the police? *If ‘Yes’, probe:* Was the incident reported by you or someone else? | Yes, respondent reported 1Yes, someone else reported 2No, not reported 3DK / Not sure 8 | 1*⇨MVT9A*2*⇨MVT9A*3*⇨MVT9A*8⇨*MVT9A* |
| **MVT9A**. Apart from the incident(s) just covered, have you in the last three years, that is since (***month of interview***) 2013, been personally attacked or threatened by someone in a way that really frightened you?**MVT9B**. In the same period of the last three years, that is since (***month of interview***) 2013, have you been personally attacked or threatened by someone in a way that really frightened you? *If no, probe:* An attack or threat can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace. Written threats, such as on social media should also be included. *Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under MVT1.* | Yes 1No 2DK 8 | 2*⇨MVT20*8*⇨MVT20* |
| **MVT10**. Did this last happen during the last 12 months, that is, since (***month of interview***) 2015? | Yes, during the last 12 months 1No, more than 12 months ago 2DK / Don’t remember 8 | 2*⇨MVT12B*8*⇨MVT12B* |
| **MVT11**. How many times did this happen in the last 12 months? *If ‘DK/Don’t remember’, probe:* Did it happen once, twice, or at least three times? | One time 1Two times 2Three or more times 3DK / Don’t remember 8 | 1*⇨MVT12A*2*⇨MVT12B*3*⇨MVT12B*8*⇨MVT12B* |
| **MVT12A**. Where did this happen?**MVT12B**. Where did this happen the last time? | At home 11In another home 12In the street 21On public transport 22Public restaurant / café / bar 23Other public (*specify*) 26At school 31At workplace 32Online / Social Media 41E-Mail / Letter 42Other place (*specify*) 96 |  |
| **MVT13**. How many people were involved in committing the offence? *If ‘DK/Don’t remember’, probe:* Was it one, two, or at least three people? | One person 1Two people 2Three or more people 3DK / Don’t remember 8 | 1*⇨MVT14A*2*⇨MVT14B*3*⇨MVT14B*8*⇨MVT14B* |
| **MVT14A**. At the time of the incident, did you recognize the person?**MVT14B**. At the time of the incident, did you recognize at least one of the persons? | Yes 1No 2DK / Don’t remember 8 |  |
| **MVT15**. Check MVT12A/B: Online/Social Media or E-mail/Letter circled? | Yes, MVT12A/B=41 or 42 1No, not circled 2 | 1*⇨MVT19* |
| **MVT16**. I do not want you to tell me any details of the incident, but can you tell me if you were threatened or if force was used?  | Just threatened 1Force used 2both 3DK / Don’t remember 8 |  |
| **MVT17**. Did the person(s) have a weapon? | Yes 1No 2DK / Not sure 8 | 2*⇨MVT19*8*⇨MVT19* |
| **MVT18**. Was a knife, a gun or something else used as a weapon? *Circle all that apply.* | Yes, a knife AYes, a gun BYes, something else X |  |
| **MVT19**. Did you or anyone else report the incident to the police? *If ‘Yes’, probe:* Was the incident reported by you or someone else? | Yes, respondent reported 1Yes, someone else reported 2No, not reported 3DK / Not sure 8 |  |
| **MVT20**. How safe do you feel walking alone in your neighbourhood after dark? | Very safe 1Safe 2Unsafe 3Very unsafe 4NEVER WALK ALONE AFTER DARK 7 |  |
| **MVT21**. How safe do you feel when you are at home alone after dark? | Very safe 1Safe 2Unsafe 3Very unsafe 4NEVER ALONE AFTER DARK 7 |  |
| **MVT22**. In the past 12 months, have you personally felt discriminated against or harassed on the basis of the following grounds? [A] Ethnic or immigration origin? [B] Gender? [C] Sexual orientation? [D] Age? [E] Religion or belief? [F] Disability? [X] For any other reason? |  Yes No DKEthNic / immigration 1 2 8Gender 1 2 8Sexual orientation 1 2 8Age 1 2 8Religion / belief 1 2 8Disability 1 2 8Other reason 1 2 8 |  |
| Marriage/UNION | MMA |
| **MMA1**. Are you currently married or living together with someone as if married? | Yes, currently married 1Yes, living with a partner 2No, not in union 3 | 3*⇨MMA5* |
| **MMA3**. Do you have other wives or do you live with other partners as if married? | Yes 1No 2 | 2*⇨MMA7* |
| **MMA4**. How many other wives or live-in partners do you have? | Number \_\_ \_\_DK 98 | *⇨MMA7*98*⇨MMA7* |
| **MMA5**. Have you ever been married or lived together with someone as if married? | Yes, formerly married 1Yes, formerly lived with a partner 2No 3 | 3*⇨End* |
| **MMA6**. What is your marital status now: are you widowed, divorced or separated? | Widowed 1Divorced 2Separated 3 |  |
| **MMA7**. Have you been married or lived with someone only once or more than once? | Only once 1More than once 2 | 1*⇨MMA8A*2*⇨MMA8B* |
| **MMA8A**. In what month and year did you enter the union with your (wife/partner)?**MMA8B**. In what month and year did you enter the union with your first (wife/partner)? | Date of (first) marriage Month \_\_ \_\_ DK month 98 Year \_\_ \_\_ \_\_ \_\_ DK year 9998 |  |
| **MMA9**. *Check MMA8A/B: Is ‘DK YEAR’ circled?* | Yes, Mma8A/b=9998 1No, MMA8A/B≠9998 2 | 2*⇨End* |
| **MMA10**. *Check MMA7: In union only once?* | Yes, MMA7=1 1No, MMA7=2 2 | 1*⇨MMA11A*2*⇨MMA11B* |
| **MMA11A**. How old were you when you entered your union with your (wife/partner)?**MMA11B**. How old were you when you entered your union with your first (wife/partner)? | Age in years \_\_ \_\_ |  |

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| Adult Functioning | MAF |
| **MAF1**. *Check MWB4: Age of respondent?* | Age 15-17 years 1Age 18-49 years 2 | 1*⇨End* |
| **MAF2**. Do you use glasses or contact lenses? Include the use of glasses for reading.  | Yes 1No 2 |  |
| **MAF3**. Do you use a hearing aid? | Yes 1No 2 |  |
| **MAF4**. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all. |  |  |
| **MAF5**. *Check MAF2: Respondent uses glasses or contact lenses?* | Yes, MAF2=1 1No, MAF2=2 2 | 1*⇨MAF6A*2*⇨MAF6B* |
| **MAF6A**. When using your glasses or contact lenses, do you have difficulty seeing?**MAF6B**. Do you have difficulty seeing? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot see at all 4 |  |
| **MAF7**. *Check MAF3: Respondent uses a hearing aid?* | Yes, MAF3=1 1No, MAF3=2 2 | 1*⇨MAF8A*2*⇨MAF8B* |
| **MAF8A**. When using your hearing aid(s), do you have difficulty hearing?**MAF8B**. Do you have difficulty hearing? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot hear at all 4 |  |
| **MAF9**. Do you have difficulty walking or climbing steps? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot walk/ climb steps at all 4 |  |
| **MAF10**. Do you have difficulty remembering or concentrating? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot remember/ concentrate at all 4 |  |
| **MAF11**. Do you have difficulty with self-care, such as washing all over or dressing? | No difficulty 1Some difficulty 2A lot of difficulty 3Cannot care for self at all 4 |  |
| **MAF12**. Using your usual language, do you have difficulty communicating, for example understanding or being understood? | No difficulty 1Some difficulty 2A lot of difficulty 3 |  |

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| SEXUAL BEHAVIOR MSB |
| **MSB1**. *Check for the presence of others. Before continuing, make every effort to ensure privacy.* Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.  Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don’t want to answer, just let me know and we will go to the next question.  How old were you when you had sexual intercourse for the very first time? | Never had intercourse 00Age in years \_\_ \_\_First time when started living with (first) wife / partner 95 | 00*⇨End* |
| **MSB2**. I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years. | Days ago **1** \_\_ \_\_Weeks ago **2** \_\_ \_\_Months ago **3** \_\_ \_\_Years ago **4** \_\_ \_\_ | 4*⇨End* |
| **MSB3**. The last time you had sexual intercourse, was a condom used? | Yes 1No 2 |  |
| **MSB4**. What was your relationship to this person with whom you last had sexual intercourse? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* If ‘Girlfriend’, then ask: Were you living together as if married? If ‘Yes’, circle ‘2’. If ‘No’, circle ‘3’. | wife 1Cohabiting partner 2Girlfriend 3Casual acquaintance 4Client / Sex worker 5Other (specify) 6 | 3*⇨MSB6*4*⇨MSB6*5*⇨MSB6*6*⇨MSB6* |
| **MSB5**. *Check MMA1: Currently married or living with a partner?* | Yes, MMA1=1 or 2 1No, MMA1=3 2 | 1*⇨MSB7* |
| **MSB6**. How old is this person? If response is ‘DK’, probe: About how old is this person? | Age of sexual partner \_\_ \_\_DK 98 |  |
| **MSB7**. Apart from this person, have you had sexual intercourse with any other person in the last 12 months? | Yes 1No 2 | 2*⇨End* |
| **MSB8**. The last time you had sexual intercourse with another person, was a condom used? | Yes 1No 2 |  |
| **MSB9**. What was your relationship to this person? *Probe to ensure that the response refers to the relationship at the time of sexual intercourse* If ‘Girlfriend’ then ask: Were you living together as if married? If ‘Yes’, circle ‘2’. If ‘No’, circle ‘3’. | Wife 1Cohabiting partner 2Girlfriend 3Casual acquaintance 4Client / Sex worker 5Other (specify) 6 | 3*⇨MSB12*4*⇨MSB12*5*⇨MSB12*6*⇨MSB12* |
| **MSB10**. *Check MMA1: Currently married or living with a partner?* | Yes, MMA1=1 or 2 1No, MMA1=3 2 | 2*⇨MSB12* |
| **MSB11**. *Check MMA7: Married or living with a partner only once?* | Yes, MMA7=1 1No, MMA7≠1 2 | 1*⇨End* |
| **MSB12**. How old is this person? If response is ‘DK’, probe:  About how old is this person? | Age of sexual partner \_\_ \_\_DK 98 |  |

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| HIV/AIDS MHA |
| **MHA1**. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS? | Yes 1No 2 | 2*⇨End* |
| **MHA2**. HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | Yes 1No 2DK 8 |  |
| **MHA3**. Can people get HIV from mosquito bites? | Yes 1No 2DK 8 |  |
| **MHA4**. Can people reduce their chance of getting HIV by using a condom every time they have sex? | Yes 1No 2DK 8 |  |
| **MHA5**. Can people get HIV by sharing food with a person who has HIV? | Yes 1No 2DK 8 |  |
| **MHA6**. Can people get HIV because of witchcraft or other supernatural means? | Yes 1No 2DK 8 |  |
| **MHA7**. Is it possible for a healthy-looking person to have HIV? | Yes 1No 2DK 8 |  |
| **MHA8**. Can HIV be transmitted from a mother to her baby: |  |  |
|  [A] During pregnancy? [B] During delivery? [C] By breastfeeding? |  Yes No DKDuring pregnancy 1 2 8During delivery 1 2 8By breastfeeding 1 2 8 |  |
| **MHA9**. Check MHA8[A], [B] and [C]: At least one ‘Yes’ circled? | Yes 1No 2 | 2*⇨MHA24* |
| **MHA10**.Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? | Yes 1No 2DK 8 |  |
| **MHA24**. I don’t want to know the results, but have you ever been tested for HIV? | Yes 1No 2 | 2*⇨MHA27* |
| **MHA25**. How many months ago was your most recent HIV test? | Less than 12 months ago 112-23 months ago 22 or more years ago 3 |  |
| **MHA26**. I don’t want to know the results, but did you get the results of the test? | Yes 1No 2DK 8 | 1*⇨MHA28*2*⇨MHA28*8*⇨MHA28* |
| **MHA27**. Do you know of a place where people can go to get an HIV test? | Yes 1No 2 |  |
| **MHA28**. Have you heard of test kits people can use to test themselves for HIV? | Yes 1No 2 | 2*⇨MHA30* |
| **MHA29**. Have you ever tested yourself for HIV using a self-test kit? | Yes 1No 2 |  |
| **MHA30**. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **MHA31**. Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **MHA32**. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **MHA33**. Do people talk badly about people living with HIV, or who are thought to be living with HIV? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **MHA34**. Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | Yes 1No 2DK / Not sure / Depends 8 |  |
| **MHA35**. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV. | Agree 1Disagree 2DK / Not sure / Depends 8 |  |
| **MHA36**. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | Yes 1No 2Says he has HIV 7DK / Not sure / Depends 8 |  |

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| CIRCUMCISION MMC |
| **MMC1**. Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised? | Yes 1No 2 | 2*⇨End* |
| **MMC2**. How old were you when you got circumcised? | Age in completed years \_\_ \_\_DK 98 |  |
| **MMC3**. Who did the circumcision? | Traditional practitioner / family / friend 1Health worker / Professional 2Other (*specify*) 6DK 8 |  |
| **MMC4**. Where was it done? | Health facility 1Home of a health worker / professional 2at home 3Ritual site 4Other home / place  (*specify*) 6DK 8 |  |

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| TOBACCO AND ALCOHOL USE MTA |
| **MTA1**. Have you ever tried cigarette smoking, even one or two puffs? | Yes 1No 2 | 2*⇨MTA6* |
| **MTA2**. How old were you when you smoked a whole cigarette for the first time? | Never smoked a whole cigarette 00Age \_\_\_ \_\_\_ | 00*⇨MTA6* |
| **MTA3**. Do you currently smoke cigarettes? | Yes 1No 2 | 2*⇨MTA6* |
| **MTA4**. In the last 24 hours, how many cigarettes did you smoke? | Number of cigarettes \_\_\_ \_\_\_ |  |
| **MTA5**. During the last one month, on how many days did you smoke cigarettes?  *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle ‘10’.* *If ‘Every day’ or ‘Almost every day’, circle ‘30’.* | Number of days 0 \_\_\_10 days or more but less than a month 10Every day / Almost every day 30 |  |
| **MTA6**. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe? | Yes 1No 2 | 2*⇨MTA10* |
| **MTA7**. During the last one month, did you use any smoked tobacco products? | Yes 1No 2 | 2*⇨MTA10* |
| **MTA8**. What type of smoked tobacco product did you use or smoke during the last one month? *Circle all mentioned.* | Cigars AWater pipe BCigarillos CPipe DOther (*specify*) X |  |
| **MTA9**. During the last one month, on how many days did you use (***names of products mentioned in MTA8***)? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle ‘10’.* *If ‘Every day’ or ‘Almost every day’, circle ‘30’.* | Number of days 0 \_\_\_10 days or more but less than a month 10Every day / Almost every day 30 |  |
| **MTA10**. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip? | Yes 1No 2 | 2*⇨MTA14* |
| **MTA11**. During the last one month, did you use any smokeless tobacco products? | Yes 1No 2 | 2*⇨MTA14* |
| **MTA12**. What type of smokeless tobacco product did you use during the last one month? *Circle all mentioned.* | Chewing tobacco ASnuff BDip COther (*specify*) X |  |
| **MTA13**. During the last one month, on how many days did you use (***names of products mentioned in MTA12***)? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle ‘10’.* *If ‘Every day’ or ‘Almost every day’, circle ‘30’.* | Number of days 0 \_\_\_10 days or more but less than a month 10Every day / Almost every day 30 |  |
| **MTA14**. Now I would like to ask you some questions about drinking alcohol.  Have you ever drunk alcohol? | Yes 1No 2 | 2*⇨End* |
| **MTA15**. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips? | Never had one drink of alcohol 00Age \_\_\_ \_\_\_ | 00*⇨End* |
| **MTA16**. During the last one month, on how many days did you have at least one drink of alcohol? *If respondent did not drink, circle ‘00’.*  *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, circle ‘10’.* *If ‘Every day’ or ‘Almost every day’, circle ‘30’.* | Did not have one drink in last one month 00Number of days 0 \_\_\_10 days or more but less than a month 10Every day / Almost every day 30 | 00*⇨End* |
| **MTA17**. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day? | Number of drinks \_\_\_ \_\_\_ |  |

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| **life satisfaction** | **ls** |
| **MLS1**. I would like to ask you some simple questions on happiness and satisfaction. First, taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy? I am now going to show you pictures to help you with your response. *Show smiley card and explain what each symbol represents. Circle the response code selected by the respondent.* | Very happy 1Somewhat happy 2Neither happy nor unhappy 3Somewhat unhappy 4Very unhappy 5 |  |
| **MLS2**. Now, think of a ladder with steps numbered from 0 at the bottom to 10 at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. *Show the picture of the Ladder.* On which step of the ladder do you feel you stand at this time? *Probe if necessary:* Which step comes closest to the way you feel? | Ladder step \_\_\_ \_\_\_ |  |
| **MLS3**. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall? | Improved 1More or less the same 2Worsened 3 |  |
| **MLS4**. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall? | Better 1More or less the same 2Worse 3 |  |

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| **Very****happy** | **Somewhat happy** | **Neither happy, nor unhappy** | **Somewhat unhappy** | **Very****unhappy** |
| **Description: C:\Documents and Settings\ahancioglu\Desktop\smiley emotions.jpg** |



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| **MWM10.** *Record the time.* | Hours and minutes \_\_ \_\_ : \_\_ \_\_ |  |
| **MWM11**. *Was the entire interview completed in private or was there anyone else during the entire interview or part of it?* | Yes, the entire interview was completed in private 1No, others were present during the entire interview (*specify*) 2No, others were present during part of the interview (*specify*) 3 |  |
| **MWM12.** *Language of the Questionnaire.* | ENGLISH 1Language 2 2Language 3 3 |  |
| **MWM13.** *Language of the Interview.* | ENGLISH 1Language 2 2Language 3 3Other language (*specify*) 6 |  |
| **MWM14**.*Native language of the Respondent.* | ENGLISH 1Language 2 2Language 3 3Other language (specify) 6 |  |
| **MWM15***. Was a translator used for any parts of this questionnaire?* | Yes, the entire questionnaire 1Yes, parts of the questionnaire 2No, not used 3 |  |
| **MWM16**. Check columns HL20 in List of Household Members, Household Questionnaire: Is the respondent the caretaker of any child age 0-4 living in this household? **🞎** Yes ⇨ Go to MWM17 in Man’s Information Panel and circle ‘01’. Then go to the  Questionnaire for Children Under Five for that child and start the interview with this respondent. **🞎** No ⇨ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for Questionnaire for Children Age 5-17? **🞎** Yes ⇨ Check column HL20 in List of Household Members, Household Questionnaire: Is the respondent the caretaker of the child selected for Questionnaire for Children Age 5-17 in this household? **🞎** Yes ⇨Go to MWM17 in Man’s Information Panel and circle ‘01’. Then go to the Questionnaire for Children Age 5-17 for that child and start the interview with this respondent. **🞎** No ⇨ Go to MWM17 in Man’s Information Panel and circle ‘01’. Then end theinterview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household. **🞎** No ⇨ Go to MWM17 in Man’s Information Panel and circle ‘01’. Then end theinterview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household. |

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| **Interviewer’s Observations** |
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| **Supervisor’s Observations** |
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