











Showcards were used to help respondents answer questions for the 'Life Satisfaction' module (LS) and the 'Life Satisfaction' module (MLS) contained in the Questionnaire for Women Aged 15-49 and the Questionnaire for Men Aged 15-49, respectively.

**SIDE 1: SHOWCARD LS 1 / MLS 1**

<b>Very happy</b>	<b>Happy</b>	<b>Neither happy, nor unhappy</b>	<b>Unhappy</b>	<b>Very unhappy</b>
				

**SIDE 2: SHOWCARD LS 2 / MLS 2**

<b>Very satisfied</b>	<b>Satisfied</b>	<b>Neither satisfied, nor unsatisfied</b>	<b>Unsatisfied</b>	<b>Very unsatisfied</b>
				



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

Repeat greeting if not already read to this man:

*If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:*

WE ARE FROM THE **MINISTRY OF HEALTH AND SOCIAL WELFARE OF THE REPUBLIC OF SRPSKA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE UP TO **20** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇒ Go to MWM10 to record the time and then begin the interview.
- No, permission not given ⇒ Complete MWM7. Inform your supervisor of this result.

<b>MWM7.</b> Result of man's interview	Questionnaire completed .....01 Respondent not at home .....02 Refused .....03 Questionnaire partly completed .....04 Respondent incapacitated .....05  Other (specify).....96
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<b>MWM8.</b> Field edited by (Name and number): Name _____	<b>MWM9.</b> Data entry operator (Name and number): Name _____
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<b>MWM10.</b> Record the interview start time.	Hour and minutes .....:.....	
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MAN'S BACKGROUND		MWB
<b>MWB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ..... DK month .....98  Year ..... DK year .....9998	
<b>MWB2.</b> HOW OLD ARE YOU?  <i>Probe:</i> HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?  <i>Compare MWB1 and/or MWB2 and correct if inconsistent.</i>	Age (in completed years).....	
<b>MWB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR A PRESCHOOL INSTITUTION?	Yes ..... 1 No ..... 2	2⇒MWB7
<b>MWB4.</b> WHAT IS THE HIGHEST EDUCATION LEVEL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Secondary ..... 2 Higher ..... 3	0⇒MWB7
<b>MWB5.</b> WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter '00'.</i>	Grade/year .....	
<b>MWB6.</b> Check MWB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with MWB7		
<b>MWB7.</b> NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show the sentence on the card to the respondent. If the respondent cannot read the whole sentence, probe:</i>  <i>Can you read part of the sentence to me?</i>	Cannot read at all ..... 1 Able to read only parts of the sentence ..... 2 Able to read the whole sentence ..... 3  The sentence isn't written in a language understood by the respondent  ..... 4 <i>(specify language)</i>  Blind / mute, visually / speech impaired ..... 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MMT
<b>MMT1.</b> Check MWB7: <input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MMT2 <input type="checkbox"/> Able to read or no sentence available in required language (codes 2, 3 or 4) ⇒ Continue with MMT2 <input type="checkbox"/> Cannot read at all or blind/mute, etc. (codes 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 At least once a week ..... 2 Less than once a week ..... 3 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 At least once a week ..... 2 Less than once a week ..... 3 Not at all ..... 4	
<b>MMT4.</b> HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH TV 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	
<b>MMT5.</b> Check MWB2: Is the respondent aged 15-24 years? <input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MMT6 <input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module		
<b>MMT6.</b> HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No ..... 2	2⇒MMT9
<b>MMT7.</b> IN THE LAST 12 MONTHS, HAVE YOU USED A COMPUTER FROM ANY LOCATION?	Yes ..... 1 No ..... 2	2⇒MMT9
<b>MMT8.</b> DURING THE LAST 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	
<b>MMT9.</b> HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No ..... 2	2⇒Next Module
<b>MMT10.</b> IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?  <i>If necessary, probe for use of Internet from any location, with any device, etc.</i>	Yes ..... 1 No ..... 2	2⇒Next Module
<b>MMT11.</b> DURING THE LAST 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	

CHILD MORTALITY		MCM
<b>MCM0.</b> Check cluster number in MWM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to Next Module <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with MCM1.		
All questions refer only to LIVE births.		
<b>MCM1.</b> NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFETIME. 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 HAD ANY BIOLOGICAL CHILDREN WITH ANY WOMAN?	Yes ..... 1 No ..... 2 DK ..... 8	2 ⇒ MCM8 8 ⇒ MCM8
<b>MCM3.</b> HOW OLD WERE YOU WHEN YOUR (FIRST) CHILD WAS BORN?	Age in years .....	
<b>MCM4.</b> DO YOU HAVE ANY BIOLOGICAL SONS OR DAUGHTERS WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No ..... 2	2 ⇒ MCM6
<b>MCM5.</b> HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Number of sons at home .....  Number of daughters at home .....	
<b>MCM6.</b> DO YOU HAVE ANY BIOLOGICAL SONS OR DAUGHTERS WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No ..... 2	2 ⇒ MCM8
<b>MCM7.</b> HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons living elsewhere .....  Daughters living elsewhere .....	
<b>MCM8.</b> HAVE YOU HAD A BIOLOGICAL SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?  <i>If "No" probe by asking additional question:</i> 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?	Yes ..... 1 No ..... 2	2 ⇒ MCM10
<b>MCM9.</b> HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead .....  Girls dead .....	
<b>MCM10.</b> Sum answers to questions MCM5, MCM7 and MCM9.	Sum .....	
<b>MCM11.</b> JUST TO MAKE SURE THAT I HAVE NOTED THIS CORRECTLY, IN TOTAL YOU HAVE BEEN THE BIOLOGICAL FATHER OF (total number in MCM10) LIVE-BORN CHILDREN DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. Check and note below: <input type="checkbox"/> No live-born children ⇒ Go to Next Module <input type="checkbox"/> One or more live-born children ⇒ Continue with MCM11A <input type="checkbox"/> No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary.		
<b>MCM11A.</b> Did all the biological children you have, have the same biological mother?	Yes ..... 1 No ..... 2	1 ⇒ MCM12
<b>MCM11B.</b> In all, how many women have you had biological children with?	Number of women.....	
<b>MCM12.</b> OF THESE (total number in MCM10) BIOLOGICAL CHILDREN, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)?  Month and year must be recorded.	Date of last birth Day ..... DK day .....98 Month ..... Year .....	

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV
<b>MDV1.</b> SOMETIMES A HUSBAND BECOMES ANNOYED OR GETS ANGRY AT THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS: [A] IF SHE GOES OUT WITHOUT TELLING HIM? [B] IF SHE NEGLECTS THE CHILDREN? [C] IF SHE ARGUES WITH HIM? [D] IF SHE REFUSES TO HAVE SEX WITH HIM? [E] IF SHE BURNS THE FOOD?	Yes No DK Goes out without telling him ..... 1 2 8 Neglects the children ..... 1 2 8 Argues with him ..... 1 2 8 Refuses sex ..... 1 2 8 Burns the food ..... 1 2 8	

MARRIAGE/UNION		MMA
<b>MMA1.</b> ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a woman ..... 2 No, not married ..... 3	3 ⇒ MMA5
<b>MMA2.</b> HOW OLD IS YOUR WIFE/PARTNER?  <i>PROBE: HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY?</i>	Age in years .....  DK .....98	
<b>MMA2A.</b> Check cluster number in MWM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to MMA7. <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with MMA3.		
<b>MMA3.</b> 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
<b>MMA4.</b> HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?	Number .....	⇒ MMA7
<b>MMA5.</b> HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married ..... 1 Yes, formerly lived in with a woman ..... 2 No ..... 3	3 ⇒ Next Module
<b>MMA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
<b>MMA7.</b> HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
<b>MMA8.</b> IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month ..... DK month .....98  Year ..... DK year .....9998	⇒ Next Module
<b>MMA9.</b> HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years .....	

SEXUAL BEHAVIOUR		MSB
<b>Check for the presence of others. Before continuing, ensure you are alone with the respondent.</b>		
<b>MSB1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GET A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU PROVIDE WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse .....00 Age in years ..... Had intercourse for the first time when started living with (first) wife/partner .....95	00⇒Next Module
<b>MSB2.</b> THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2 DK / Don't remember ..... 8	
<b>MSB3.</b> WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE THE ANSWER MUST BE RECORDED IN YEARS.	Days ago .....1 ___ Weeks ago .....2 ___ Months ago .....3 ___ Years ago .....4 ___	4⇒MSB15
<b>MSB4.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
<b>MSB5.</b> WHAT WAS YOUR RELATIONSHIP TO THE PERSON YOU LAST HAD SEXUAL INTERCOURSE WITH? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse.</i> If "girlfriend", then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If response is "yes", circle '2'. If response is "no", circle '3'.	Wife..... 1 Cohabiting partner ..... 2 Girlfriend..... 3 Casual acquaintance ..... 4 Sex worker ..... 5 Other (specify) ..... 6	3⇒MSB7 4⇒MSB7 5⇒MSB7 6⇒MSB7
<b>MSB6.</b> Check MMA1: <input type="checkbox"/> Currently married or living as if married with a woman (MMA1 = 1 or 2) ⇒ Go to MSB8 <input type="checkbox"/> Not married / Not in a union (MMA1 = 3) ⇒ Continue with MSB7		
<b>MSB7.</b> HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... DK.....98	
<b>MSB8.</b> HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2⇒MSB15
<b>MSB9.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
<b>MSB10.</b> WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> If "girlfriend" then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If "yes", circle '2'. If "no", circle '3'.	Wife..... 1 Cohabiting partner ..... 2 Girlfriend..... 3 Casual acquaintance ..... 4 Sex worker ..... 5 Other (specify) ..... 6	3⇒MSB12 4⇒MSB12 5⇒MSB12 6⇒MSB12
<b>MSB11.</b> Check MMA1 and MMA7: <input type="checkbox"/> Currently married or living with a woman (MMA1 = 1 or 2) AND Married only once or lived with a woman only once (MMA7 = 1) ⇒ Go to MSB13 <input type="checkbox"/> Else ⇒ Continue with MSB12		
<b>MSB12.</b> HOW OLD IS THIS PERSON? If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... DK.....98	
<b>MSB13.</b> IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON, OTHER THAN THESE TWO PERSONS?	Yes ..... 1 No ..... 2	2⇒MSB15
<b>MSB14.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners.....	
<b>MSB15.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.	Number of lifetime partners..... DK.....98	

HIV/AIDS		MHA
<b>MHA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF THE HIV VIRUS OR AN ILLNESS CALLED AIDS (OR SIDA)?	Yes ..... 1 No ..... 2	2⇒ Next Module
<b>MHA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE VIRUS THAT CAUSES AIDS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>MHA3.</b> CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>MHA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE VIRUS THAT CAUSES AIDS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>MHA5.</b> CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>MHA6.</b> CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>MHA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	
<b>MHA8.</b> CAN THE VIRUS THAT CAUSES AIDS 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	
<b>MHA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS THE VIRUS THAT CAUSES AIDS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>MHA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR SALESPERSON IF YOU KNEW THAT THIS PERSON HAD THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No ..... 2 DK / Not sure / Depends ..... 8	
<b>MHA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE VIRUS THAT CAUSES AIDS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes ..... 1 No ..... 2 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 HIM OR HER IN YOUR OWN HOUSEHOLD?	Yes ..... 1 No ..... 2 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 THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No ..... 2	2⇒MHA27
<b>MHA25.</b> 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	
<b>MHA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THIS TEST?	Yes ..... 1 No ..... 2 DK ..... 8	1⇒Next Module 2⇒Next Module 8⇒Next Module
<b>MHA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE VIRUS THAT CAUSES AIDS?	Yes ..... 1 No ..... 2	

TOBACCO AND ALCOHOL USE		MTA
<b>MTA1.</b> HAVE YOU EVER TRIED SMOKING CIGARETTES, EVEN TAKING ONE OR TWO PUFFS?	Yes..... 1 No..... 2	2⇒MTA6
<b>MTA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED AN ENTIRE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette.....00 Age..... ____	00⇒MTA6
<b>MTA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No..... 2	2⇒MTA6
<b>MTA4.</b> HOW MANY CIGARETTES DID YOU SMOKE DURING THE LAST MONTH?	Number of cigarettes..... ____	
<b>MTA5.</b> DURING THE LAST MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "everyday" or "almost every day", circle '30'.</i>	Number of days.....0 ____ 10 days or more but less than a month.....10 Everyday / Almost every day.....30	
<b>MTA6.</b> HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS (E.G. CUBAN), A PIPE OR WATERPIPE (NARGHILE/HOOKAH)?	Yes..... 1 No..... 2	2⇒MTA10
<b>MTA7.</b> DURING THE LAST MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes..... 1 No..... 2	2⇒MTA10
<b>MTA8.</b> WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST MONTH?  <i>Circle all mentioned responses.</i>	Cigars .....A Water pipe.....B Cigarillos .....C Pipe.....D Other ( <i>specify</i> ).....X	
<b>MTA9.</b> ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS DURING THE LAST MONTH? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "everyday" or "almost every day", circle '30'.</i>	Number of days.....0 ____ 10 days or more but less than a month.....10 Everyday / Almost every day.....30	
<b>MTA10.</b> HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, TOBACCO FOR SNIFFING (SNUFF) OR DIPPING TOBACCO?	Yes..... 1 No..... 2	2 ⇒MTA14
<b>MTA11.</b> DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH?	Yes..... 1 No..... 2	2 ⇒MTA14
<b>MTA12.</b> WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST MONTH?  <i>Circle all mentioned.</i>	Chewing tobacco .....A Snuff.....B Dip .....C Other ( <i>specify</i> ).....X	
<b>MTA13.</b> ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "everyday" or "almost every day", circle '30'.</i>	Number of days.....0 ____ 10 days or more but less than a month.....10 Everyday / Almost every day.....30	
<b>MTA14.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes..... 1 No..... 2	2⇒Next Module
<b>MTA15.</b> WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF STRONG DRINK. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, NOT COUNTING A FEW SIPS?	Never had one drink of alcohol.....00 Age..... ____	00⇒Next Module
<b>MTA16.</b> DURING THE LAST MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If respondent did not drink, circle '00'.  If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "everyday" or "almost every day", circle '30'.</i>	Did not have one drink in last month .....00  Number of days.....0 ____ 10 days or more but less than a month.....10 Everyday / Almost every day.....30	00⇒Next Module
<b>MTA17.</b> IN THE LAST MONTH, ON THOSE DAYS THAT YOU DRANK ALCOHOL, WHAT IS THE NUMBER OF DRINKS DID YOU USUALLY HAD?	Number of drinks..... ____	

LIFE SATISFACTION		MLS
<b>MLS1.</b> Check MWB2: Is the respondent aged between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module <input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2		
<b>MLS2.</b> 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, HAPPY, NEITHER HAPPY NOR UNHAPPY, UNHAPPY OR VERY UNHAPPY?  YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU RESPOND.  <i>Show side 1 of the showcard to the respondent and explain what each symbol represents. Circle the response code selected by the respondent.</i>	Very happy..... 1 Happy ..... 2 Neither happy nor unhappy..... 3 Unhappy ..... 4 Very unhappy..... 5	
<b>MLS3.</b> NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS OF YOUR LIFE.  IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, UNSATISFIED OR VERY UNSATISFIED.  AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU RESPOND.  <i>Show side 2 of the showcard to the respondent and explain what each symbol represents. For questions MLS3 to MLS13, circle the response code shown by the respondent.</i>	Very satisfied ..... 1 Satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS4.</b> HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?  HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied ..... 1 Satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS5.</b> DURING THE CURRENT (2011-2012) SCHOOL/ACADEMIC YEAR, DID YOU ATTEND SCHOOL/ UNIVERSITY AT ANY TIME?	Yes ..... 1 No ..... 2	2⇒MLS7
<b>MLS6.</b> HOW SATISFIED ARE YOU WITH YOUR SCHOOL/UNIVERSITY?	Very satisfied ..... 1 Satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS7.</b> HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?  <i>If the respondent says that he/she does not have a job, circle '0' and continue with the next question. Do not ask additional questions to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job..... 0  Very satisfied ..... 1 Satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS8.</b> HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied ..... 1 Satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS9.</b> HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?  <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied ..... 1 Satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied ..... 5	

<b>MLS10.</b> HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied ..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied..... 5	
<b>MLS11.</b> HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied ..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied..... 5	
<b>MLS12.</b> HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied ..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied..... 5	
<b>MLS13.</b> HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?  <i>If the respondent responds that he/she does not have any income, circle '0' and continue with the next question. Do not ask additional questions to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income ..... 0  Very satisfied ..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied..... 5	
<b>MLS14.</b> COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved..... 1 More or less the same ..... 2 Worsened ..... 3	
<b>MLS15.</b> 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	

HEALTH CARE		MHE
<b>MHE0.</b> Check cluster number in MWM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to MWB11 <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with MHE1.		
<b>MHE1.</b> DO YOU HAVE A HEALTH BOOKLET?	Yes ..... 1 No..... 2	
<b>MHE2.</b> DO YOU HAVE HEALTH INSURANCE?	Yes ..... 1 No..... 2	1 ⇒ MHE9
<b>MHE3.</b> DO YOU USE HEALTH CARE SERVICES AT THE HEALTH CENTRE?	Yes ..... 1 No..... 2	2 ⇒ MHE5
<b>MHE4.</b> ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HEALTH CENTRE FREE OF CHARGE?	Yes ..... 1 No..... 2	
<b>MHE5.</b> DO YOU USE HEALTH CARE SERVICES AT THE HOSPITAL?	Yes ..... 1 No..... 2	2 ⇒ MHE7
<b>MHE6.</b> ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HOSPITAL FREE OF CHARGE?	Yes ..... 1 No..... 2	
<b>MHE7.</b> DO YOU USE EMERGENCY HEALTH CARE SERVICES?	Yes ..... 1 No..... 2	2 ⇒ MHE9
<b>MHE8.</b> ARE YOU PROVIDED WITH EMERGENCY HEALTH CARE SERVICES FREE OF CHARGE?	Yes ..... 1 No..... 2	
<b>MHE9.</b> DO YOU PAY ALL NECESSARY HEALTH CARE SERVICES AND MEDICATION?	Yes ..... 1 Sometimes yes, sometimes no ..... 2 No..... 3	1 ⇒ MWB11
<b>MHE10.</b> DO YOU PAY ONLY VITAL/URGENTLY NEEDED HEALTH CARE SERVICES AND MEDICATIONS?	Yes ..... 1 No..... 2	1 ⇒ MWB11
<b>MHE11.</b> CAN YOU AFFORD MEDICATIONS WITHOUT ONE-OFF FINANCIAL ASSISTANCE?	Yes ..... 1 No..... 2	

<b>MWB11.</b> Record the interview end time.	Hour and minutes ..... : ..	
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<b>MWB12.</b> Check Household Member Listing Form, column HL9 in the Household Questionnaire. <i>Is the respondent the caretaker of any child aged 0-4 living in this household?</i> <input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with the same respondent. <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him for his cooperation. <i>Check for the presence of any other eligible men in the household.</i>
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**Interviewer's Observations**

**Controller's Observations**

**Supervisor's Observations**