

QUESTIONNAIRE FOR INDIVIDUAL MEN



Sierra Leone MICS 2017

| MAN'S INFORMATION PANEL | M | VIV | |
|---|--|-----|--|
| MWM1. Cluster number: | MWM2. Household number: | | |
| MWM3. Man's name and line number: | MWM4. Supervisor's name and number: | | |
| Name | Name | | |
| MWM5. Interviewer's name and number: | MWM6. Day / Month / Year of interview: | | |
| Name | // 2 0 1 | | |
| Check man's age in HL6 in List of Household Members, Household Questionr | | | |
| that adult consent for interview is obtained or not necessary (HL20=90). If cor the interview must not commence and '06' should be record in MWM17. Hours | 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 | | |
| WWM9A. Hello, my name is (your name). We are from Statistics Sierra Leone. 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 30 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 to in more detail. This interview will take about 30 minutes. Again, all the information we obtain will remain strictly confidential and anonymous, you wish not to answer a question or wish to stop the interview, please me know. May I start now? | lf | |
| YES, PERMISSION IS GIVEN1 | 1→ MAN'S BACKGROUND MODULE | | |
| NO, PERMISSION IS NOT GIVEN2 | 2 → MWM17 | | |
| | COMPLETED | (| |
| | NOT AT HOME | | |
| MWM17. Result of man's interview. | PARTLY COMPLETED | | |
| vivivi 17. nesult of Man's Interview. | FARTLY CONTRETED | ٠ | |
| Discuss any result not completed with Supervisor. | INCAPACITATED (SPECIFY) | 0 | |
| | NO ADULT CONSENT FOR RESPONDENT AGE 15-17 | 0 | |
| | OTHER (SPECIFY) | 5 | |

| 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 | 2 → <i>MWB3</i> |
| MWB2. Check ED5 in Education Module in the Household Questionnaire for this respondent: Highest level of school attended: | ED5=2, 3, 4 OR 5 | 1 → <i>MWB15</i> 2 → <i>MWB14</i> |
| MWB3 . In what month and year were you born? | DATE OF BIRTH MONTH | |
| 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 COMPLETEDYEARS) | |
| MWB5. Have you ever attended school or any early childhood education programme? | YES | 2 → <i>MWB14</i> |
| MWB6 . What is the highest level and grade or year of school you have attended? | EARLY CHILDHOOD EDUCATION | 000 → <i>MWB14</i> |
| MWB7. Did you complete that (grade/ year)? | YES | |
| MWB8. Check MWB4. Age of respondent: | AGE 15-24 | 2 → <i>MWB13</i> |
| MWB9. At any time during the 2016/17 school year did you attend school? | YES | 2 → <i>MWB11</i> |
| MWB10 . During this 2016/17 school year, which level and grade or year are you attending? | PRIMARY | |
| MWB11. At any time during the 2015/16 school year did you attend school? | YES | 2 → <i>MWB13</i> |
| MWB12. During that 2015/16 school year, which level and grade or year did you attend? | PRIMARY 1 JUNIOR SECONDARY 2 SENIOR SECONDARY 3 HIGHER 4 VOC/TECH/NURSING/TEACHER 5 | |
| MWB13. Check MWB6. Highest level of school attended: | MWB6=2, 3, 4 OR 5 | 1 → <i>MWB15</i> |

| 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 | |
|--|---|--------------------------|
| 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 | 95 → <i>MWB18</i> |
| 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 | |
| MWB17. Before you moved here, in which region did you live in? | EAST | |
| MWB18. Are you covered by any health insurance? | YES | 2 → End |
| MWB19. What type of health insurance are you covered by? Record all mentioned. | MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE . A HEALTH INSURANCE THROUGH EMPLOYER | |

| MASS MEDIA AND ICT | | MM |
|---|----------------------|------------------------|
| 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? | NOT AT ALL | |
| If 'Yes' record 3, if 'No' record 2. | | |
| 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 | |
| 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? | NOT AT ALL | |
| If 'Yes' record 3, if 'No' record 2. | ALVIOUT EVEITI DAT | |
| MMT4. Have you ever used a computer or a tablet from any location? | YES | 2 → <i>MMT9</i> |
| 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? | NOT AT ALL | |
| If 'At least once a week', probe: Would you say this happened almost every day? | AT LEAST ONCE A WEEK | 0 → <i>MMT9</i> |
| If 'Yes' record 3, if 'No' record 2. | | |

| 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' record? | YES, MMT6[C]=1 NO, MMT6[C]=2 | | | 1 → <i>MMT10</i> |
| MMT8. Check MMT6[F], is 'Yes' record? | YES, MMT6[F]=1 | | | 1 → <i>MMT10</i> |
| MMT9 . Have you ever used the internet from any location and any device? | YESNO | | | 2 → <i>MMT11</i> |
| 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? | NOT AT ALL LESSTHAN ONCE A WEEK AT LEAST ONCE A WEEK ALMOST EVERY DAY | | 1 2 | |
| If 'Yes' record 3, if 'No' record 2. | | | | |
| MMT11. Do you own a mobile phone? | YESNO | | | |
| 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. | NOT AT ALL | | 1 2 | |
| If 'At least once a week', probe: Would you say this happens almost every day? | ALMOST EVERY DAY | | 3 | |
| If 'Yes' record 3, if 'No' record 2. | | | | |

| 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 | YES | 2 → <i>MCM8</i> 8 → <i>MCM8</i> |
| included in response to any question. MCM2. Do you have any sons or daughters that you have fathered who are now living with you? | YES | 2 → <i>MCM5</i> |
| 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 | 2 → <i>MCM8</i> |
| 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 | 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 → <i>MCM14</i> |

| 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 → End 1 → MCM18A |
| MCM15. Did all the children you have fathered have the same biological mother? | YES | 1 → <i>MCM17</i> |
| 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 INYEARS | → 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? | DATE OF LAST BIRTH MONTH | |
| Month and year must be recorded. | | |

| ATTITUDES TOWARD DOMESTIC VIOLE | NCE | 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 | |
| [B] If she neglects the children? | NEGLECTS CHILDREN 1 2 8 | |
| [C] If she argues with him? | ARGUES WITH HIM1 2 8 | |
| [D] If she refuses to have sex with him? | REFUSES SEX | |
| [E] If she burns the food? | BURNS FOOD 1 2 8 | |

| YES, CURRENTLY MARRIED | 3 → <i>MMA5</i> |
|---|--|
| YES | 2 → <i>MMA</i> 7 |
| NUMBER | → MMA7 |
| DK 98 YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER 2 NO 3 | 98 → <i>MMA7</i> 3 → <i>End</i> |
| WIDOWED 1 DIVORCED 2 SEPARATED 3 | |
| ONLY ONCE | 1 → <i>MMA8A</i> 2 → <i>MMA8B</i> |
| DATE OF (FIRST) UNION MONTH DK MONTH98 | |
| YEAR | |
| YES, MMA8A/B=9998 | 2 → End |
| YES, MMA7=1 | 1 → <i>MMA11A</i> 2 → <i>MMA11B</i> |
| AGE INYEARS | |
| | YES 1 NO .2 NUMBER |

| ADULT FUNCTIONING | | MAF |
|--|---------------------|--|
| MAF1. Check MWB4: Age of respondent? | AGE 15-17YEARS | 1 → End |
| MAF2. Do you use glasses or contact lenses? Include the use of glasses for reading. | YES | |
| MAF3. Do you use a hearing aid? | YES | |
| 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 → <i>MAF6A</i> 2 → <i>MAF6B</i> |
| MAF6A. When using your glasses or contact lenses, do you have difficulty seeing? | NO DIFFICULTY | |
| MAF6B. Do you have difficulty seeing? | CANNOT SEE AT ALL4 | |
| MAF7. Check MAF3: Respondent uses a hearing aid? | YES, MAF3=1 | 1 → <i>MAF8A</i> 2 → <i>MAF8B</i> |
| MAF8A. When using your hearing aid(s), do you have difficulty hearing? | NO DIFFICULTY | |
| MAF8B. Do you have difficulty hearing? | CANNOT HEAR AT ALL4 | |
| MAF9 . Do you have difficulty walking or climbing steps? | NO DIFFICULTY | |
| MAF10. Do you have difficulty remembering or concentrating? | NO DIFFICULTY | |
| MAF11. Do you have difficulty with selfcare, such as washing all over or dressing? | NO DIFFICULTY | |
| MAF12 . Using your usual language, do you have difficulty communicating, for example understanding or being understood? | NO DIFFICULTY | |

| 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 | NEVER HAD INTERCOURSE00 AGE INYEARS | 00 → End |
| intercourse for the very first time? | FIRSTTIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER95 | |
| MSB2. I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? | DAYS AGO | |
| 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. | MONTHS AGO | 4 → End |
| MSB3. The last time you had sexual intercourse, was a condom used? | YES | |
| MSB4. What was your relationship to this person with whom you last had sexual intercourse? | WIFE1 | |
| Probe to ensure that the response refers to the relationship at the time of sexual intercourse | COHABITING PARTNER 2 GIRLFRIEND 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 | 3 → <i>MSB6</i> 4 → <i>MSB6</i> 5 → <i>MSB6</i> |
| If 'Girlfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'. | OTHER (SPECIFY)6 | 6 → <i>MSB6</i> |
| MSB5. Check MMA1: Currently married or living with a partner? | YES, MMA1=1 OR 2 | 1 → MSB7 |
| MSB6. How old is this person? | AGE OF SEXUAL PARTNER | |
| If response is 'DK', probe: About how old is this person? | DK98 | |
| MSB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months? | YES | 2 → End |
| MSB8. The last time you had sexual intercourse with another person, was a condom used? | YES | |

| MSB9. What was your relationship to this person? Probe to ensure that the response refers to the relationship at the time of sexual intercourse | WIFE | 3 → <i>MSB12</i> 4 → <i>MSB12</i> |
|--|-----------------------|--|
| If 'Girlfriend' then ask: | CLIENT/SEX WORKER5 | 5 → <i>MSB12</i> |
| Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'. | OTHER (SPECIFY)6 | 6 → <i>MSB12</i> |
| MSB10. Check MMA1: Currently married or living with a partner? | YES, MMA1=1 OR 2 | 2 → <i>MSB12</i> |
| MSB11. Check MMA7: Married or living with a partner only once? | YES, MMA7=1 | 1 → End |
| MSB12. How old is this person? | AGE OF SEXUAL PARTNER | |
| If response is 'DK', probe: About how old is this person? | DK98 | |

| HIV/AIDS | | МНА |
|---|--|--------------------------------------|
| MHA1. Now I would like to talk with you about something else. | YES1 NO 2 | 2 → End |
| Have you ever heard of HIV or AIDS? | NO2 | 2 → Ena |
| MHA2. HIV is the virus that can lead to AIDS. | YES | |
| Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners? | DK8 | |
| MHA3. Can people get HIV from mosquito bites? | YES | |
| MHA4. Can people reduce their chance of getting HIV by using a condom every time they have sex? | DK | |
| MHA5. Can people get HIV by sharing food with a person who has HIV? | YES | |
| MHA6. Can people get HIV because of witchcraft or other supernatural means? | YES | |
| MHA7 . Is it possible for a healthy-looking person to have HIV? | YES | |
| MHA8. Can HIV be transmitted from a mother to her baby: | | |
| [A] During pregnancy?[B] During delivery?[C] By breastfeeding? | YES NO D 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' record? | YES | 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 | |
| MHA24. I don't want to know the results, but have you ever been tested for HIV? | YES | 2 → MHA27 |
| MHA25. How many months ago was your most recent HIV test? | LESSTHAN 12 MONTHS AGO 1 12-23 MONTHS AGO 2 2 OR MOREYEARS AGO 3 | |
| MHA26. I don't want to know the results, but did you get the results of the test? | YES | 1 → MHA28 2 → MHA28 |
| | DK8 | 8 → <i>MHA28</i> |

| MHA27. Do you know of a place where people can go to get an HIV test? | YES | |
|--|--------------------------|------------------|
| MHA28. Have you heard of test kits people can use to test themselves for HIV? | YES | 2 → MHA30 |
| MHA29. Have you ever tested yourself for HIV using a self-test kit? | YES | |
| MHA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES | |
| MHA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES | |
| 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 | |
| MHA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV? | YES | |
| MHA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | YES | |
| MHA35. Do you agree or disagree with the following statement? | AGREE | |
| I would be ashamed if someone in my family had HIV. | DK / NOT SURE / DEPENDS8 | |
| MHA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | YES | |
| | DK / NOT SURE / DEPENDS8 | |

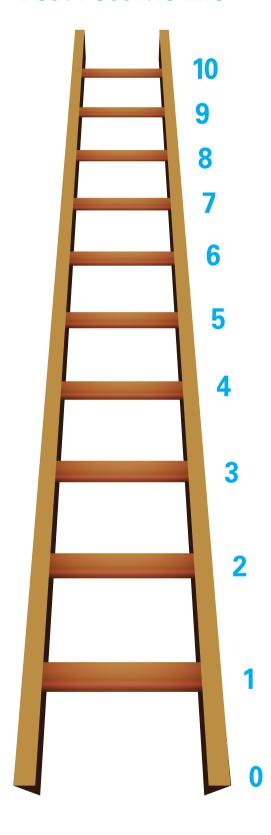
| TOBACCO AND ALCOHOL USE | | MTA |
|--|--|-------------------------|
| MTA1. Have you ever tried cigarette smoking, even one or two puffs? | YES | 2 → <i>MTA6</i> |
| MTA2. How old were you when you smoked a whole cigarette for the first time? | NEVER SMOKED A WHOLE CIGARETTE00 AGE | 00 → <i>MTA6</i> |
| MTA3. Do you currently smoke cigarettes? | YES | 2 → <i>MTA6</i> |
| 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 | NUMBER OF DAYS 0 | |
| days. If 10 days or more but less than a month, record '10'. If 'Every day' or 'Almost every day', record '30'. | 10 DAYS OR MORE BUT LESSTHAN A MONTH | |
| MTA6. Have you ever tried any smoked tobacco products other than cigarettes, such as cigars, water pipe, cigarillos or pipe? | YES | 2 → <i>MTA10</i> |
| MTA7. During the last one month, did you use any smoked tobacco products? | YES | 2 → <i>MTA10</i> |
| 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 TOBACCO LEAF E 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 | |
| MTA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip? | YES | 2 → <i>MTA14</i> |
| MTA11. During the last one month, did you use any smokeless tobacco products? | YES | 2 → MTA14 |
| MTA12. What type of smokeless tobacco product did you use during the last one month? | CHEWINGTOBACCO A SNUFF B DIP C | |
| Record all mentioned. | OTHER (SPECIFY)X | |

| MTA13. During the last one month, on how many days did you use (names of products mentioned in MTA12)? | NUMBER OF DAYS 0 | |
|---|--|-----------------|
| 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'. | 10 DAYS OR MORE BUT LESSTHAN A MONTH | |
| MTA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol? | YES | 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 → 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 → 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 | | 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. | VERY HAPPY 1 SOMEWHAT HAPPY 2 NEITHER HAPPY NOR UNHAPPY 3 | |
| Show smiley card and explain what each symbol represents. Record the response code selected by the respondent. | SOMEWHAT UNHAPPY | |
| 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? | LADDER STEP | |
| Probe if necessary: Which step comes closest to the way you feel? | | |
| 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 | |
| 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 | |

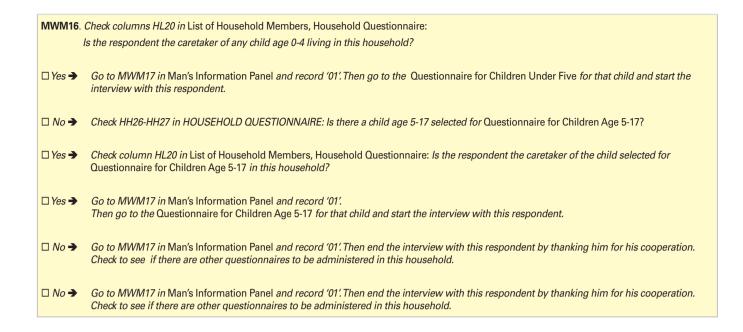
| Very | Somewhat | Neither happy, | Somewhat | Very |
|-------|----------|----------------|----------|---------|
| happy | happy | nor unhappy | unhappy | unhappy |
| | | | | |

Best Possible Life



Worst Possible Life

| MWM10. Record the time. | HOURS AND MINUTES: ::: |
|--|--|
| NWM11. 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 |
| MWM12. Language of the Questionnaire. | ENGLISH1 |
| NWM13 . Language of the Interview. | ENGLISH .01 KRIO .02 MENDE .03 TEMNE .04 MANDINGO .05 LOKO .06 SHERBRO .07 LIMBA .08 KISSI .09 KONO .10 SUSU .11 FULLAH .12 KRIM .13 YALUNKA .14 KORANKO .15 VAI .16 OTHER LANGUAGE .96 |
| MWM14 . Native language of the Respondent. | ENGLISH 01 KRIO 02 MENDE 03 TEMNE 04 MANDINGO 05 LOKO 06 SHERBRO 07 LIMBA 08 KISSI 09 KONO 10 SUSU 11 FULLAH 12 KRIM 13 YALUNKA 14 KORANKO 15 VAI 16 OTHER LANGUAGE (SPECIFY) 96 |
| MWM15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE |



SENTENCES FOR LITERACY TEST

- 1. My name is not James.
- 2. The dog is big and black.
- 3. I like to go swimming in the lake.
- 4. That car is going very fast.

| Interviewer's Observations | |
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| Supervisor's Observations | |
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