MICS

QUESTIONNAIRE FOR INDIVIDUAL MEN

Ghana MICS, 2017

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 ___	

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 recorded 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..... 1 NO, FIRST INTERVIEW..... 2	1 ⇨*MWM9B* 2 ⇨*MWM9A*
MWM9A. Hello, my name is (***your name***). We are from GHANA STATISTICAL SERVICES. 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 ***15*** minutes. 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 ***15*** minutes or more. 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..... 1 NO, PERMISSION IS NOT GIVEN 2	1 ⇨*MAN'S BACKGROUND Module* 2 ⇨*MWM17*	

MWM17. *Result of man's interview.* *Discuss any result not completed with Supervisor.*	COMPLETED..... 01 NOT AT HOME ..... 02 REFUSED..... 03 PARTLY COMPLETED ..... 04 INCAPACITATED (*specify*) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 ..... 06 OTHER (*specify*)_____ 96

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 ..... 1 MWM3≠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 ..... 1 ED5=0, 1 OR 8 OR BLANK 2	1 ⇨ *MWB15* 2 ⇨ *MWB14*
MWB3. In what month and year were you born?	DATE OF BIRTH MONTH ..... __ __ 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 ..... 1 NO 2	2 ⇨ *MWB14*
MWB6. What is the highest level and grade or year of school you have attended?	EARLY CHILDHOOD EDUCATION ..... 000 PRIMARY ..... **1** __ __ MIDDLE ..... **2** __ __ JSS/JHS ..... **3** __ __ SECONDARY ..... **4** __ __ SSS/SHS ..... **5** __ __ HIGHER ..... **6** __ __	000 ⇨ *MWB14*
MWB7. Did you complete that (grade/year)?	YES ..... 1 NO 2	
MWB8. *Check MWB4: Age of respondent:*	AGE 15-24 ..... 1 AGE 25-49 2	2 ⇨ *MWB13*
MWB9. At any time during the 2017-2018 school year did you attend school?	YES ..... 1 NO 2	2 ⇨ *MWB11*
MWB10. During 2017-2018 school year, which level and grade or year are you attending?	PRIMARY ..... **1** __ __ MIDDLE ..... **2** __ __ JSS/JHS ..... **3** __ __ SECONDARY ..... **4** __ __ SSS/SHS ..... **5** __ __ HIGHER ..... **6** __ __	
MWB11. At any time during the 2016-2017 school year did you attend school?	YES ..... 1 NO 2	2 ⇨ *MWB13*
MWB12. During 2016-2017 school year, which level and grade or year did you attend?	PRIMARY ..... **1** __ __ MIDDLE ..... **2** __ __ JSS/JHS ..... **3** __ __ SECONDARY ..... **4** __ __ SSS/SHS ..... **5** __ __ HIGHER ..... **6** __ __	
MWB13. *Check MWB6: Highest level of school attended:*	MWB6=2, 3 OR 4 ..... 1 MWB6=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 ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE ..... 3 NO 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..... __ __	
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.* *<u>If unable to determine whether the place is a city, a town or a rural area</u>, write the name of the place and ask your supervisor to assist at the end of the interview.* _____ *(Name of place)*	CITY ..... 1 TOWN..... 2 RURAL AREA 3	
MWB17. Before you moved here, in which region did you live in?	WESTERN..... 11 CENTRAL ..... 12 GREATER ACCRA..... 13 VOLTA ..... 14 EASTERN..... 15 ASANTE..... 16 BRONG ASHAFO..... 17 NORTHERN..... 18 UPPER EAST ..... 19 UPPER WEST ..... 20 OUTSIDE OF GHANA (*specify*) _____ 96	
MWB18. Are you covered by any health insurance?	YES ..... 1 NO..... 2	 2⇨*MWB20*
MWB19. What type of health insurance are you covered by? *Record all mentioned.*	NATIONAL HEALTH INSURANCE SERVICE...A HEALTH INSURANCE THROUGH EMPLOYER .....B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE .....D OTHER (*specify*)_____X	A⇨*END* B⇨*END* D⇨*END* X⇨*END*
MWB20. Have you ever registered with a health insurance scheme?	YES, REGISTERED NHIS..... 1 YES, REGISTERED PRIVATE ..... 2 YES, BOTH NHIS AND PRIVATE..... 3 NO..... 4	1⇨*END* 2⇨*END* 3⇨*END*

MWB22. Why have you never registered with a private insurance or NHIS? *Record all mentioned.*	PREMIUM IS TOO HIGH .....A DO NOT HAVE CONFIDENCE IN OPERATUS OF THE SCHEME.....B NO KNOWLEDGE OF ANY SCHEME.....C DO NOT KNOW WHERE TO REGISTER.....D REGISTRATION OFFICE TOO FAR ..... E DO NOT NEED HEALTH INSURANCE ..... F HEALTH INSURANCE DOES NOT COVER THE SERVICES/FACILITIES I NEED.....G NO MONEY .....H OTHERS(*specify*) _____X	

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? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL ..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST 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? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL ..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST 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? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL ..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY 3	
MMT4. Have you ever used a computer or a tablet from any location?	YES ..... 1 NO 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? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL ..... 0 LESS THAN ONCE A WEEK ..... 1 AT LEAST ONCE A WEEK ..... 2 ALMOST EVERY DAY 3	0 ⇨ *MMT9*

MMT6. During the last 3 months, did you:	YES NO	
[A] Copy or move a file or folder?	COPY/MOVE FILE 1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT.....1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT.....1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA..1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE 1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE.....1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION.....1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE 1 2	
[I] Write a computer program in any programming language?	PROGRAMMING.....1 2	
MMT7. *Check MMT6[C]: Is 'Yes' recorded?*	YES, MMT6[C]=1 .....1 NO, MMT6[C]=2 2	1⇨*MMT10*
MMT8. *Check MMT6[F]: Is 'Yes' recorded?*	YES, MMT6[F]=1.....1 NO, MMT6[F]=2.....2	1⇨*MMT10*
MMT9. Have you ever used the internet from any location and any device?	YES .....1 NO.....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? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL.....0 LESS THAN ONCE A WEEK .....1 AT LEAST ONCE A WEEK .....2 ALMOST EVERY DAY.....3	
MMT11. Do you own a mobile phone?	YES .....1 NO.....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? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL.....0 LESS THAN ONCE A WEEK .....1 AT LEAST ONCE A WEEK .....2 ALMOST 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 .....1 NO .....2 DK 8	 2 ⇨ *MCM8* 8 ⇨ *MCM8*
MCM2. Do you have any sons or daughters that you have fathered who are now living with you?	YES .....1 NO 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 .....1 NO 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 .....1 NO 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 .....1 NO 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 ..... 0 ONE LIVE BIRTH ONLY, MCM11=01 ..... 1 TWO 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 ..... 1 NO 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 ..... __ __ __ __	

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:			YES	NO	DK	
[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	

MARRIAGE/UNION		MMA
MMA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A PARTNER ..... 2 NO, NOT IN UNION 3	 3 ⇨*MMA5*
MMA3. Do you have other wives or do you live with other partners as if married?	YES ..... 1 NO 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 ..... 1 YES, FORMERLY LIVED WITH A PARTNER. 2 NO 3	 3 ⇨*End*
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 someone 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 start living with your (wife/partner)? **MMA8B**. In what month and year did you start living with your <u>first</u> (wife/partner)?	DATE OF (FIRST) UNION MONTH ..... __ __ DK MONTH ..... 98 YEAR ..... __ __ __ __ DK YEAR 9998	
MMA9. *Check MMA8A/B: Is 'DK YEAR' recorded?*	YES, MMA8A/B=9998 ..... 1 NO, MMA8A/B≠9998 2	 2 ⇨*End*
MMA10. *Check MMA7: In union only once?*	YES, MMA7=1 ..... 1 NO, MMA7=2 2	1 ⇨*MMA11A* 2 ⇨*MMA11B*
MMA11A. How old were you when you started living with your (wife/partner)? **MMA11B**. How old were you when you started living with your <u>first</u> (wife/partner)?	AGE IN YEARS ..... __ __	

ADULT FUNCTIONING		MAF
MAF1. *Check MWB4: Age of respondent?*	AGE 15-17 YEARS ..... 1 AGE 18-49 YEARS 2	1 ⇨ *End*
MAF2. Do you use glasses or contact lenses? *Include the use of glasses for reading.*	YES ..... 1 NO 2	
MAF3. Do you use a hearing aid?	YES ..... 1 NO 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 ..... 1 NO, 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 ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT SEE AT ALL 4	
MAF7. *Check MAF3: Respondent uses a hearing aid?*	YES, MAF3=1 ..... 1 NO, 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 ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT HEAR AT ALL 4	
MAF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
MAF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
MAF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY ..... 3 CANNOT CARE FOR SELF AT ALL 4	
MAF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY ..... 1 SOME DIFFICULTY ..... 2 A LOT OF DIFFICULTY 3	

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 ..... 00 AGE 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 ..... 1 NO 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', record '2'. If 'No', record '3'.*	WIFE ..... 1 COHABITING PARTNER ..... 2 GIRLFRIEND ..... 3 CASUAL ACQUAINTANCE ..... 4 CLIENT / SEX WORKER ..... 5 OTHER (*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 ..... 1 NO, 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 ..... 1 NO 2	2 ⇨*End*
MSB8. The last time you had sexual intercourse with another person, was a condom used?	YES ..... 1 NO 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', record '2'. If 'No', record '3'.*	WIFE.....1 COHABITING PARTNER .....2 GIRLFRIEND.....3 CASUAL ACQUAINTANCE.....4 CLIENT / SEX WORKER .....5 OTHER (*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 ..... 1 NO, MMA1=3 2	 2⇨*MSB12*
MSB11. *Check MMA7: Married or living with a partner only once?*	YES, MMA7=1..... 1 NO, 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	

HIV/AIDS		MHA
MHA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES.....1 NO.....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.....1 NO.....2 DK.....8	
MHA3. Can people get HIV from mosquito bites?	YES.....1 NO.....2 DK.....8	
MHA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES.....1 NO.....2 DK.....8	
MHA5. Can people get HIV by sharing food with a person who has HIV?	YES.....1 NO.....2 DK.....8	
MHA6. Can people get HIV because of witchcraft or other supernatural means?	YES.....1 NO.....2 DK.....8	
MHA7. Is it possible for a healthy-looking person to have HIV?	YES.....1 NO.....2 DK.....8	
MHA8. Can HIV 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	
MHA9. *Check MHA8[A], [B] and [C]: At least one 'Yes' recorded?*	YES.....1 NO.....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.....1 NO.....2 DK.....8	
MHA24. I don't want to know the results, but have you ever been tested for HIV?	YES.....1 NO.....2	2 ⇨*MHA27*
MHA25. How many months ago was your most recent HIV test?	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 ⇨*MHA28* 2 ⇨*MHA28* 8 ⇨*MHA28*

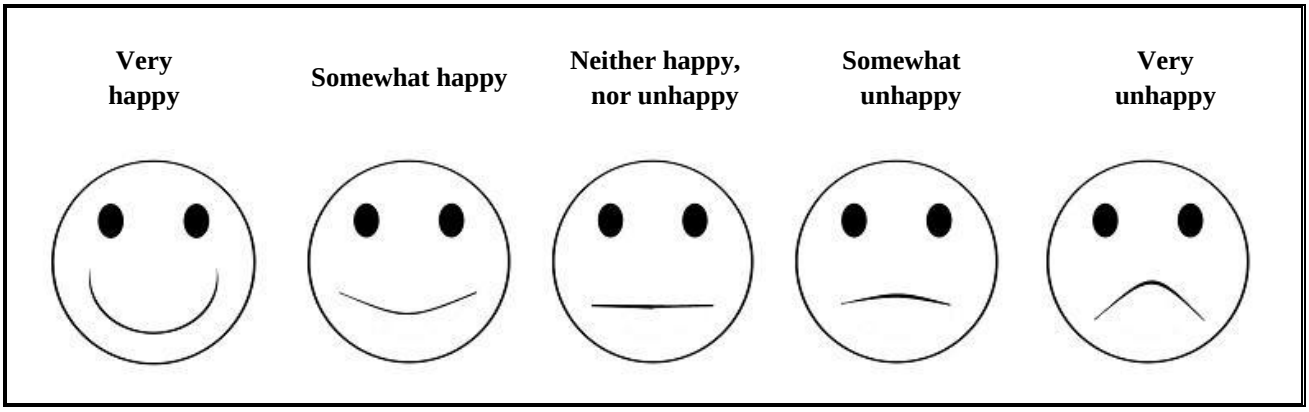
MHA27. Do you know of a place where people can go to get an HIV test?	YES.....1 NO.....2	
MHA28. Have you heard of test kits people can use to test themselves for HIV?	YES.....1 NO.....2	2 ⇨*MHA30*
MHA29. Have you ever tested yourself for HIV using a self-test kit?	YES.....1 NO.....2	
MHA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES.....1 NO.....2 DK / 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.....1 NO.....2 DK / 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.....1 NO.....2 DK / NOT SURE / DEPENDS 8	
MHA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES.....1 NO.....2 DK / NOT SURE / DEPENDS 8	
MHA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES.....1 NO.....2 DK / 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 .....1 DISAGREE.....2 DK / 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.....1 NO.....2 SAYS HE HAS HIV .....7 DK / NOT SURE / DEPENDS 8	

CIRCUMCISION		MMC
MMC1. Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES ..... 1 NO 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 ..... 1 HEALTH WORKER / PROFESSIONAL ..... 2 OTHER (*specify*) _____ 6 DK 8	
MMC4. Where was it done?	HEALTH FACILITY ..... 1 HOME OF A HEALTH WORKER / PROFESSIONAL ..... 2 AT HOME ..... 3 RITUAL SITE ..... 4 OTHER HOME / PLACE (*specify*)_____ 6 DK 8	

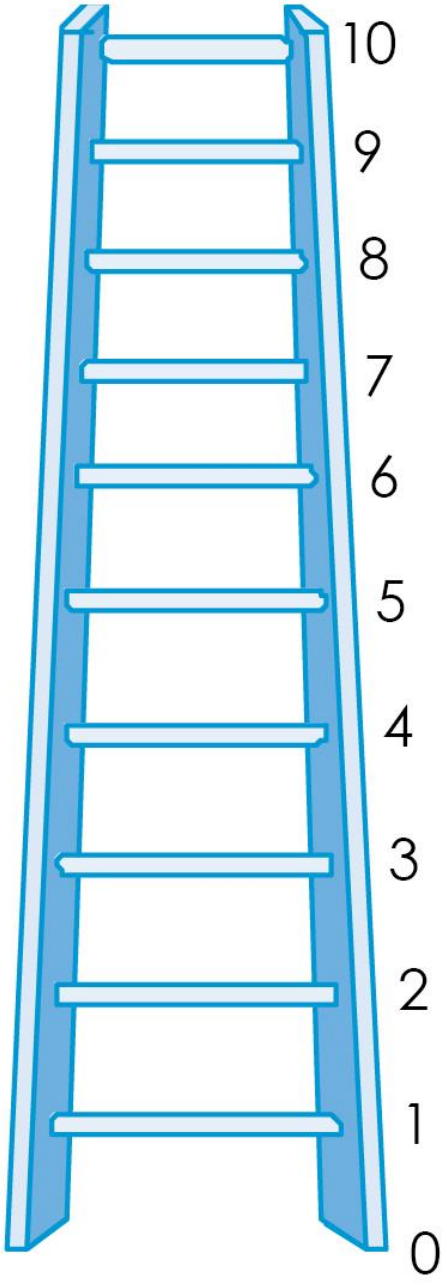
TOBACCO AND ALCOHOL USE		MTA
MTA1. Have you ever tried cigarette smoking, even one or two puffs?	YES ..... 1 NO 2	2 ⇨ *MTA6*
MTA2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE ..... 00 AGE ..... ___ ___	00 ⇨ *MTA6*
MTA3. Do you currently smoke cigarettes?	YES ..... 1 NO 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, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS..... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH ..... 10 EVERY 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 ..... 1 NO 2	2 ⇨ *MTA10*
MTA7. During the last one month, did you use any smoked tobacco products?	YES ..... 1 NO 2	2 ⇨ *MTA10*
MTA8. What type of smoked tobacco product did you use or smoke during the last one month? *Record all mentioned.*	CIGARS ..... A WATER PIPE ..... B CIGARILLOS ..... C PIPE ..... D OTHER (*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, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS..... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH ..... 10 EVERY DAY / ALMOST EVERY DAY 30	
MTA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?	YES ..... 1 NO 2	2 ⇨ *MTA14*
MTA11. During the last one month, did you use any smokeless tobacco products?	YES ..... 1 NO 2	2 ⇨ *MTA14*

MTA12. What type of smokeless tobacco product did you use during the last one month? *Record all mentioned.*	CHEWING TOBACCO..... A SNUFF .....B DIP .....C OTHER (*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, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS..... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY DAY / ALMOST EVERY DAY 30	
MTA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES..... 1 NO..... 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..... 00 AGE ..... ___ ___	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, record '00'.* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	DID NOT HAVE ONE DRINK IN LAST ONE MONTH..... 00 NUMBER OF DAYS..... 0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH..... 10 EVERY 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..... ___ ___	

LIFE SATISFACTION		MLS
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. Record the response code selected by the respondent.*	VERY HAPPY ..... 1 SOMEWHAT HAPPY ..... 2 NEITHER HAPPY NOR UNHAPPY ..... 3 SOMEWHAT UNHAPPY ..... 4 VERY 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 ..... 1 MORE OR LESS THE SAME ..... 2 WORSENED 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 ..... 1 MORE OR LESS THE SAME ..... 2 WORSE 3	


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

Best Possible Life



Worst Possible Life

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 ..... 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (*specify*) _____ 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (*specify*) _____ 3	
MWM12. *Language of the Questionnaire.*	ENGLISH ..... 11 AKAN ..... 12 GA ..... 13 EWE ..... 15 DAGBANI 17	
MWM13. *Language of the Interview.*	ENGLISH ..... 11 AKAN ..... 12 GA ..... 13 TWI ..... 14 EWE ..... 15 NZEMA ..... 16 DAGBANI ..... 17 KASEM ..... 18 GONJA ..... 19 OTHER LANGUAGE (*specify*) _____ 96	
MWM14. *Native language of the Respondent.*	ENGLISH ..... 11 AKAN ..... 12 GA ..... 13 TWI ..... 14 EWE ..... 15 NZEMA ..... 16 DAGBANI ..... 17 KASEM ..... 18 GONJA ..... 19 OTHER LANGUAGE (*specify*) _____ 96	
MWM15. *Was a translator used for any parts of this questionnaire?*	YES, THE ENTIRE QUESTIONNAIRE ..... 1 YES, PARTS OF THE QUESTIONNAIRE ..... 2 NO, 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 record '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 record '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 record '01'. Then end the interview 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 record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.*

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS