

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: <div style="text-align: right;">_ _ _ _</div>	MWM2. Household number: <div style="text-align: right;">_ _ _ _</div>	
MWM3. Man's name: Name _____	MWM4. Man's line number: <div style="text-align: right;">_ _ _ _</div>	
MWM5. Interviewer's name and number: Name _____	MWM6. Day / Month / Year of interview: <div style="text-align: right;">_ _ _ / _ _ _ / 2014</div>	

<p><i>Repeat greeting if not already read to this man:</i></p> <p>WE ARE FROM THE BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. THE DATA COLLECTED WILL BE USED BY POLICY MAKERS TO MAKE DECISIONS THAT WILL BENEFIT MEN. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 30 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 30 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>
<p>MAY I START NOW?</p> <p><input type="checkbox"/> Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.</p> <p><input type="checkbox"/> No, permission is not given ⇒ Circle '03' in MWM7. Discuss this result with your supervisor.</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
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MWM8. Field editor's name and number: Name _____	MWM9. Main data entry clerk's name and number: Name _____
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MWM10. Record the 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 month 98 Year DK year 9998	
MWB2. HOW OLD ARE YOU? <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i> <i>Compare and correct MWB1 and/or MWB2 if inconsistent</i>	Age (in completed years).....	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR NURSERY?	Yes 1 No 2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Nursery 0 Primary 1 Secondary 2 Higher 3	0⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL? <i>If the first grade at this level is not completed, enter "00".</i>	Grade/Year	
MWB6. Check MWB4: <input type="checkbox"/> Secondary or higher (MWB4 = 2 or 3) ⇒ Go to Next Module <input type="checkbox"/> Primary (MWB4 = 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 <i>(specify language)</i> Blind/visually impaired 5	

MICS.ME.2

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY **MMT**

<p>MMT1. Check MWB7:</p> <p><input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ Continue with MMT2</p> <p><input type="checkbox"/> Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2</p> <p><input type="checkbox"/> Cannot read at all or blind/visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3</p>		
<p>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?</p>	<p>Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4</p>	
<p>MMT3. DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?</p>	<p>Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4</p>	
<p>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?</p>	<p>Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4</p>	
<p>MMT5. Check MWB2: Age of respondent?</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with MMT6</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to Next Module</p>		
<p>MMT6. HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes 1 No 2</p>	2 ⇒ MMT9
<p>MMT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	2 ⇒ MMT9
<p>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?</p>	<p>Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4</p>	
<p>MMT9. HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes 1 No 2</p>	2 ⇒ Next Module
<p>MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?</p> <p><i>If necessary, probe for use from any location, with any device.</i></p>	<p>Yes 1 No 2</p>	2 ⇒ Next Module
<p>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?</p>	<p>Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4</p>	

MICS.ME.3

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..... __ __	

MICS.ME.4

<p>MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (<i>total number in MCM10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?</p> <p><input type="checkbox"/> <i>Yes. Check below:</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>No live births ⇒ Go to Next Module</i></p> <p style="padding-left: 40px;"><input type="checkbox"/> <i>One or more live births ⇒ Continue with MCM11A</i></p> <p><input type="checkbox"/> <i>No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary</i></p>		
<p>MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?</p>	<p>Yes..... 1</p> <p>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>	

MICS.ME.5

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 RIGHT 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

MICS.ME.6

MARRIAGE/UNION		MA
MMA1. ARE YOU CURRENTLY MARRIED, LIVING TOGETHER WITH A WOMAN AS IF MARRIED OR IN A VISITING RELATIONSHIP?	Yes, currently married.....1 Yes, living with a partner.....2 Yes, have a visiting partner.....0 No, not in union.....3	3⇒MMA5
MMA3. DO YOU HAVE OTHER WIVES, PARTNERS 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, LIVE-IN PARTNERS OR VISITING RELATIONSHIPS DO YOU HAVE?	Number __ __	⇒MMA7
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMEN AS IF MARRIED OR WERE IN A VISITING RELATIONSHIP?	Yes, formerly married.....1 Yes, formerly lived with a woman.....2 Yes, formerly had a visiting partner.....0 No.....3	3 ⇒Next Module
MMA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED, SEPARATED OR NO LONGER IN A VISITING RELATIONSHIP?	Widowed.....1 Divorced.....2 Separated.....3 No longer in a visiting relationship.....4	
MMA7. HAVE YOU BEEN MARRIED, LIVED WITH A WOMAN ONLY OR IN A VISITING RELATIONSHIP ONCE OR MORE THAN ONCE?	Only once.....1 More than once.....2	1 ⇒MMA8A 2 ⇒MMA8B
MMA8A. IN WHAT MONTH AND YEAR DID YOU MARRY, START LIVING WITH A WOMAN AS IF MARRIED OR START THE VISITING RELATIONSHIP? MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY, START LIVING WITH A WOMAN AS IF MARRIED OR START THE VISITING RELATIONSHIP?	Date of (first) marriage Month __ __ DK month98 Year __ __ __ __ DK year 9998	⇒MMA10
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE /PARTNER OR STARTED YOUR FIRST VISITING RELATIONSHIP?	Age in years __ __	
MMA10: WAS THIS A MARRIAGE, WERE YOU LIVING WITH HER, OR WAS IT A VISITING RELATION?	Married.....1 Living with a partner.....2 Visiting partner.....0	

MICS.ME.7

SEXUAL BEHAVIOUR

MSB

Check for the presence of others. Before continuing, ensure privacy.

<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/partner95</p>	<p>00⇒Next Module</p>
<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 remember8</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><i>Record 00 for today or last night.</i></p>	<p>Days ago 1 _ _</p> <p>Weeks ago.....2 _ _</p> <p>Months ago.....3 _ _</p> <p>Years ago4 _ _</p>	<p>4⇒MSB15</p>
<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: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'.If 'no', circle '3'.</i></p>	<p>Wife.....1</p> <p>Cohabiting partner2</p> <p>Girlfriend.....3</p> <p>Casual acquaintance.....4</p> <p>Prostitute5</p> <p>Friend7</p> <p>Visiting partner.....0</p> <p>Other (specify) _____ 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>	<p>2⇒MSB15</p>
<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>	

MICS.ME.8

<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 Cohabiting partner 2 Girlfriend 3 Casual acquaintance 4 Prostitute 5 Friend 7 Visiting partner 0 Other (specify) _____ 6</p>	
<p>MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	2⇒MSB15
<p>MSB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners ___</p>	
<p>MSB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	<p>Number of lifetime partners ___</p> <p>DK 98</p>	

MICS.ME.9

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	2⇒ Next Module
	No2	
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	
	No2	
	DK.....8	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT/OBEAH OR OTHER SUPERNATURAL MEANS?	Yes.....1	
	No2	
	DK.....8	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1	
	No2	
	DK.....8	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1	
	No2	
	DK.....8	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes.....1	
	No2	
	DK.....8	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1	
	No2	
	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 AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes.....1	
	No2	
	DK/Not sure/Depends8	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1	
	No2	
	DK/Not sure/Depends8	
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes.....1	
	No2	
	DK/Not sure/Depends8	
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	
	No2	
	DK/Not sure/Depends8	

MICS.ME.10

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	

MICS.ME.11

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. 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 Every day / Almost every day..... 30	
MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, 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 Pipe.....D Other (<i>specify</i>).....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. 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 Every day / Almost every day..... 30	

MICS.ME.12

MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	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 Dip C 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. 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 Every day / 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 COGNAC, VODKA, WHISKEY OR RUM. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol..... 00 Age ____ ____	00⇒Next Module
MTA16. DURING THE LAST ONE 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 one month . 00 Number of days 0 ____ 10 days or more but less than a month 10 Every day / Almost every day..... 30	00⇒Next Module
MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?	Number of drinks ____ ____	

MICS.ME.13

CHRONIC ILLNESS CONTROL		MCI
<p>MCI1. NOW I WOULD LIKE TO ASK YOU ABOUT YOUR CONSUMPTION OF FRUITS AND VEGETABLES. I AM INTERESTED TO KNOW WHETHER YOU HAD THE ITEM EVEN IF COMBINED WITH OTHER FOODS.</p> <p>DID YOU EAT YESTERDAY DURING THE DAY OR THE NIGHT:</p>		
	Yes	No DK
[A] PUMPKIN, CARROTS, SQUASH OR SWEET POTATOES THAT ARE YELLOW OR ORANGE INSIDE?	1	2 8
[B] ANY DARK GREEN, LEAFY VEGETABLES, SUCH AS SPINACH, CALLALOO, CABBAGE/PAK CHOI?	1	2 8
[C] RIPE MANGOES, PAPAYAS, ORANGES, CHERRIES, GUAVAS OR POMEGRANATE?	1	2 8
[D] NATURAL JUICE OF MANGO, PAPAYA, ORANGE OR POMEGRANATE?	1	2 8
[E] ANY OTHER FRUITS OR VEGETABLES, LIKE OCHRO, PEAR, PINEAPPLE, WATERMELON, AVOCADO?	1	2 8
[F] ANY FOODS MADE FROM BEANS, PEAS, LENTILS, OR NUTS?	1	2 8
<p>MCI2. IN THE PAST WEEK HAVE YOU ENGAGED IN PHYSICAL ACTIVITY (EXERCISE)?</p>	<p>Yes 1</p> <p>No 2</p> <p>DK / Don't remember 8</p>	<p>2⇒ Next Module</p> <p>8⇒ Next Module</p>
<p>MCI3. SINCE LAST (<i>day of the week</i>) ABOUT HOW MANY HOURS DID YOU ENGAGE IN PHYSICAL ACTIVITY (EXERCISE) IN TOTAL?</p> <p><i>If less than one hour, record minutes.</i></p>	<p>Minutes 1 __ __</p> <p>Hours 2 __ __</p> <p>DK / Don't remember 998</p>	

MICS.ME.14

LIFE SATISFACTION

MLS

MLS1. Check MWB2: Age of respondent is between 15 and 24?

Age 25-49 ⇒ Go to MWM11

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, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

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

Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.

- Very happy 1
- Somewhat happy 2
- Neither happy nor unhappy 3
- Somewhat unhappy 4
- Very unhappy 5

MLS3. 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.

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

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.

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 2013-2014 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

- Yes 1
- No 2

2 ⇒ MLS7

<p>MLS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5</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 satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5</p>	
<p>MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?</p>	<p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5</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 satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5</p>	
<p>MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?</p>	<p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5</p>	
<p>MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?</p>	<p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5</p>	
<p>MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?</p>	<p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5</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 income 0</p> <p>Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied..... 5</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 More or less the same 2 Worsened 3</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>Better 1 More or less the same 2 Worse 3</p>	

MICS.ME.16

MWM11. Record the time.	Hour and minutes ____ : ____	
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<p>MWM12. Check List of Household Members, columns HL7B and HL15: <i>Is the respondent the caretaker of any child age 0-4 living in this household?</i></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>

MICS.ME.17






Interviewer's Observations

Field Editor's Observations






Supervisor's Observations

RESPONSE CARD:

SIDE 1

Very happy	Somewhat happy	Neither happy, nor unhappy	Somewhat unhappy	Very unhappy
				

SIDE 2

Very satisfied	Somewhat satisfied	Neither satisfied, nor unsatisfied	Somewhat unsatisfied	Very unsatisfied
				

MICS.ME.19