



QUESTIONNAIRE FOR INDIVIDUAL MEN

MEN'S INFORMATION PANEL		MWM
<i>This questionnaire is to be administered to all men age 15 through 59 (see HOUSEHOLD LISTING FORM, column HL7A). A separate questionnaire should be used for each eligible man.</i>		
MWM1. Cluster number: _____	MWM2. Household number: _____	
MWM3. Man's name: _____	MWM4. Man's line number: _____	
MWM5. Interviewer number: _____	MWM6. Day / Month / Year of interview: _____ / _____ / 2012	

Repeat greeting if not already read to this man:

WE ARE FROM THE STATISTICAL DEPARTMENT OF (*city, region*). NOW THE NATIONAL HOUSEHOLD SURVEY IS ORGANISED IN THE REPUBLIC OF BELARUS TO OBTAIN OBJECTIVE INFORMATION ON THE SITUATION OF CHILDREN AND WOMEN. IN THIS RESPECT I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS. THE INTERVIEW WILL TAKE ABOUT 15 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY.

MAY I START NOW?

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

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

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 WILL BE USED FOR STATISTICAL PURPOSES ONLY.

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 edited by (number): _____	MWM9. Data entry clerk (number): _____
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ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MMT
MMT1. Check MWB7.	<input type="checkbox"/> Question left blank. ⇒ MMT2 <input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4). ⇒ MMT2 <input type="checkbox"/> Cannot read at all or blind (codes 1 or 5). ⇒ 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 WB2. Age of man is between 15 and 24?	<input type="checkbox"/> Yes. ⇒ MMT6 <input type="checkbox"/> No. ↓ MMA1	
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 ↓ MMA1
MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?	Yes..... 1 No 2	2 ↓ MMA1
<i>If necessary, probe for use from any location, with any device.</i>		
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	

QUESTIONNAIRES

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 in union / not married 3	3 ⇒ MMA5
MMA2. HOW OLD IS YOUR WIFE/PARTNER?	Age in (<i>completed</i>) years __ __ DK 98	
MMA2A. Check MMA1. Currently married or living with a woman?	<input type="checkbox"/> Yes. ⇒ MMA7 <input type="checkbox"/> No. ⇒ MMA5	
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3 ↓ MDV1
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MMA7. HOW MANY TIMES HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN?	Only once 1 More than once 2	
MMA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Month __ __ DK month 98 Year __ __ __ __ DK year 9998	9998 ↓ MMA9
MMA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR <u>FIRST</u> WIFE/PARTNER?	Age in years __ __	

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV		
<i>Check for the presence of others. Before continuing, ensure privacy.</i>				
MDV1. SOMETIMES A HUSBAND/PARTNER IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE/PARTNER DOES. IN YOUR OPINION, IS A HUSBAND/PARTNER JUSTIFIED IN HITTING OR BEATING HIS WIFE/PARTNER IN THE FOLLOWING SITUATIONS:	Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	1	2	8	
[C] IF SHE ARGUES WITH HIM?	1	2	8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	1	2	8	
[E] IF SHE BURNS THE FOOD?	1	2	8	

QUESTIONNAIRES

<p>MDV2. WHAT WOULD YOU IDENTIFY AS THE MOST COMMON CAUSES OF DOMESTIC VIOLENCE COMMITTED BY WIFE/PARTNER?</p>	<p>Abuse of alcohol A Psychological disorder, insanity, emotional condition B Jealousy C Stereotyped behaviour D Disadvantaged socio-economic conditions ... E Mass media F Other (specify) _____ X</p>	
<p><i>Circle all causes mentioned, but DO NOT PROMPT.</i></p>		
<p>MDV9. WHAT ARE THE MOST EFFICIENT MEASURES TO COMBAT DOMESTIC VIOLENCE IN YOUR OPINION?</p>	<p>Social announcements A Public disapprove of perpetrators..... B Strict legislation C Teaching young people to respect other people D Professional help by psychologist E Other (specify) _____ X</p>	
<p><i>Circle all countermeasures mentioned, but DO NOT PROMPT.</i></p>		
<p>MDV10. HAVE YOU EVER EXPERIENCED <u>PHYSICAL</u> VIOLENCE COMMITTED BY THE PARENTS TO YOU IN CHILDHOOD?</p>	<p>Yes 1 No 2 DK / Don't remember / No answer 8</p>	

SEXUAL BEHAVIOUR		MSB
<p><i>Check for the presence of others. Before continuing, ensure privacy.</i></p>		
<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. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.</p> <p>HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE FIRST TIME?</p>	<p>Never had intercourse.....00 Age in years __ __ First time when started living with (first) wife / partner 95</p>	<p>00 ↕ MHA1</p>
<p>MSB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1 No 2 DK / Don't remember 8</p>	
<p>MSB3. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p> <p><i>All answers for the last 12 months should be recorded in months, years or days. If more than 12 months (one year), answer must be recorded in years.</i></p>	<p>Days ago 1 __ __ Weeks ago 2 __ __ Months ago 3 __ __ Years ago 4 __ __</p>	<p>4 ⇨ MSB15</p>
<p>MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1 No 2</p>	

QUESTIONNAIRES

MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse.</i> <i>If «Girlfriend», probe: WERE YOU LIVING TOGETHER AS IF MARRIED?</i> <i>If «Yes», circle «2». If «No», circle «3».</i>	Wife 1 Partner 2 Girlfriend..... 3 Casual acquaintance 4 Other (specify) _____ 6	3⇒MSB7 4⇒MSB7 6⇒MSB7
MSB6. Check MMA1. Currently married or living with a woman?	<input type="checkbox"/> Yes. ⇒ MSB8 <input type="checkbox"/> No. ⇒ MSB7	
MSB7. HOW OLD IS THIS PERSON? <i>If «DK», probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner __ __ DK 98	
MSB8. HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS WITH ANY OTHER PERSON, NOT YET PREVIOUSLY MENTIONED?	Yes 1 No..... 2	2⇒MSB15
MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS 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», probe: WERE YOU LIVING TOGETHER AS IF MARRIED?</i> <i>If «Yes», circle «2». If «No», circle «3».</i>	Wife 1 Partner 2 Girlfriend..... 3 Casual acquaintance 4 Other (specify) _____ 6	3⇒MSB12 4⇒MSB12 6⇒MSB12
MSB11. Check MMA1 and MMA5. Currently married or living with a woman and married only once or lived with a woman only once?	<input type="checkbox"/> Yes. ⇒ MSB13 <input type="checkbox"/> Else. ⇒ MSB12	
MSB12. HOW OLD IS THIS PERSON? <i>If «DK», probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner __ __ DK 98	
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. WITH HOW MANY PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners __ __	
MSB15. WITH HOW MANY PEOPLE HAVE YOU HAD SEXUAL INTUERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write «95».</i>	Number of lifetime partners..... __ __ DK 98	

QUESTIONNAIRES

HIV/AIDS		MHA	
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD OF AIDS OR HIV?	Yes..... 1 No 2	2 ↓ MTA1	
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No 2 DK..... 8		
MHA3. CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No 2 DK..... 8		
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No 2 DK..... 8		
MHA5. CAN PEOPLE GET HIV FROM MOSQUITO BITES?	Yes..... 1 No 2 DK..... 8		
MHA6. CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No 2 DK..... 8		
MHA7. DO YOU THINK IT IS POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?	Yes..... 1 No 2 DK..... 8		
MHA8. CAN HIV BE TRANSMITTED FROM A MOTHER TO HER BABY:	Yes	No	DK
[A] DURING PREGNANCY?	1	2	8
[B] DURING DELIVERY?	1	2	8
[C] BY BREASTFEEDING?	1	2	8
MHA9. IN YOUR OPINION, SHOULD A PERSON BE ALLOWED TO CONTINUE TEACHING AT SCHOOL IF HAVING HIV?	Yes..... 1 No 2 DK / Unsure / Depends..... 8		
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD HIV?	Yes..... 1 No 2 DK / Unsure / Depends..... 8		
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH HIV, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No 2 DK / Unsure / 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 / Unsure / Depends..... 8		

QUESTIONNAIRES

MHA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV?	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 ↓ MTA1 2 ↓ MTA1 8 ↓ MTA1
MHA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR HIV?	Yes..... 1 No 2	

TOBACCO AND ALCOHOL USE		MTA
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
MTA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No 2	2⇒MTA6
MTA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes — —	
MTA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days.</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, WATER PIPE, CIGARILLOS OR PIPE?	Yes..... 1 No 2	2⇒MTA10
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..... B Cigarillos C Pipe..... D Other (specify)..... X	
MTA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days.</i>	Number of days 0 — 10 days or more but less than a month 10 Everyday / Almost every day 30	

QUESTIONNAIRES

MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO OR SNUFF?	Yes..... 1 No 2	2⇒MTA14
MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes..... 1 No 2	2⇒MTA14
MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobaccoA Snuff.....B Other (<i>specify</i>) _____ X	
MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days.</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 ↓ MLS1
MTA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL?	Never had one drink of alcohol 00 Age..... ___	00 ↓ MLS1
MTA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If less than 10 days, record the number of days.</i>	Did not have one drink in last one month 00 Number of days 0 ___ 10 days or more but less than a month 10 Everyday / Almost every day 30	00 ↓ MLS1
MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?	Number of drinks ___	

LIFE SATISFACTION		MLS
MLS1. <i>Check MWB2. Age of man is between 15 and 24?</i>	<input type="checkbox"/> Yes. ⇒ MLS2 <input type="checkbox"/> No. ↓ MWM11	
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, SOMEWHAT HAPPY, NEITHER HAPPY, NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? <i>Show side 1 of response card and explain what each symbol represents.</i> YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.	Very happy..... 1 Somewhat happy 2 Neither happy, nor unhappy 3 Somewhat unhappy 4 Very unhappy..... 5	

QUESTIONNAIRES

NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

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.

Show side 2 of response card and explain what each symbol represents.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Circle the response code shown by the respondent, for questions MLS3 to MLS13.

MLS3. HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS5. DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND ANY EDUCATIONAL INSTITUTION?	Yes..... 1 No 2	2⇒MLS7
MLS6. HOW SATISFIED (ARE/WERE) YOU WITH THIS EDUCATIONAL INSTITUTION?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?	Does not have a job..... 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
<i>If the man says that she does not have a job, circle «0» and continue with the next question.</i>		
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
<i>If necessary, explain that the question refers to the living environment, including the neighbourhood, district, infrastructure and the quality of dwelling.</i>		
MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	

QUESTIONNAIRES

MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?	Does not have any income 0 Very satisfied 1 Somewhat satisfied 2 Neither satisfied, nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
<i>If the man says that he does not have any income, circle «0» and continue with the next question.</i>		
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	

MWM11. Record the time.	Hour and minutes :
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<p>MWM12. Check HOUSEHOLD LISTING FORM, column HL9. Is the man the caretaker of any child age under-5 living in this household?</p> <p><input type="checkbox"/> Yes. ⇒ Go to Questionnaire for Children Under Five for that child and start the interview with this man.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this man by thanking him for her cooperation.</p>

Interviewer's Observations

Field Editor's Observations

Supervisor's Observations
