



QUESTIONNAIRE FOR INDIVIDUAL MEN

Multiple Indicator Cluster Survey, Nigeria 2016

MAN'S INFORMATION PANEL		MWM
<p><i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A).</i></p> <p><i>A separate questionnaire should be used for each eligible man.</i></p>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name: Name _____	MWM4. Man's line number: _____	
MWM5. Interviewer's name and number: Name _____	MWM6. Day / Month / Year of interview: ____ / ____ / 2016	

<p><i>Repeat greeting if not already read to this man:</i></p> <p>WE ARE FROM THE NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 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 25 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 ⇒ Go to MWM10 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle "03" in MWM7. Discuss this result with your supervisor.</i></p>	

MWM7. Result of man's interview	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated 05 Other (<i>specify</i>) _____ 96
--	--

MWM8. Field supervisor's name and number: Name _____	
--	--

MWM10. Record the start time.	Hour and minutes : ..	
--------------------------------------	-----------------------------	--

MAN'S BACKGROUND		MWB
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? Compare and correct MWB1 and /or MWB2 if inconsistent.</i>	Age (in completed years) Grade.....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL, PRESCHOOL OR NON-FORMAL EDUCATION?	Yes 1 No 2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Secondary 2 Higher 3 Non-formal..... 4	4⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade.....	
MWB6. Check MWB4: <input type="checkbox"/> Secondary or higher (MWB4 = 2 or 3) ⇒ Go to Next Module. <input type="checkbox"/> Preschool or primary (MWB4 = 0 or 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, probe:</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 (specify language) Blind/visually impaired 5	

Codes for Grades in MWB5.

Preschool	Primary	Secondary or (Secondary Technical)	Higher
Never completed Nursery1. 00	Never completed Primary 1 10	Never completed JSS 1 . 20	Never completed NCE, AL, OND, Technical, HND1, BSc..... 30
Nursery 1 01	Primary 1 11	JSS 1 21	NCE 31
Nursery 2 02	Primary 2 12	JSS 2 22	AL/OND 32
Nursery 3 03	Primary 3 13	JSS 3 23	Higher Technical/TTC 33
	Primary 4 14	SS 1/T1 24	HND 34
	Primary 5 15	SS 2 /T2 25	BSc 35
	Primary 6..... 16	SS 3/ T3 26	Post Graduate 36

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MMT
MMT1. Check MWB7: <input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MMT2. <input type="checkbox"/> Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2. <input type="checkbox"/> 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? <input type="checkbox"/> Age 15-24 ⇒ Continue with MMT6. <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module.		
MMT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No..... 2	2⇒MMT9
MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No..... 2	2⇒MMT9
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 No..... 2	2⇒Next Module
MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No..... 2	2⇒Next Module
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 THIS RIGHT, 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 as necessary.

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

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV		
<p>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:</p>				
		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 A WOMAN AS IF MARRIED?	Yes, currently married1 Yes, living with a woman2 No, not in union3	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 LIVE-IN PARTNERS DO YOU HAVE?	Number__ __	⇒MMA8B
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married1 Yes, formerly lived with a woman2 No3	3⇒Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed1 Divorced2 Separated3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once1 More than once2	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 month98	⇒Next Module
MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Year__ __ __ __ DK year9998	
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years__ __	

SEXUAL BEHAVIOUR		MSB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
<p>MSB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES.</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>	00⇒Next Module
<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>	4⇒MSB15
<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>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> WERE YOU LIVING TOGETHER AS IF MARRIED? <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>MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	2⇒MSB15
<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 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> WERE YOU LIVING TOGETHER AS IF MARRIED? <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>	

MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No..... 2	2⇒MSB15
MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners __ __	
MSB14A. FOR ALL THE SEXUAL INTERCOURSE WITH NON- MARITAL PARTNERS IN THE LAST 12 MONTHS WAS A CONDOM USED, EVERY TIME, SOMETIMES OR NEVER?	Every time.....1 Sometimes.....2 Never3 DK/ Not sure/Don' remember.....8	
MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate.</i> <i>If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners __ __ DK 98	

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 No 2 DK 8	2 ⇒ Next Module
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 BECAUSE OF 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?	Yes No DK During pregnancy 1 2 8	
[B] DURING DELIVERY?	During delivery 1 2 8	
[C] BY BREASTFEEDING?	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 MHA8D.		
MHA8D. 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?	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	
MHA12A. DO YOU THINK CHILDREN WITH THE AIDS VIRUS SHOULD BE ALLOWED TO ATTEND ANY SCHOOL?	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	

CIRCUMCISION		MMC
MMC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?	Yes 1 No 2 DK 98	2⇒Next Module
MMC2. HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?	Age in completed years..... ____ DK 98	
MMC3. WHO DID THE CIRCUMCISION?	Health professional Doctor 11 Nurse/Midwife 12 Other health professional (<i>specify</i>) 16 Traditional persons Traditional 'circumciser' 21 Traditional birth attendant 22 Other traditional (<i>specify</i>) 26 DK 98	
MMC4. WHERE WAS IT DONE?	Health facility 1 Home of a health worker/professional 2 Circumcision done at home 3 Ritual site 4 Other home/place (<i>specify</i>) 6 DK 8	

TOBACCO AND ALCOHOL USE		TA
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
MTA2A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER SMOKED CIGARETTES ON A <u>DAILY</u> BASIS?	Yes, daily 1 No, less than daily 2	
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No 2	2⇒MTA6
MTA4. IN THE <u>LAST 24 HOURS</u> , HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes ____	
MTA4A. HOW MANY CIGARETTES DO YOU CURRENTLY SMOKE <u>PER WEEK ON AVERAGE</u> ? <i>Probe: HOW MANY HAND-ROLLED CIGARETTES AND HOW MANY MANUFACTURED CIGARETTES?</i> <i>If none write "000".</i> <i>If "not every week" write "666".</i>	Hand-rolled cigarettes..... ____ Manufactured cigarettes ____	
MTA5. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle "10".</i> <i>If "every day" or "almost every day", circle "30".</i>	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/SHISHA, CIGARILLOS OR PIPE?	Yes..... 1 No 2	2⇒MTA10
MTA6A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKED TOBACCO PRODUCTS ON A <u>DAILY</u> BASIS?	Yes, daily 1 No, less than daily 2	
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? <i>Circle all mentioned.</i>	Cigars..... A Water pipe/shisha B Cigarillos C Pipe..... D Other (<i>specify</i>) X	

<p>MTA8A. HOW MANY (<i>products circled in MTA8</i>) DO YOU CURRENTLY SMOKE <u>PER WEEK ON AVERAGE?</u></p> <p><i>If none write "000". If "not every week" write "666".</i></p>	<p>Cigars..... _____</p> <p>Pipes full of tobacco..... _____</p> <p>Cigarillos _____</p> <p>Water pipe/shisha sessions _____</p> <p>Other _____</p>	
<p>MTA9. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU USE SMOKED TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i></p>	<p>Number of days 0 _____</p> <p>10 days or more but less than a month 10</p> <p>Every day / Almost every day 30</p>	
<p>MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒MTA13A
<p>MTA10A. AT ANY TIME IN YOUR LIFE, HAVE YOU EVER USED SMOKELESS TOBACCO PRODUCTS ON A <u>DAILY</u> BASIS?</p>	<p>Yes, daily 1</p> <p>No, less than daily 2</p>	
<p>MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?</p>	<p>Yes..... 1</p> <p>No 2</p>	2⇒MTA13A
<p>MTA12. 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</p> <p>Snuff..... B</p> <p>Dip..... C</p> <p>Other (<i>specify</i>) X</p>	
<p>MTA13. DURING THE LAST ONE MONTH, ON <u>HOW MANY DAYS</u> DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30".</i></p>	<p>Number of days 0 _____</p> <p>10 days or more but less than a month 10</p> <p>Every day / Almost every day 30</p>	
<p>MTA13A. HOW OFTEN DOES ANYONE SMOKE INSIDE YOUR HOME? WOULD YOU SAY DAILY, WEEKLY, MONTHLY, LESS THAN MONTHLY, OR NEVER?</p>	<p>Daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly..... 4</p> <p>Never 5</p> <p>DK..... 8</p>	
<p>MTA13B. DO YOU CURRENTLY WORK OUTSIDE OF YOUR HOME?</p>	<p>Yes..... 1</p> <p>No / don't work..... 2</p>	2⇒MTA13E

MTA13C. DO YOU USUALLY WORK INDOORS OR OUTDOORS?	Indoors 1 Outdoors 2 Both..... 3	2⇒MTA13E
MTA13D. DURING THE LAST ONE MONTH, DID ANYONE SMOKE INDOOR AREAS WHERE YOU WORK?	Yes..... 1 No 2 DK..... 8	
MTA13E. Check MTA3 and MTA7: Current tobacco smoker? <input type="checkbox"/> Yes, current tobacco smoker (MTA3 = 1 or MTA7 = 1) ⇒ Continue with MTA13F. <input type="checkbox"/> No, does not currently smoke tobacco (MTA3 = 2 and MTA7 = 2) ⇒ Go to MTA13O.		
MTA13F. DURING THE LAST 12 MONTHS, HAVE YOU TRIED TO STOP SMOKING?	Yes..... 1 No 2	
MTA13G. DURING THE LAST 12 MONTHS, HAVE YOU VISITED A DOCTOR OR OTHER HEALTH CARE PROVIDER?	Yes..... 1 No 2	2⇒MTA13K
MTA13H. DURING ANY VISIT TO A DOCTOR OR HEALTH CARE PROVIDER IN THE LAST 12 MONTHS, WERE YOU ADVISED TO QUIT SMOKING TOBACCO?	Yes..... 1 No 2	
MTA13I. DURING THE LAST ONE MONTH, DID YOU NOTICE ANY HEALTH WARNINGS ON CIGARETTE PACKAGES?	Yes..... 1 No 2 Did not see any cigarette packages 6	2⇒MTA13K 6⇒MTA13K
MTA13J. DURING THE LAST ONE MONTH, HAVE WARNING LABELS ON CIGARETTE PACKAGES LED YOU TO THINK ABOUT QUITTING?	Yes..... 1 No 2	
MTA13K. Check MTA4A: Current smoker of <u>manufactured</u> cigarettes? <input type="checkbox"/> Yes ⇒ Continue with MTA13L. <input type="checkbox"/> No ⇒ Go to MTA13O.		
MTA13L. THE LAST TIME YOU BOUGHT CIGARETTES FOR YOURSELF, HOW MANY CIGARETTES DID YOU BUY?	Cigarettes..... 1 ___ ___ Packs 2 ___ ___ Cartoons 3 ___ ___ Other (<i>specify</i>) 4 ___ ___ Never bought cigarettes for himself 996	1⇒MTA13N 996⇒MTA13O
MTA13M. HOW MANY CIGARETTES WERE IN EACH (<i>unit circled in MTA13L</i>)?	Number of cigarettes per unit ... ___ ___	

MTA13N. IN TOTAL, HOW MUCH MONEY DID YOU PAY FOR THIS PURCHASE?	Price paid for purchase (naira) . _____ DK..... 9998																																	
MTA13O. Check MMT2: Reads newspapers or magazines? <input type="checkbox"/> Yes, sometimes reads newspapers or magazines (MMT2 = 1, 2 or 3) ⇒ Continue with MTA13P. <input type="checkbox"/> No, does not read newspapers or magazines (MMT2 = 4 or left blank) ⇒ Go to MTA13Q.																																		
MTA13P. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION IN NEWSPAPERS OR IN MAGAZINES ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING?	Yes..... 1 No 2 Did not read newspapers or magazines 6																																	
MTA13Q. Check MMT4: Watches television? <input type="checkbox"/> Yes, sometimes watches television (MMT4 = 1, 2 or 3) ⇒ Continue with MTA13R. <input type="checkbox"/> No, does not watch television (MMT4 = 4) ⇒ Go to MTA13S.																																		
MTA13R. DURING THE LAST ONE MONTH, HAVE YOU NOTICED INFORMATION ON TELEVISION ABOUT THE DANGERS OF SMOKING CIGARETTES OR THAT ENCOURAGES QUITTING?	Yes..... 1 No 2 Did not watch television 6																																	
MTA13S. DURING THE LAST ONE MONTH, HAVE YOU NOTICED ANY ADVERTISEMENTS OR SIGNS PROMOTING CIGARETTES IN STORES WHERE CIGARETTES ARE SOLD?	Yes..... 1 No 2 Did not go to any stores where cigarettes are sold 6																																	
MTA13T. DURING THE LAST ONE MONTH, HAVE YOU NOTICED ANY OF THE FOLLOWING TYPES OF CIGARETTE PROMOTIONS: [A] FREE SAMPLES OF CIGARETTES? [B] CIGARETTES AT SALE PRICES? [C] COUPONS FOR CIGARETTES? [D] FREE GIFTS OR SPECIAL DISCOUNT OFFERS ON OTHER PRODUCTS WHEN BUYING CIGARETTES? [E] CLOTHING OR OTHER ITEMS WITH A CIGARETTE BRAND NAME OR LOGO? [F] CIGARETTE PROMOTIONS IN THE MAIL? [G] CIGARETTE PROMOTIONS ON BILLBOARDS?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Free samples of cigarettes</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Cigarettes at sale prices</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Coupons for cigarettes.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Free gifts or special discount</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Items with cigarette brand.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Promotions in mail</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Promotions on billboards</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Free samples of cigarettes	1	2	8	Cigarettes at sale prices	1	2	8	Coupons for cigarettes.....	1	2	8	Free gifts or special discount	1	2	8	Items with cigarette brand.....	1	2	8	Promotions in mail	1	2	8	Promotions on billboards	1	2	8	
	Yes	No	DK																															
Free samples of cigarettes	1	2	8																															
Cigarettes at sale prices	1	2	8																															
Coupons for cigarettes.....	1	2	8																															
Free gifts or special discount	1	2	8																															
Items with cigarette brand.....	1	2	8																															
Promotions in mail	1	2	8																															
Promotions on billboards	1	2	8																															
MTA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes..... 1 No 2	2⇒Next Module																																

<p>MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER OR CALABASH OF PALMWINE, PITO OR BURUKUTU; ONE GLASS OF WINE; OR ONE SHOT OF COGNAC, VODKA, WHISKEY, RUM OR GIN.</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>	<p>00⇒Next Module</p>
<p>MTA16. 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> <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle “10”.</i> <i>If “every day” 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>Every day / Almost every day 30</p>	<p>00⇒Next Module</p>
<p>MTA17. 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>	

LIFE SATISFACTION		MLS
<p>MLS1. Check MWB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ 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 happy.....1 Somewhat happy2 Neither happy nor unhappy3 Somewhat unhappy4 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 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	
<p>MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5</p>	
<p>MLS5. DURING THE 2015-2016 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes.....1 No2</p>	2⇒MLS7
<p>MLS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 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 job.....0</p> <p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</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 unsatisfied3</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 unsatisfied3</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 unsatisfied3</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 unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied1</p> <p>Somewhat satisfied2</p> <p>Neither satisfied nor unsatisfied3</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 unsatisfied3</p> <p>Somewhat unsatisfied4</p> <p>Very unsatisfied5</p>	
<p>MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?</p>	<p>Improved.....1</p> <p>More or less the same2</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>Better1</p> <p>More or less the same2</p> <p>Worse3</p>	

MWM11. Record the time interview ends.	Hour and minutes ____ : ____	
---	------------------------------------	--

<p>MWM12. Check List of Household Members, columns HL7B and HL15: Is the respondent the caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>
--

1st June, 2016

Interviewer's Observations

Supervisor's Observations