



Site ID	Person ID		Survey Code	

Adult Short Individual Questionnaire (ASIQ)

Questionnaire to be applied to adults aged 15 years or older

This information is confidential				
Section 1 - Study site information				
Q1. Household DSS or Census Number:				
Q2. Today's Date: / / / [dd/mm/yyyy]				
Section 2 - Study participant identification				
Q3. Last Name:				
Q4. First Name(s):				
Q5. DSS or Census Number:				
Q6. Age in years: Q7. Sex				
Q8. How long have you been living in this household?				
O Since birth (1) O More than 5 years, but not since birth (2) O Between 6 months and 5 years (3)				



ASIQ

Person ID					

Section 3 - Lifestyle, socio-behavioural and health questions						
Q9. How many cigarettes do you smoke per day?						
O 0, don't smoke cigarettes (0) O 1 to 5 (2) O 6- 10 (3) O 11 to 20 (4) O 21+ (5)						
Q10. Do you smokea pipe? • Yes (1) • No (0)						
Q11. In the last week, have you been to a social event or meeting place? (Any type of event, inside or outside of community.)						
(a) Market \bigcirc Yes (1) \bigcirc No (0) (b) Wedding \bigcirc Yes (1) \bigcirc No (0)						
(c) Funeral \bigcirc Yes (1) \bigcirc No (0) (d) Ceremony, e.g. circumcision \bigcirc Yes (1) \bigcirc No (0)						
(e) Social Club or Bar O Yes (1) No (0) (f) Other O Yes (1) No (0)						
If other, specify						
Q12. Have you been to a large gathering (>10,000 people) in the last 12 months?						
(a) To Hajji O Yes (1) O No (0) If yes, give month and year of return: // // // // // // // // // // // // //						
(b) To Umra O Yes (1) O No (0) If yes, give month and year of return: / / / / / / / / / / / / / / / / / / /						
(c) Other O Yes (1) O No (0) If yes, give month and year of return: / / / / / / / / / / / / / / / / / / /						
If other, specify						
Q13. How many people usually sleep in your bedroom, including yourself?						
Q14. How many people usually sleep in your bed/on your sleeping mat including yourself?						
Q15. Did you have either of these symptoms now or in the last week?						
(a) Runny nose \bigcirc Yes (1) \bigcirc No (0) (b) Sore throat \bigcirc Yes (1) \bigcirc No (0) (c) Cough \bigcirc Yes (1) \bigcirc No (0)						
Q16. Have you been injected with vaccine against meningitis in the past 6 months?						
○ Yes (1) ○ No (0) ○ I Don't know (2)						
Interviewer Code: Inverviewer Signature:						
Supervisor Code: Supervisor Signature:						

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