



# MULTIPLE INDICATOR CLUSTER SURVEY (MICS) 2014

## *MAN'S QUESTIONNAIRE*

**ENGLISH**

PROVINCE CODE:  CLUSTER NO:  HHOLD NO:

| MAN'S INFORMATION PANEL  |   | MWM |
|--|---|-----|
| <p><i>This questionnaire is to be administered to all men age 15 through 54 (see List of Household Members, column HL7A).</i></p> <p><i>A separate questionnaire should be used for each eligible man.</i></p> |   |     |
| <b>MWM1.</b> Cluster number:<br>_____  | <b>MWM2.</b> Household number:<br>_____                               |     |
| <b>MWM3.</b> Man's name:<br>Name _____   | <b>MWM4.</b> Man's line number:<br>_____                              |     |
| <b>MWM5.</b> Interviewer's name and number:<br>Name _____  | <b>MWM6.</b> Day / Month / Year of interview:<br>_____ / _____ / 2014 |     |

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|--|--|
| <p><i>Repeat greeting if not already read to this man:</i></p> <p>GOOD .....! MY NAME IS ..... AND I AM WORKING FOR THE ZIMBABWE NATIONAL STATISTICS AGENCY (ZIMSTAT). WE ARE WORKING ON A NATIONWIDE SURVEY CONCERNED WITH THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. YOUR HOUSEHOLD WAS SELECTED FOR THE SURVEY. NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT <b>15</b> MINUTES. WE WOULD VERY MUCH APPRECIATE YOUR PARTICIPATION IN THIS SURVEY. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.</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 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p> |
| <p>MAY I START NOW?</p> <p><input type="checkbox"/> <i>Yes, permission is given</i> ⇒ Go to MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> <i>No, permission is not given</i> ⇒ Circle '03' in MWM7. Discuss this result with your supervisor.</p>   |  |
| <b>MWM7.</b> Result of man's interview   | <p>Completed ..... 01</p> <p>Not at home ..... 02</p> <p>Refused ..... 03</p> <p>Partly completed ..... 04</p> <p>Incapacitated ..... 05</p> <p>Other (<i>specify</i>) _____ 96</p>  |

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|---|--|---|--|
| <b>MWM8.</b> Team Leader's name and number:<br>Name _____ |  | <b>MWM9.</b> Main data entry clerk's name and number:<br>Name _____ |  |
| <b>MWM10.</b> Record start time for interview.            |  | Hour and minutes ..... : ..   |  |

| <b>MAN'S BACKGROUND</b>   |   | <b>MWB</b> |
|---|---|------------|
| <b>MWB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?  | Date of birth<br>Month .....<br>DK month .....98<br><br>Year .....<br>DK year .....9998 |            |
| <b>MWB2.</b> HOW OLD ARE YOU?<br><br><i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i><br><br><i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>   | Age (in completed years).....   |            |
| <b>MWB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?  | Yes.....1<br>No .....2  | 2⇒MWB7     |
| <b>MWB4.</b> WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?  | Preschool.....0<br>Primary .....1<br>Secondary .....2<br>Higher .....3                  | 0⇒MWB7     |
| <b>MWB5.</b> WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?<br><br>10 – Special primary<br>11 - 17 for primary<br>20 – Special secondary<br>21 – 26 for secondary<br>30 – Attended/currently attending higher education<br>31- completed higher education<br><br><i>If the first grade at this level is not completed, enter "00"</i> | Grade.....  |            |

**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.

*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 \_\_\_\_\_ 4  
*(specify language)*

Blind/visually impaired ..... 5

**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

|   |  |         |
|---|--|---------|
| <b>MMT2.</b> 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<br>At least once a week ..... 2<br>Less than once a week..... 3<br>Not at all ..... 4 |         |
| <b>MMT3.</b> 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<br>At least once a week ..... 2<br>Less than once a week..... 3<br>Not at all ..... 4 |         |
| <b>MMT4.</b> 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<br>At least once a week ..... 2<br>Less than once a week..... 3<br>Not at all ..... 4 |         |
| <b>MMT6.</b> HAVE YOU EVER USED A COMPUTER?   | Yes ..... 1<br>No ..... 2  | 2⇒MMT9  |
| <b>MMT7.</b> HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?  | Yes ..... 1<br>No ..... 2  | 2⇒MMT9  |
| <b>MMT8.</b> 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<br>At least once a week ..... 2<br>Less than once a week..... 3<br>Not at all ..... 4 |         |
| <b>MMT9.</b> HAVE YOU EVER USED THE INTERNET?   | Yes ..... 1<br>No ..... 2  | 2⇒MMT12 |

|  |   |                           |
|--|---|---------------------------|
| <p><b>MMT10.</b> IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>                              | <p>Yes ..... 1<br/>No ..... 2</p>   | <p>2⇒MMT12</p>            |
| <p><b>MMT11.</b> 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?</p>                   | <p>Almost every day ..... 1<br/>At least once a week ..... 2<br/>Less than once a week ..... 3<br/>Not at all ..... 4</p> |                           |
| <p><b>MMT12.</b> HAVE YOU EVER USED A MOBILE OR NON-MOBILE PHONE?</p>  | <p>Yes ..... 1<br/>No ..... 2</p>   | <p>2⇒Next<br/>Module</p>  |
| <p><b>MMT13.</b> IN THE LAST 12 MONTHS, HAVE YOU USED THE MOBILE OR NON-MOBILE PHONE?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>            | <p>Yes ..... 1<br/>No ..... 2</p>   | <p>2⇒ Next<br/>Module</p> |
| <p><b>MMT14.</b> DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE MOBILE OR NON-MOBILE PHONE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p> | <p>Almost every day ..... 1<br/>At least once a week ..... 2<br/>Less than once a week ..... 3<br/>Not at all ..... 4</p> |                           |

| FERTILITY   |   | MCM              |
|---|---|------------------|
| <p><b>MCM1.</b> 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. HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?</p> | Yes ..... 1<br>No ..... 2<br>DK..... 8                            | 2⇒MCM8<br>8⇒MCM8 |
| <p><b>MCM3.</b> HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?</p>  | Age in years ..... __ __  |                  |
| <p><b>MCM4.</b> DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE LIVING WITH YOU?</p>   | Yes ..... 1<br>No ..... 2   | 2⇒MCM6           |
| <p><b>MCM5.</b> 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 ..... __ __<br><br>Daughters at home ..... __ __     |                  |
| <p><b>MCM6.</b> DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>  | Yes ..... 1<br>No 2   | 2⇒MCM8           |
| <p><b>MCM7.</b> 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 ..... __ __<br><br>Daughters elsewhere ..... __ __ |                  |
| <p><b>MCM8.</b> HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i></p>  | Yes ..... 1<br>No ..... 2   | 2⇒MCM10          |

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|--|--|--|
| <p>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?</p>   |  |  |
| <p><b>MCM9.</b> HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>  | <p>Boys dead ..... _ _</p> <p>Girls dead ..... _ _</p> |  |
| <p><b>MCM10.</b> Sum answers to MCM5, MCM7, and MCM9.</p>  | <p>Sum ..... _ _</p>                                   |  |
| <p><b>MCM11.</b> JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (<i>total number in MCM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p><input type="checkbox"/> <i>No live births ⇒ Go to Next Module</i></p> <p><input type="checkbox"/> <i>One or more live births ⇒ Continue with MCM11A</i></p> <p><input type="checkbox"/> <i>No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary</i></p> |  |  |



|   |   |                |
|---|---|----------------|
| <p><b>MCM11A.</b> DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?</p>   | <p>Yes..... 1<br/>No ..... 2</p>  | <p>1⇒MCM12</p> |
| <p><b>MCM11B.</b> IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?</p>   | <p>Number of women ..... _ _</p>  |                |
| <p><b>MCM12.</b> 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)?</p> <p>Month and year must be recorded.</p> | <p>Date of last birth</p> <p>Month..... _ _</p> <p>Year ..... _ _ _ _</p> |                |

**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? | [A] Goes out without telling ..... | 1   | 2  | 8  |
| [B] IF SHE NEGLECTS THE CHILDREN?        | [B] Neglects children .....        | 1   | 2  | 8  |
| [C] IF SHE ARGUES WITH HIM?              | [C] Argues with him .....          | 1   | 2  | 8  |
| [D] IF SHE REFUSES TO HAVE SEX WITH HIM? | [D] Refuses sex .....              | 1   | 2  | 8  |
| [E] IF SHE BURNS THE FOOD?               | [E] Burns food.....                | 1   | 2  | 8  |
| [F] IF SHE COMMITS INFIDELITY?           | [F] Commits infidelity .....       | 1   | 2  | 8  |

| <b>MARRIAGE/UNION</b>   |   | <b>MMA</b>           |
|---|---|----------------------|
| <b>MMA1.</b> ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?                       | Yes, currently married ..... 1<br>Yes, living with a woman..... 2<br>No, not in union ..... 3 | 3⇒MMA5               |
| <b>MMA3.</b> DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?                         | Yes (More than one) ..... 1<br>No (Only one)..... 2   | 2⇒MMA7               |
| <b>MMA4.</b> HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?  | Number..... _ _   | ⇒MMA8B               |
| <b>MMA5.</b> HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?                       | Yes, formerly married ..... 1<br>Yes, formerly lived with a woman..... 2<br>No ..... 3        | 3 ⇒Next Module       |
| <b>MMA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?                       | Widowed..... 1<br>Divorced ..... 2<br>Separated..... 3  |                      |
| <b>MMA7.</b> HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?                       | Only once ..... 1<br>More than once ..... 2   | 1 ⇒MMA8A<br>2 ⇒MMA8B |
| <b>MMA8A.</b> IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?              | Date of (first) marriage<br>Month ..... _ _<br><br>DK month ..... 98                          |                      |
| <b>MMA8B.</b> IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED? | Year..... _ _ _ _<br><br>DK year ..... 9998   | ⇒Next Module         |
| <b>MMA9.</b> HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?                 | Age in years ..... _ _  |                      |

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

|  |   |                       |
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| <p><b>MSB1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. 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><b>MSB2.</b> 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><b>MSB3.</b> 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).<br/>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><b>MSB4.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>   | <p>Yes..... 1</p> <p>No..... 2</p>  |                       |
| <p><b>MSB5.</b> WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse<br/>If 'girlfriend', then ask:</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 (specify) _____ 6</p> |                       |

|  |  |                |
|--|--|----------------|
| <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>If 'yes', circle '2'.If 'no', circle'3'.</i></p>  |  |                |
| <p><b>MSB8.</b> 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><b>MSB9.</b> 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><b>MSB10.</b> WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend' then ask:</i></p> <p>WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>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><b>MSB13.</b> OTHER THAN THESE TWO PERSONS, 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><b>MSB14.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>  | <p>Number of partners..... __ __</p>   |                |

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|--|---|--|
| <p><b>MSB15.</b> 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, probe 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 AND AIDS**

**MHA**

|  |  |                       |
|--|--|-----------------------|
| <p><b>MHA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE .HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</p>                 | <p>Yes ..... 1</p> <p>No ..... 2</p>                   | <p>2⇒ Next Module</p> |
| <p><b>MHA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p> | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p> |                       |
| <p><b>MHA3.</b> CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>  | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p> |                       |
| <p><b>MHA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>                              | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p> |                       |
| <p><b>MHA5.</b> CAN PEOPLE GET HIV FROM MOSQUITO BITES?</p>  | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p> |                       |
| <p><b>MHA6.</b> CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS THE HIV?</p>  | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p> |                       |
| <p><b>MHA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?</p>   | <p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p> |                       |
| <p><b>MHA8.</b> CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</p>   |  |                       |

|  | Yes  | No | DK      |
|--|--|----|---------|
| [A] DURING PREGNANCY?  | [A] During pregnancy ..... 1                             | 2  | 8       |
| [B] DURING DELIVERY?   | [B] During delivery ..... 1                              | 2  | 8       |
| [C] BY BREASTFEEDING?  | [C] By breastfeeding ..... 1                             | 2  | 8       |
| <b>MHA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS HIV BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?   | Yes ..... 1<br>No ..... 2<br>DK/Not sure/Depends ..... 8 |    |         |
| <b>MHA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD HIV?                     | Yes ..... 1<br>No ..... 2<br>DK/Not sure/Depends ..... 8 |    |         |
| <b>MHA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH HIV, WOULD YOU WANT IT TO REMAIN A SECRET?                              | Yes ..... 1<br>No ..... 2<br>DK/Not sure/Depends ..... 8 |    |         |
| <b>MHA12.</b> 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<br>No ..... 2<br>DK/Not sure/Depends ..... 8 |    |         |
| <b>MHA24.</b> I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV?                              | Yes ..... 1<br>No ..... 2                                |    | 2⇒MHA27 |



|   |  |   |
|---|--|---|
| <p><b>MHA25.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?</p>                             | <p>Less than 12 months ago..... 1<br/> 12-23 months ago ..... 2<br/> 2 or more years ago ..... 3</p> |   |
| <p><b>MHA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p> | <p>Yes ..... 1<br/> No ..... 2<br/> DK ..... 8</p>   | <p>1⇒Next<br/> Module<br/> 2⇒Next<br/> Module<br/> 8⇒Next<br/> Module</p> |
| <p><b>MHA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR HIV?</p>          | <p>Yes ..... 1<br/> No ..... 2</p>   |   |

| CIRCUMCISION  |   | MMC              |
|---|---|------------------|
| <b>MMC1.</b> SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED? | Yes ..... 1<br><br>No ..... 2   | 2⇒Next<br>Module |
| <b>MMC2.</b> HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?   | Age in completed years..... __ __<br><br>DK ..... 98  |                  |
| <b>MMC3.</b> WHO DID THE CIRCUMCISION?  | Traditional practitioner/family/friend ..... 1<br>Health worker/Professional ..... 2<br><br>Other ( <i>specify</i> ) _____ 6<br><br>DK ..... 8  |                  |
| <b>MMC4.</b> WHERE WAS IT DONE?   | Health facility ..... 1<br>Home of a health worker/professional ..... 2<br>Circumcision done at home..... 3<br>Ritual site..... 4<br><br>Other home/place ( <i>specify</i> )_____ 6<br><br>DK ..... 8 |                  |

| TOBACCO AND ALCOHOL USE   |  | MTA     |
|---|--|---------|
| <b>MTA1.</b> HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?  | Yes..... 1<br>No ..... 2   | 2⇒MTA6  |
| <b>MTA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?   | Never smoked a whole cigarette ..... 00<br><br>Age..... ____   | 00⇒MTA6 |
| <b>MTA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?   | Yes..... 1<br>No ..... 2   | 2⇒MTA6  |
| <b>MTA4.</b> IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?   | Number of cigarettes ..... ____  |         |
| <b>MTA5.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES?<br><br><i>If less than 10 days, record the number of days.</i><br><i>If 10 days or more but less than a month, circle "10".</i><br><i>If "everyday" or "almost every day", circle "30"</i> | Number of days ..... 0 ____<br><br>10 days or more but less than a month .... 10<br><br>Everyday / Almost every day ..... 30             |         |
| <b>MTA6.</b> HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS, PIPE OR ROLLED TOBACCO?   | Yes..... 1<br>No ..... 2   | 2⇒MTA10 |
| <b>MTA7.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?  | Yes..... 1<br>No ..... 2   | 2⇒MTA10 |
| <b>MTA8.</b> WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH?<br><br><i>Circle all mentioned.</i>  | Cigars..... A<br>Water pipe..... B<br>Cigarillos ..... C<br>Pipe..... D<br>Rolled tobacco ..... E<br><br>Other ( <i>specify</i> )..... X |         |

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| <p><b>MTA9.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days.<br/>If 10 days or more but less than a month, circle "10".<br/>If "everyday" or "almost every day", circle "30"</i></p> | <p>Number of days ..... 0 ____</p> <p>10 days or more but less than a month .... 10</p> <p>Everyday / Almost every day ..... 30</p> |  |
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| <p><b>MTA10.</b> HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?</p>   | <p>Yes..... 1<br/>No ..... 2</p>  | <p>2 ⇒MTA14</p>       |
| <p><b>MTA11.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?</p>  | <p>Yes..... 1<br/>No ..... 2</p>  | <p>2 ⇒MTA14</p>       |
| <p><b>MTA12.</b> WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>   | <p>Chewing tobacco ..... A<br/>Snuff..... B<br/>Dip..... C<br/>Other (<i>specify</i>) _____ X</p>                                       |                       |
| <p><b>MTA13.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days.<br/>If 10 days or more but less than a month, circle "10".<br/>If "everyday" or "almost every day", circle "30"</i></p>                                      | <p>Number of days ..... 0 ____<br/><br/>10 days or more but less than a month .... 10<br/><br/>Everyday / Almost every day ..... 30</p> |                       |
| <p><b>MTA14.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>  | <p>Yes..... 1<br/>No ..... 2</p>  | <p>2⇒Next Module</p>  |
| <p><b>MTA15.</b> WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER ,CIDER , SPIRIT COOLER; ONE GLASS OF WINE; ONE SHOT/TOT OF SPIRITS (INCLUDING BRANDY, VODKA, WHISKEY, CANE SPIRITS, ETC); ONE LITRE OF OPAQUE BEER.</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<br/><br/>Age..... ____</p>   | <p>00⇒Next Module</p> |

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| <p><b>MTA16.</b> DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><i>If respondent did not drink, circle "00".</i><br/> <i>If less than 10 days, record the number of days.</i><br/> <i>If 10 days or more but less than a month, circle "10".</i><br/> <i>If "everyday" or "almost every day", circle "30"</i></p> | <p>Did not have one drink in last one month . 00</p> <p>Number of days ..... 0 ____</p> <p>10 days or more but less than a month .... 10</p> <p>Everyday / Almost every day ..... 30</p> | <p>00⇒Next Module</p> |
| <p><b>MTA17.</b> IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>   | <p>Number of drinks ..... ____ ____</p>  |                       |

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| <p><b>MWM11.</b> Record end time.</p> | <p>Hour and minutes ..... ____ : ____</p> |  |
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**MWM12.** Check List of Household Members, column HL7B and HL15

*Is the respondent the caretaker of any child age 0-4 living in this household?*

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.

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.

**Interviewer's Observations**

**Team leader's Observations**

**Supervisor's Observations**