



MULTIPLE INDICATORS CLUSTERS SURVEY - MICS 5
INDIVIDUAL MAN'S QUESTIONNAIRE

MAN'S INFORMATION PANEL **MWM**

This questionnaire is to be administered to all men age 15 through 59 (see List of Household Members, column HL7A). A separate questionnaire should be used for each eligible man.

MWM1. Cluster sequential number : _____	MWM2. Household number: _____
MWM3. Man's name: Name _____	MWM4. Man's line number: _____
MWM5. Interviewer's name and code: Name _____	MWM6. Day / Month / Year of interview: _____ / _____ / 2014 _____

<p><i>Introduce yourself if you have not done it to the interviewer :</i></p> <p>WE ARE FROM THE NATIONAL INSTITUTE OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE EDUCATION AND HEALTH SITUATIONS OF FAMILIES. I WOULD LIKE TO TALK TO YOU ON THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 15 TO 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 15 TO 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
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MAY I START NOW?

Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.

No, permission is not given ⇒ Circle "03" in MWM7. Discuss this result with your team leader.

MWM7. Result of man's interview	Completed.....01 Not at home.....02 Refused.....03 Partly completed.....04 Incapable.....05 Other (specify).....96
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MWM8. Controller's name and code Name _____	MWM9. Data entry clerk's name and code: Name _____
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MWM10. Record the time.	Hour and minutes : ..	
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MAN'S BACKGROUND	MWB
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MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month 98 Year DK year 9998	
MWB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent.</i>	Age (in completed years).....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL/NURSERY SCHOOL?	Yes 1 No 2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool/Nursery school 0 Primary 1 Secondary 2 Higher 3	0⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE/CLASS YOU COMPLETED AT THAT LEVEL? <i>If the first grade/class is not completed at level x, enter "x0".</i>	Grade/Class	

CODES MWB5			
LEVEL	PRIMARY (LEVEL=1)	SECONDARY (LEVEL=2)	HIGHER EDUCATION (LEVEL=3)
GRADE/CLASS	SIL/Class1 = 11	6 ^{ème} /1 ^{ère} A/Form1 = 21	1 ^{ère} année/1 st year = 31
	CP/Class2 = 12	5 ^{ème} /2 ^{ème} A/Form2 = 22	2 ^{ème} année/2 nd year = 32
	CE1/Class3 = 13	4 ^{ème} /3 ^{ème} A/Form3 = 23	3 ^{ème} année/3 rd year = 33
	CE2/Class4 = 14	3 ^{ème} /4 ^{ème} A/Form4 = 24	4 ^{ème} année/4 th year = 34
	CM1/Class5 = 15	2 ^{nde} G ou T/Form5 = 25	5 ^{ème} année ou plus/5 th year
	CM2/Class6/Class7 = 16	1 ^{ère} G ou T/Lower6 = 26	or more = 35
		T ^{le} G ou T/Upper7 = 27	

MWB6. Check MWB4:

Secondary or higher (MWB4 = 2 or 3) ⇒ Go to Next Module.

Primary (MWB4 = 1) ⇒ Continue with MWB7.

MWB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, insist:</i> CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 <i>(specify language)</i> Blind / visually impaired 5	
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MMT1. Check MWB7:

- Question left blank (Respondent has secondary or higher education) ⇒ Continue with MMT2.
- Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2.
- Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3.

MMT2. HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....	1	
	At least once a week.....	2	
	Less than once a week.....	3	
	Not at all.....	4	

MMT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....	1	
	At least once a week.....	2	
	Less than once a week.....	3	
	Not at all.....	4	

MMT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....	1	
	At least once a week.....	2	
	Less than once a week.....	3	
	Not at all.....	4	

MMT5. Check MWB2: Age of respondent?

- Age 15-24 ⇒ Continue with MMT6.
- Age 25-59 ⇒ Go to Next Module.

MMT6. HAVE YOU EVER USED A COMPUTER?	Yes.....	1	2⇒MMT9
	No.....	2	

MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes.....	1	2⇒MMT9
	No.....	2	

MMT8. DURING THE LAST ONE MONTH HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....	1	
	At least once a week.....	2	
	Less than once a week.....	3	
	Not at all.....	4	

MMT9. HAVE YOU EVER USED THE INTERNET?	Yes.....	1	2⇒Next Module
	No.....	2	

MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use of internet from any location, with any device.</i>	Yes.....	1	2⇒ Next Module
	No.....	2	

MMT10A. WHERE DID YOU USE THE INTERNET IN THE LAST 12 MONTHS? ANY OTHER PLACE? <i>Circle the codes corresponding to the different places listed of Internet use</i>	At home.....	A	
	At work.....	B	
	At school/learning place.....	C	
	At somebody else's residence.....	D	
	At cybercafé/Commercial structure with Internet access.....	E	
	At a community installation with Internet access (community telecentre, etc.).....	F	
	Anywhere else via a mobile phone.....	G	
	Anywhere else via other mobile devices (tablets, etc.).....	H	
	Other (<i>specify</i>).....	X	

MMT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day.....	1	
	At least once a week.....	2	
	Less than once a week.....	3	
	Not at all.....	4	

FERTILITY		MCM
<p>MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN 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.</p> <p>HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?</p>	Yes..... 1 No 2 DK..... 8	2⇒MCM8 8⇒MCM8
<p>MCM3. HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?</p>	Age in years __ __	
<p>MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?</p>	Yes..... 1 No 2	2⇒MCM6
<p>MCM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record "00".</i></p>	Sons at home __ __ Daughters at home __ __	
<p>MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	Yes..... 1 No 2	2⇒MCM8
<p>MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	Sons elsewhere __ __ Daughters elsewhere __ __	
<p>MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking: I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i></p>	Yes..... 1 No 2	2⇒MCM10
<p>MCM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	Boys dead __ __ Girls dead __ __	
<p>MCM10. <i>Sum answers to MCM5, MCM7, and MCM9.</i></p>	Sum __ __	

MCM11. JUST TO MAKE SURE THAT I HAVE UNDERSTOOD YOU WELL, YOU HAVE FATHERED IN TOTAL (*total number in MCM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

Yes. Check below:

No live births ⇒ Go to Next Module.

One or more live births ⇒ Continue with MCM11A.

No ⇒ Check responses to MCM1-MCM10 and make corrections if necessary.

MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes..... 1 No 2	1⇒MCM12
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MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women _ _	
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MCM12. OF THESE (<i>total number in MCM10</i>) BIRTHS YOU HAVE FATHERED, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i>	Date of last birth Month _ _ Year _ _ _ _	
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MARRIAGE/UNION		MMA
MMA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a woman..... 2 No, not in union..... 3	3⇒MMA5
MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one) 1 No (Only one) 2	2⇒MMA7
MMA4. HOW MANY OTHER WIVES OR PARTNERS DO YOU HAVE?	Number..... __ __	⇒MMA8B
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, was married 1 Yes, lived with a woman..... 2 No 3	3⇒Next Module
MMA5A. WERE YOU MARRIED OR DID YOU LIVE TOGETHER WITH A WOMAN AS IF YOU WERE MARRIED DURING THE LAST 12 MONTHS	Yes 1 No..... 2	
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced 2 Separated..... 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once..... 2	1 ⇒MMA8A 2 ⇒MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage Month __ __ DK month..... 98	
MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN FOR THE FIRST TIME AS IF MARRIED?	Year __ __ __ __ DK year..... 9998	⇒Next Module
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years..... __ __	

ATTITUDES AND PRACTICES TOWARD DOMESTIC VIOLENCE

MDV

Check for the presence of others. Before continuing, ensure privacy

	Yes	No	DK
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?	Goes out without telling.....1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....1	2	8
[C] IF SHE ARGUES WITH HIM?	Argues with him.....1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex.....1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food.....1	2	8
[F] IF SHE DOESN'T RESPECT HER IN-LAWS	Doesn't respect her in-laws.....1	2	8
[G] IF SHE HAS FRIENDS CONSIDERED TO BE OF POOR CHARACTER	Has friends considered1 to be of poor character	2	8
[H] IF SHE DOESN'T DRESS UP AT THE HUSBAND'S CONVENIENCE	Doesn't dress up at the.....1 husband's convenience	2	8

MDV2. Check MMA1= 1 or 2 (“is actually married/in union”) or MMA5A= 1 (“Was married /in union during the last 12 months”) circle?
 Circled ⇒ Continue with MDV3
 Not Circled ⇒ Go to Next Module

	Often	Sometimes	Never
MDV3. DURING THE LAST 12 MONTHS, DID IT HAPPENED OFTEN, SOMETIMES OR NEVER THAT YOU DID ONE OF THE FOLLOWING THINGS TO YOUR (LAST) WIFE/PARTNER :			
[A] SAID OR DID SOMETHING TO HUMILIATE HER IN FRONT OF OTHER PERSONS?	Said or did something to humiliate 1	2	3
[B] THREATENED TO HURT OR HARM HER OR SOMEONE CLOSE TO HER ?	Threatened to hurt or harm 1	2	3
[C] INSULTED OR BELITTLED HER ?	Insulted or belittled her..... 1	2	3
[D] HAVE YOU PUSHED, SHAKEN, OR HAVE YOU THROWN SOMETHING AGAINST HER ?	Pushed, shaken her 1	2	3
[E] HAVE YOU EVER SLAPPED HER ?	Slapped her..... 1	2	3
[F] HAVE YOU EVER TWISTED HER ARM OR PULLED HER HAIR?	Twisted her arm or pulled her hair 1	2	3
[G] HAVE YOU EVER PUNCHED HER WITH YOUR FIST OR WITH SOMETHING THAT CAN HURT HER ?	Punched with your fist 1	2	3
[H] HAVE YOU EVER KICKED OR DRAGGED HER OR BEATEN HER UP ?	Kicked or dragged her.. 1	2	3
[I] HAVE YOU EVER TRIED TO CHOKE OR BURN HER ON PURPOSE ?	Tried to choke or burn her..... 1	2	3
[J] HAVE YOU EVER THREATENED OR ATTACKED HER WITH A KNIFE, GUN OR ANY OTHER TYPE OF WEAPON ?	Threatened her with a knife..... 1	2	3
[K] HAVE YOU EVER FORCED HER PHYSICALLY TO HAVE SEXUAL INTERCOURSE WITH YOU WHEN SHE DOESN'T WANT ?	Forced her physically to have sex 1	2	3
[L] HAVE YOU FORCED HER TO PERFORM ANY SEXUAL ACTS THAT SHE DOESN'T WANT ?	Forces her to perform sexual acts hat she doesn't want	1	2 3

SEXUAL BEHAVIOUR
MSB
Check for the presence of others. Before continuing, ensure privacy with the interviewee.

<p>MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT ISSUES OF LIFE.</p> <p>THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?</p>	<p>Never had intercourse..... 00</p> <p>Age in years _ _</p> <p>First time when started living with (first) wife/partner 95</p>	<p>00⇒Next Module</p>
<p>MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	
<p>MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>Record answers in days, weeks or months if less than 12 months (one year). If more than 12 months (one year), answer must be recorded in years.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago 2 _ _</p> <p>Months ago..... 3 _ _</p> <p>Years ago 4 _ _</p>	<p>4⇒MSB15</p>
<p>MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p>	
<p>MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Insist to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If "yes", circle "2". If "no", circle "3".</i></p>	<p>Wife..... 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend..... 3</p> <p>Casual acquaintance 4</p> <p>Prostitute 5</p> <p>Other (<i>specify</i>) 6</p>	
<p>MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>2⇒MSB15</p>
<p>MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p>	

<p>MSB10. WHAT WAS YOUR RELATIONSHIP WITH THIS PERSON?</p> <p><i>Insist to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If "yes", circle "2". If "no", circle "3".</i></p>	<p>Wife..... 1 Cohabiting partner 2 Girlfriend..... 3 Casual acquaintance 4 Prostitute..... 5 Other (<i>specify</i>) _____ 6</p>	
<p>MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1 No 2</p>	2⇒MSB15
<p>MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners..... _ _</p>	
<p>MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, insist to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners..... _ _</p> <p>DK..... 98</p>	

HIV/AIDS			MHA
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes	1	2⇒ Next Module
	No.....	2	
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes	1	
	No.....	2	
	DK	8	
MHA3. CAN PEOPLE GET THE AIDS VIRUS THROUGH WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes	1	
	No.....	2	
	DK	8	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes	1	
	No.....	2	
	DK	8	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes	1	
	No.....	2	
	DK	8	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes	1	
	No.....	2	
	DK	8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes	1	
	No.....	2	
	DK	8	
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?			
		Yes No DK	
	During pregnancy.....	1 2 8	
	During delivery.....	1 2 8	
	By breastfeeding.....	1 2 8	
MHA8A. Check MHA8[A], [B], and [C]: <input type="checkbox"/> All 'No' or 'DK' ⇒ Go to MHA9. <input type="checkbox"/> At least one 'yes' ⇒ Continue with MHA8B.			
MHA8B. ARE THERE ANY SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY?	Yes	1	
	No.....	2	
	DK	8	
MHA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes	1	
	No.....	2	
	DK / Not sure / Depends.....	8	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes	1	
	No.....	2	
	DK / Not sure / Depends.....	8	

MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET OR NOT?	Yes 1 No..... 2 DK / Not sure / Depends..... 8	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes 1 No..... 2 DK / Not sure / Depends..... 8	
MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes 1 No..... 2	2⇒MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago 1 12-23 months ago 2 2 or more years ago 3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes 1 No..... 2 DK 8	1⇒Next Module 2⇒Next Module 8⇒Next Module
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No..... 2	

TOBACCO CONSUMPTION AND EXPOSURE		MTC
MTC1A. HAVE YOU EVER TRIED TOBACCO SMOKING (CIGARETTE OR ANY OTHER FORM OF TOBACCO), EVEN ONE OR TWO PUFFS?	Yes, have smoked only one or some puffs. 1 Yes, have smoked at least one dose or a whole cigarette 2 No, never smoked 3	3⇒ MTC4
MTC1B. HOW OLD WERE YOU WHEN YOU SMOKED TOBACCO FOR THE FIRST TIME? <i>If 10 years or more than 10 years, record the age in completed years</i>	Age year Before 10 years10 DK98	
MTC1. DO YOU CURRENTLY <u>SMOKE</u> TOBACCO ON A DAILY BASIS, LESS THAN DAILY OR NOT AT ALL? <i>Probe for the respondent to indicate frequency of her tobacco use</i>	Daily1 Less than daily2 Not at all3 DK8	1⇒ MTC3 3⇒ MTC2B 8⇒ MTC4
MTC2A. HAVE YOU SMOKED TOBACCO DAILY IN THE PAST?	Yes.. 1 No2 DK8	1⇒ MTC3 2⇒ MTC3 8⇒ MTC3
MTC2B. IN THE PAST, HAVE YOU SMOKED TOBACCO ON A DAILY BASIS, LESS THAN DAILY, OR NOT AT ALL? <i>If the person interviewed smoked « daily » and « less than daily » in the past, circle the code « daily »</i>	Daily1 Less than daily2 Not at all3 DK8	1⇒ MTC4 2⇒ MTC4 3⇒ MTC4 8⇒ MTC4
MTC3. ON AVERAGE, HOW MANY OF THE FOLLOWING PRODUCTS DO YOU CURRENTLY SMOKE EACH DAY (WEEK)? ALSO, LET ME KNOW IF YOU SMOKE THE PRODUCT, BUT NOT EACH DAY (WEEK). <i>Check MTC1. If the answer is “Daily” at MTC1 (code 1), ask for the quantity of products smoked per day. On the contrary, ask for the quantity of products smoked per week.</i> <i>If the interviewee declares that he/she smokes the product, but not each day/ week, inscribe 888</i> <i>If the interviewee declares that he/she doesn't smoke the product, inscribe 000</i> <i>Verify that it's about the number of cigarettes</i>	A. Manufactured cigarettes?..... PER DAY/WEEK B Hand-rolled cigarettes? PER DAY/WEEK D. Pipes full of tobacco ?. PER DAY/WEEK E. Cigars, cheroots or cigarillos? PER DAY/WEEK F. Number of water pipes (narghile) sessions.... PER DAY/WEEK X. Other PER DAY/WEEK <i>Specify : _____</i>	
MTC4. DO YOU CURRENTLY USE SMOKELESS TOBACCO ON A DAILY BASIS, LESS THAN DAILY, OR NOT AT ALL?	Daily1 Less than daily2 Not at all3 DK8	1⇒ MTC6 3⇒ MTC5B 8⇒ MTC6

MTC5A. HAVE YOU USED SMOKELESS TOBACCO DAILY IN THE PAST?	Yes 1 No 2 DK 8	1⇒ MTC6 2⇒ MTC6 8⇒ MTC6
MTC5B. IN THE PAST, HAVE YOU USED SMOKELESS TOBACCO ON A DAILY BASIS, LESS THAN DAILY, OR NOT AT ALL? <i>If the person interviewed used smokeless tobacco « daily » and « less than daily » in the past, circle the code « daily »</i>	Daily 1 Less than daily 2 Not at all 3 DK 8	
MTC6. IF SOMEONE SMOKES INSIDE YOUR HOME, AT WHICH FREQUENCY IS IT DONE? WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, LESS THAN MONTHLY OR NEVER?	Daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 Don't know 8	
MTC7. DO YOU CURRENTLY WORK OUTSIDE OF YOUR HOME?	Yes 1 No/Doesn't work 2	2⇒ MTC10A
MTC8. DO YOU USUALLY WORK INDOORS OR OUTDOORS?	Indoors 1 Outdoors 2 Both 3	2⇒ MTC10A
MTC9 DURING THE PAST 30 DAYS, DID ANYONE SMOKE IN INDOOR AREAS WHERE YOU WORK?	Yes 1 No 2 DK 8	
MTC10A. Check MTC1 (code 1 or 2 circled?): <input type="checkbox"/> currently smoking tobacco daily or less than daily ⇒ Continue with MTC10 <input type="checkbox"/> not currently smoking tobacco daily or less than daily or not concerned ⇒ Go to MTC13		
MTC10. DURING THE PAST 12 MONTHS, HAVE YOU TRIED TO STOP SMOKING?	Yes 1 No 2	
MTC11. HAVE YOU VISITED A DOCTOR OR OTHER HEALTH CARE PROVIDER IN THE PAST 12 MONTHS?	Yes 1 No 2	2⇒ MTC13
MTC12. DURING ANY VISIT TO A DOCTOR OR HEALTH CARE PROVIDER IN THE PAST 12 MONTHS, WERE YOU ADVISED TO STOP SMOKING TOBACCO?	Yes 1 No 2	
MTC13. IN THE LAST 30 DAYS, HAVE YOU NOTICED INFORMATION ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING SMOKING IN NEWSPAPERS OR MAGAZINES?	Yes 1 No 2 Not applicable /Not concerned 7	
MTC14. IN THE LAST 30 DAYS, HAVE YOU NOTICED INFORMATION ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING SMOKING ON TELEVISION?	Yes 1 No 2 Not applicable/Not concerned 7	

MTC15. IN THE LAST 30 DAYS, DID YOU NOTICE ANY HEALTH WARNINGS ON CIGARETTE PACKAGES?	Yes..... 1 No..... 2 Haven't seen a cigarette packet 3	2⇒ MTC17 3⇒ MTC17																					
MTC15A. Check MTC1 (code 1 or 2 circled?): <input type="checkbox"/> currently smoking tobacco daily or less than daily ⇒ Continue with MTC16 <input type="checkbox"/> not currently smoking tobacco daily or less than daily ⇒ Go to MTC17																							
MTC16. IN THE LAST 30 DAYS, HAVE HEALTH WARNINGS ON CIGARETTE PACKAGES LED YOU TO THINK ABOUT QUITTING SMOKING?	Yes..... 1 No..... 2 DK 8																						
MTC17. IN THE LAST 30 DAYS, HAVE YOU NOTICED ANY ADVERTISEMENTS OR BILLBOARDS PROMOTING CIGARETTES IN SALES POINTS?	Yes..... 1 No 2 Not applicable/Not concerned..... 7																						
MTC18. IN THE LAST 30 DAYS, HAVE YOU NOTICED ANY OF THE FOLLOWING TYPES OF CIGARETTE PROMOTIONS? <i>Read each question :</i> [A] FREE SAMPLES OF CIGARETTE? [B] REDUCTION IN THE PRICE OF CIGARETTES? [C] COUPONS FOR CIGARETTES? [D] GIFTS OR DISCOUNT OFFER ON OTHER PRODUCTS WHEN BUYING CIGARETTES? [E] CLOTHES OR OTHER ITEM WITH A CIGARETTE BRAND NAME OR LOGO? [F] PROMOTION FOR CIGARETTES BY MAIL?	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Free samples</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Reduction in the price.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Coupons for cigarette</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Gifts or discount offer on other products.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Clothes or other items</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Promotion for cigarettes.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Free samples	1	2	Reduction in the price.....	1	2	Coupons for cigarette	1	2	Gifts or discount offer on other products.....	1	2	Clothes or other items	1	2	Promotion for cigarettes.....	1	2	
	Yes	No																					
Free samples	1	2																					
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Clothes or other items	1	2																					
Promotion for cigarettes.....	1	2																					
MTC18A. Check MTC3 (Item A > 0?): <input type="checkbox"/> Yes, p currently smoking manufactured cigarettes ⇒ Continue with MTC19 <input type="checkbox"/> No, not smoking/ not currently smoking manufactured cigarettes ⇒ Go to Next module																							
MTC19. THE LAST TIME YOU PURCHASED CIGARETTES FOR YOUR PERSONAL USE, HOW MANY CIGARETTES/PACKETS/CASES DID YOU BUY? <i>Check the unit with the respondent before recording the number</i> MTC19A. IF PACKET : WHAT IS THE NUMBER OF CIGARETTES PER PACKET? MTC19B. IF CASE : WHAT IS THE NUMBER OF CIGARETTES PER CASE ? MTC19C. IF OTHER CONTAINER: WHAT IS THE NUMBER OF CIGARETTES PER CONTAINER? <i>If DK, record 998</i>	Cigarettes..... 1 _____ Packets..... 2 _____ Cases 3 _____ Other (specify)..... 6 _____ Number per packet _____ Number per case _____ Number per container .. _____	1⇒ MTC20 2⇒ MTC19A 3⇒ MTC19B 6⇒ MTC19C ⇒ MTC20 ⇒ MTC20																					
MTC20. IN TOTAL, HOW MUCH DID YOU SPEND FOR THIS PURCHASE? <i>If DK, record 99998</i>	_____ F CFA																						

ALCOHOL CONSUMPTION		MTA
<p>MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. THAT IS DRINKING BEER, WINE, COGNAC, VODKA, WHISKY, RUM OR OTHER TYPES OF MODERN OR LOCALLY MADE ALCOHOL HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒Next Module
<p>MTA15. WE COUNT ONE DOSE OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol 00</p> <p>Age ____</p>	00⇒Next Module
<p>MTA15A. DURING THE LAST 12 MONTHS, HOW OFTEN DID YOU DRINK AT LEAST ONE DOSE OF ALCOHOL?</p>	<p>Did not drink during the last 12 months 0</p> <p>Less than monthly 1</p> <p>1 to 3 days per month 2</p> <p>1 to 4 days per week 3</p> <p>5 days or more per week 4</p>	0⇒Next Module
<p>MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK/DOSE OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i></p> <p><i>If less than 10 days, record the number of days.</i></p> <p><i>If 10 days or more but less than a month, circle "10".</i></p> <p><i>If "every day" or "almost every day", circle "30".</i></p>	<p>Did not have one drink/dose in last one month 00</p> <p>Number of days0 ____</p> <p>10 days or more but less than a month 10</p> <p>Every day / Almost every day 30</p>	00⇒Next Module
<p>MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DOSES DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of doses ____</p>	
<p>MTA18 THE DAYS YOU DRANK ALCOHOL IN THE LAST MONTH, WHAT TYPE OF ALCOHOL DID YOU MAINLY TAKE?</p>	<p>Modern Alcohol</p> <p>Modern Beer 11</p> <p>Modern wine 12</p> <p>Cognac/Vodka/Whisky/Rhum 13</p> <p>Other Modern alcohol (<i>specify</i>) 16</p> <p>Locally made alcohol</p> <p>Palm wine/Raphia wine 21</p> <p>Corn beer/Kwata 22</p> <p>Bili Bili/Millet beer 23</p> <p>Odontol/Arki 24</p> <p>Other locally made alcohol (<i>specify</i>) 26</p> <p>Other alcohol (<i>specify</i>) -----96</p>	
<p>MTA19. THE DAYS YOU DRANK ALCOHOL IN THE LAST MONTH, WHAT TYPE OF DOSE DID YOU MAINLY TAKE?</p>	<p>Shot/Consumption of</p> <p>Cognac/Vodka/Whisky/Rhum 11</p> <p>Sachet of Cognac/Vodka/Whisky/Rhum 12</p> <p>Glass or equivalent 13</p> <p>Can 14</p> <p>Small bottle (≈ 30-33 cl of beer or 18-20 cl of wine, of Cognac/Vodka/Whisky/ Rhum) 15</p> <p>Average size bottle (≈ 50 cl) 16</p> <p>Big bottle (≈ 65 cl of beer, ≈ 70 or 75 cl of wine, of Cognac/Vodka/Whisky/Rhum etc.) 17</p> <p>Family size bottle (≈ 1 l to 1.5l of wine, of Cognac/Vodka/Whisky/Rhum, etc.) 18</p> <p>Wine/Cognac/Vodka/Whisky/Rhum brick 19</p> <p>Calabash 20</p> <p>Other dose (<i>specify</i>) -----96</p>	

LIFE SATISFACTION		MLS
<p>MLS1. Check MWB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-59 ⇒ Go to MWM11</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2</p>		
<p>MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i></p>	<p>Very happy1</p> <p>Somewhat happy2</p> <p>Neither happy nor unhappy3</p> <p>Somewhat unhappy4</p> <p>Very unhappy.....5</p>	
<p>MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions MLS3 to MLS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS5. DURING THE CURRENT / 2013-2014 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes1</p> <p>No.....2</p>	2⇒MLS7
<p>MLS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	






<p>MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p><i>If the respondent says that he does not have a job, circle "0" and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you himself.</i></p>	<p>Does not have a job0</p> <p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?</p> <p><i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i></p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, IN GENERAL?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?</p> <p><i>If the respondent says that he does not have any income, circle "0" and continue with the next question. Do not probe to find out how he feels about not having any income, unless he tells you himself.</i></p>	<p>Does not have any income0</p> <p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied.....3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE GENERALLY HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED?</p>	<p>Improved.....1</p> <p>More or less the same.....2</p> <p>Worsened3</p>	
<p>MLS15. 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?</p>	<p>Better.....1</p> <p>More or less the same.....2</p> <p>Worse3</p>	

MWM11. <i>Record the time.</i>	Hour and minutes..... ____ : ____	
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<p>MWM12. <i>Check List of Household Members, columns HL7B and HL15: Is the respondent the caretaker of any child age 0-4 living in this household?</i></p> <p><input type="checkbox"/> <i>Yes ⇒ Proceed to complete the result of man's interview (MWM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</i></p> <p><input type="checkbox"/> <i>No ⇒ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man's interview (MWM7) on the cover page.</i></p>

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

Interviewer's observations

Controller's observations

Team leader's observations

Supervisor's observations