



SIDE 1: SHOWCARD LS 1 / MLS 1

Very happy	Happy	Neither happy, nor unhappy	Unhappy	Very unhappy

SIDE 2: SHOWCARD LS 2 / MLS 2

Very satisfied	Satisfied	Neither satisfied, nor unsatisfied	Unsatisfied	Very unsatisfied



QUESTIONNAIRE FOR MEN AGED 15 TO 49
[BiH]

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>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name: Name _____	MWM4. Man's line number: _____	
MWM5. Interviewer name and code: Name _____	MWM6. 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 HUMAN RIGHTS AND REFUGEES OF BOSNIA AND HERZEGOVINA**. 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.

MWM7. Result of man's interview	Questionnaire completed01
	Respondent not at home02
	Refused03
	Questionnaire partly completed04
	Respondent incapacitated.....05
	Other (specify)..... 96

MWM8. Control carried out by (Name and number): Name _____	MWM9. Data entry operator (Name and number): Name _____
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MWM10. Record the interview start time.	Hour and minutes :
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MAN'S BACKGROUND		MWB
MWB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month DK month98 Year DK year9998	
MWB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?</i> <i>Compare MWB1 and/or MWB2 and correct if inconsistent.</i>	Age (in completed years).....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR A PRESCHOOL INSTITUTION?	Yes 1 No 2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST EDUCATION LEVEL YOU ATTENDED?	Preschool 0 Primary 1 Secondary 2 Higher 3	0⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter '00'.</i>	Grade/year	
MWB6. Check MWB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with MWB7		
MWB7. 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
MMT1. 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		
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 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	
MMT5. 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		
MMT6. HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MMT9
MMT7. IN THE LAST 12 MONTHS, HAVE YOU USED A COMPUTER FROM ANY LOCATION?	Yes 1 No 2	2⇒MMT9
MMT8. 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	
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 of Internet from any location, with any device, etc.</i>	Yes 1 No 2	2⇒ Next Module
MMT11. 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
MCM0. 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.		
MCM1. 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
MCM3. HOW OLD WERE YOU WHEN YOUR (FIRST) CHILD WAS BORN?	Age in years	
MCM4. DO YOU HAVE ANY BIOLOGICAL SONS OR DAUGHTERS WHO ARE NOW LIVING WITH YOU?	Yes 1 No 2	2 ⇒ MCM6
MCM5. 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	
MCM6. DO YOU HAVE ANY BIOLOGICAL SONS OR DAUGHTERS WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes 1 No 2	2 ⇒ MCM8
MCM7. 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	
MCM8. 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
MCM9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead Girls dead	
MCM10. Sum answers to questions MCM5, MCM7 and MCM9.	Sum	
MCM11. 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.		
MCM11A. DID ALL THE BIOLOGICAL CHILDREN YOU HAVE, HAVE THE SAME BIOLOGICAL MOTHER?	Yes 1 No 2	1 ⇒ MCM12
MCM11B. IN ALL, HOW MANY WOMEN HAVE YOU HAD BIOLOGICAL CHILDREN WITH?	Number of women.....	
MCM12. OF THESE (total number in MCM10) BIOLOGICAL CHILDREN, WHEN WAS THE LAST ONE BORN (EVEN IF HE OR SHE HAS DIED)? <i>Month and year must be recorded.</i>	Date of last birth Day DK day98 Month Year	

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV
MDV1. 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
MMA1. 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
MMA2. HOW OLD IS YOUR WIFE/PARTNER? <i>Probe: HOW OLD WAS YOUR WIFE/PARTNER ON HER LAST BIRTHDAY?</i>	Age in years DK98	
MMA2A. 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.		
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	⇒ MMA7
MMA5. 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
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MMA7. HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN ONLY ONCE OR MORE THAN ONCE?	Only once 1 More than once 2	
MMA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month DK month98 Year DK year9998	⇒ Next Module
MMA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST WIFE/PARTNER?	Age in years	

SEXUAL BEHAVIOUR		MSB
Check for the presence of others. Before continuing, ensure you are alone with the respondent.		
MSB1. 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 intercourse00 Age in years Had intercourse for the first time when started living with (first) wife/partner95	00⇒Next Module
MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2 DK / Don't remember 8	
MSB3. 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 ago1 ___ Weeks ago2 ___ Months ago3 ___ Years ago4 ___	4⇒MSB15
MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes 1 No 2	
MSB5. 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> <i>If "girlfriend", then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If response is "yes", circle '2'.</i> <i>If response is "no", circle '3'.</i>	Wife..... 1 Cohabiting partner 2 Girlfriend..... 3 Casual acquaintance 4 Sex worker 5 Other (specify)..... 6	3⇒MSB7 4⇒MSB7 5⇒MSB7 6⇒MSB7
MSB6. 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		
MSB7. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner DK.....98	
MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MSB15
MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes 1 No 2	
MSB10. 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> <i>If "girlfriend" then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If "yes", circle '2'. If "no", circle '3'.</i>	Wife..... 1 Cohabiting partner 2 Girlfriend..... 3 Casual acquaintance 4 Sex worker 5 Other (specify)..... 6	3⇒MSB12 4⇒MSB12 5⇒MSB12 6⇒MSB12
MSB11. 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		
MSB12. HOW OLD IS THIS PERSON? <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner DK.....98	
MSB13. 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
MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners.....	
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 THE HIV VIRUS OR AN ILLNESS CALLED AIDS (OR SIDA)?	Yes 1 No 2	2⇒ Next Module
MHA2. 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	
MHA3. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8	
MHA4. 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	
MHA5. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8	
MHA6. CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK 8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE VIRUS THAT CAUSES AIDS?	Yes 1 No 2 DK 8	
MHA8. 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	
MHA9. 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	
MHA10. 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	
MHA11. 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	
MHA12. 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	
MHA24. 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
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 THIS 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 VIRUS THAT CAUSES AIDS?	Yes 1 No 2	

TOBACCO AND ALCOHOL USE		MTA
MTA1. HAVE YOU EVER TRIED SMOKING CIGARETTES, EVEN TAKING ONE OR TWO PUFFS?	Yes..... 1 No..... 2	2⇒MTA6
MTA2. HOW OLD WERE YOU WHEN YOU SMOKED AN ENTIRE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette.....00 Age..... ____	00⇒MTA6
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No..... 2	2⇒MTA6
MTA4. HOW MANY CIGARETTES DID YOU SMOKE DURING THE LAST MONTH?	Number of cigarettes..... ____	
MTA5. 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	
MTA6. 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
MTA7. DURING THE LAST 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 MONTH? <i>Circle all mentioned responses.</i>	CigarsA Water pipe.....B CigarillosC Pipe.....D Other (<i>specify</i>).....X	
MTA9. 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	
MTA10. 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
MTA11. DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH?	Yes..... 1 No..... 2	2 ⇒MTA14
MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST MONTH? <i>Circle all mentioned.</i>	Chewing tobaccoA Snuff.....B DipC Other (<i>specify</i>).....X	
MTA13. 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	
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
MTA15. 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
MTA16. 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'.</i> <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>	Did not have one drink in last month00 Number of days.....0 ____ 10 days or more but less than a month.....10 Everyday / Almost every day.....30	00⇒Next Module
MTA17. 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
MLS1. 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		
MLS2. 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 Happy2 Neither happy nor unhappy.....3 Unhappy4 Very unhappy.....5	
MLS3. 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> HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied..... 1 Satisfied.....2 Neither satisfied nor unsatisfied3 Unsatisfied4 Very unsatisfied.....5	
MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied3 Unsatisfied4 Very unsatisfied.....5	
MLS5. DURING THE CURRENT (2011-2012) SCHOOL/ACADEMIC YEAR, DID YOU ATTEND SCHOOL/ UNIVERSITY AT ANY TIME?	Yes..... 1 No..... 2	2⇒MLS7
MLS6. HOW SATISFIED ARE YOU WITH YOUR SCHOOL/UNIVERSITY?	Very satisfied 1 Satisfied.....2 Neither satisfied nor unsatisfied3 Unsatisfied4 Very unsatisfied.....5	
MLS7. 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 unsatisfied3 Unsatisfied4 Very unsatisfied.....5	
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Satisfied.....2 Neither satisfied nor unsatisfied3 Unsatisfied4 Very unsatisfied.....5	
MLS9. 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 unsatisfied3 Unsatisfied4 Very unsatisfied.....5	

MLS10. 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	
MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Satisfied..... 2 Neither satisfied nor unsatisfied 3 Unsatisfied 4 Very unsatisfied..... 5	
MLS13. 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	
MLS14. 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	
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?	Better 1 More or less the same 2 Worse..... 3	

HEALTH CARE		MHE
MHE0. 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.		
MHE1. DO YOU HAVE A HEALTH BOOKLET?	Yes 1 No..... 2	
MHE2. DO YOU HAVE HEALTH INSURANCE?	Yes 1 No..... 2	1 ⇒ MHE9
MHE3. DO YOU USE HEALTH CARE SERVICES AT THE HEALTH CENTRE?	Yes 1 No..... 2	2 ⇒ MHE5
MHE4. ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HEALTH CENTRE FREE OF CHARGE?	Yes 1 No..... 2	
MHE5. DO YOU USE HEALTH CARE SERVICES AT THE HOSPITAL?	Yes 1 No..... 2	2 ⇒ MHE7
MHE6. ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HOSPITAL FREE OF CHARGE?	Yes 1 No..... 2	
MHE7. DO YOU USE EMERGENCY HEALTH CARE SERVICES?	Yes 1 No..... 2	2 ⇒ MHE9
MHE8. ARE YOU PROVIDED WITH EMERGENCY HEALTH CARE SERVICES FREE OF CHARGE?	Yes 1 No..... 2	
MHE9. DO YOU PAY ALL NECESSARY HEALTH CARE SERVICES AND MEDICATION?	Yes 1 Sometimes yes, sometimes no 2 No..... 3	1 ⇒ MWB11
MHE10. DO YOU PAY ONLY VITAL/URGENTLY NEEDED HEALTH CARE SERVICES AND MEDICATIONS?	Yes 1 No..... 2	1 ⇒ MWB11
MHE11. CAN YOU AFFORD MEDICATIONS WITHOUT ONE-OFF FINANCIAL ASSISTANCE?	Yes 1 No..... 2	

MWB11. Record the interview end time.	Hour and minutes : ..	
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MWB12. 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