

MAN'S INFORMATION PANEL	MWM
<i>This questionnaire is to be administered to all men age 15 through 49 (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: Name _____	MWM4. Man's line number: _____
MWM5. Interviewer name and number: Name _____	MWM6. Day / Month / Year of interview: ____ / ____ / _____

Repeat greeting if not already read to this man:

WE ARE FROM National Centre of Public Health. WE ARE WORKING ON A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY TEAM.

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 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE SHARED WITH ANYONE OTHER THAN OUR SURVEY TEAM.

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.*

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 edited by (Name and number): Name _____	MWM9. Data entry clerk (Name and number): Name _____
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MWM10. <i>Record the time.</i>	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).....	
MWB2A. TO WHAT ETHNIC GROUP DO YOU BELONG?	Moldovan/Romanian.....1 Russian.....2 Ukrainian.....3 Roma(Gypsy).....4 Gagauz.....5 Other ethnic group (<i>specify</i>).....6	
MWB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes.....1 No.....2	2⇒MWB7
MWB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool.....0 Primary.....1 Gymnasium.....2 Lyceum/middle school.....3 Polyvalent/PTS.....4 College/technical school.....5 University/Post-Grad.....6	0⇒MWB7
MWB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i>	Grade.....	
MWB6. <i>Check MWB4:</i> <input type="checkbox"/> <i>Secondary or higher. ⇒ Go to Next Module</i> <input type="checkbox"/> <i>Primary ⇒ Continue with MWB7</i>		
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 language4 <i>(specify language)</i> Blind / visually impaired.....5	

<p><i>MMT1. Check MWB7:</i></p> <p><input type="checkbox"/> <i>Question left blank (Respondent has secondary or more education) ⇒ Continue with MMT2</i></p> <p><input type="checkbox"/> <i>Able to read or no sentence in required language (codes 2, 3 or 4) ⇒ Continue with MMT2</i></p> <p><input type="checkbox"/> <i>Cannot read at all or blind (codes 1 or 5) ⇒ Go to MMT3</i></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><i>MMT5. Check MWB2: Age of respondent 15-24 years?</i></p> <p><input type="checkbox"/> <i>Yes, age 15-24 years ⇒ Continue with MMT6</i></p> <p><input type="checkbox"/> <i>No, age 25-49 years ⇒ Go to Next Module</i></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>	

CHILD MORTALITY		MCM
<i>All questions refer only to LIVE births.</i>		
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. HAVE YOU EVER FATHERED ANY 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 SONS OR DAUGHTERS THAT YOU HAVE FATHERED 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>	Sons at home _ _ Daughters at home _ _	
MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED 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 elsewhere _ _ Daughters elsewhere _ _	
MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED? <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>	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. <i>Sum answers to MCM5, MCM7, and MCM9.</i>	Sum _ _	

<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>Day _ _</p> <p>DK day 98</p> <p>Month _ _</p> <p>Year _ _ _ _</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE
MDV

MDV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		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

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..... 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 __ __ DK..... 98	
MMA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived 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 <u>FIRST</u> MARRY OR <u>START</u> LIVING WITH A WOMAN AS IF MARRIED?	Date of first marriage Month..... __ __ DK month..... 98 Year __ __ __ __ DK year 9998	⇒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 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/partner 95</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 remember 8</p>	
<p>MSB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?</p> <p><i>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.</i></p>	<p>Days ago 1 __ __</p> <p>Weeks ago 2 __ __</p> <p>Months ago 3 __ __</p> <p>Years ago..... 4 __ __</p>	<p>4⇒MSB14C</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 partner..... 2</p> <p>Girlfriend..... 3</p> <p>Casual acquaintance 4</p> <p>Prostitute 5</p> <p>Other (<i>specify</i>) 6</p>	<p>3⇒MSB7</p> <p>4⇒MSB7</p> <p>5⇒MSB7</p> <p>6⇒MSB7</p>
<p>MSB6. <i>Check MMA1:</i></p> <p><input type="checkbox"/> <i>Currently married or living with a woman (MMA1 = 1 or 2) ⇒ Go to MSB8</i></p> <p><input type="checkbox"/> <i>Not married / Not in union (MMA1 = 3) ⇒ Continue with MSB7</i></p>		
<p>MSB7. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner __ __</p> <p>DK 98</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⇒MSB14A</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>	

<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: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1 Cohabiting partner..... 2 Girlfriend..... 3 Casual acquaintance 4 Prostitute 5 Other (<i>specify</i>) 6</p>	<p>3⇒MSB12 4⇒MSB12 5⇒MSB12 6⇒MSB12</p>
<p>MSB11. Check MMA1 and MMA7:</p> <p><input type="checkbox"/> <i>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</i></p> <p><input type="checkbox"/> <i>Else ⇒ Continue with MSB12</i></p>		
<p>MSB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i></p>	<p>Age of sexual partner __ __ DK 98</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>	<p>2⇒MSB15</p>
<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..... __ __ DK 98</p>	

HIV/AIDS				MHA
MHA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes.....	1		
HAVE YOU EVER HEARD OF AN ILLNESS CALLED HIV/AIDS?	No	2	2⇒ Next Module	
MHA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes.....	1		
	No	2		
	DK.....	8		
MHA3. CAN PEOPLE GET THE HIV/AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....	1		
	No	2		
	DK.....	8		
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE HIV/AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....	1		
	No	2		
	DK.....	8		
MHA5. CAN PEOPLE GET THE HIV/AIDS VIRUS FROM MOSQUITO BITES?	Yes.....	1		
	No	2		
	DK.....	8		
MHA6. CAN PEOPLE GET THE HIV/AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes.....	1		
	No	2		
	DK.....	8		
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE HIV/AIDS VIRUS?	Yes.....	1		
	No	2		
	DK.....	8		
HA7a. CAN A PERSON GET HIV/AIDS BY HUGGING OR SHAKING WITH A PERSON WHO IS INFECTED?	Yes.....	1		
	No	2		
	DK	8		
MHA8. CAN THE VIRUS THAT CAUSES HIV/AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:				
			Yes No DK	
[A] DURING PREGNANCY?	During pregnancy.....	1 2 8		
[B] DURING DELIVERY?	During delivery	1 2 8		
[C] BY BREASTFEEDING?	By breastfeeding.....	1 2 8		
MHA9. IN YOUR OPINION, IF A TEACHER HAS THE HIV/AIDS VIRUS BUT IS NOT SICK, SHOULD HE/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 VENDOR IF YOU KNEW THAT THIS PERSON HAD THE HIV/AIDS VIRUS?	Yes.....	1		
	No	2		
	DK / Not sure / Depends.....	8		
MHA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE HIV/AIDS VIRUS, 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 HIV/AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM 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 HIV/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 HIV/AIDS VIRUS?	Yes 1 No 2	

TUBERCULOSIS		MTB
<p>MTB1. NOW I WOULD LIKE TO ASK YOU ABOUT SOMETHING ELSE. HAVE YOU EVER HEARD ABOUT A DISEASE NAMED TUBERCULOSIS OR TBC?</p>	<p>Yes 1 No 2</p>	2⇒Next Module
<p>MTB2. HOW DO YOU THINK IS TUBERCULOSIS TRANSMITTED FROM ONE PERSON TO ANOTHER?</p> <p><i>Probe: IN WHICH WAYS?</i></p> <p><i>Record all the mentioned variants.</i></p>	<p>Through the air during coughing or sneezing A When you share the same objects B When touching the person with TB C Through food D Sexually E Through mosquito bites F</p> <p>Others (specify) _____ X DK Z</p>	
<p>MTB3. WHAT ARE THE SIGNS OR SYMPTOMS INDICATING THAT A PERSON HAS TB?</p> <p>OTHER?</p> <p><i>Record all the mentioned variants.</i></p>	<p>Cough A Cough with sputum B Cough during several weeks C Fever D Blood in sputum E Loss of appetite F Night sweats G Chest pains H Tiredness I Weight loss J Weakness K</p> <p>Others (specify) _____ X DK Z</p>	
<p>MTB4. CAN TUBERCULOSIS BE CURED?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>MTB5. IF A MEMBER OF YOUR FAMILY BECAME SICK OF TUBERCULOSIS, WOULD YOU WANT IT TO REMAIN A SECRET?</p>	<p>Yes 1 No 2 DK 8</p>	

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 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 (<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 Everyday / Almost every day 30	

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 tobacco A 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 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 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 Everyday / 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?	Number of drinks ____	

LIFE SATISFACTION

MLS

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

- Age 25-49 years ⇒ Go to MWM11
- Age 15-24 years ⇒ 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 pointed 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 shown 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 (**current / 2011-2012**) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

- Yes 1
- No 2

2⇒MLS7

MLS6. HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?	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? <i>If the respondent says that he/she does not have a job, circle "0" and continue with the next question. Do not probe 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 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
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? <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied 1 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat unsatisfied 4 Very unsatisfied 5	
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	
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? <i>If the respondent responds that he/she does not have any income, circle "0" and continue with the next question. Do not probe 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 Somewhat satisfied 2 Neither satisfied nor unsatisfied 3 Somewhat 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

MWB11. <i>Record the time.</i>	Hour and minutes ____ : ____	
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MWB12. *Check Household Listing Form, column HL9.*
Is the respondent the caretaker of any child age 0-4 living in this household?

Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

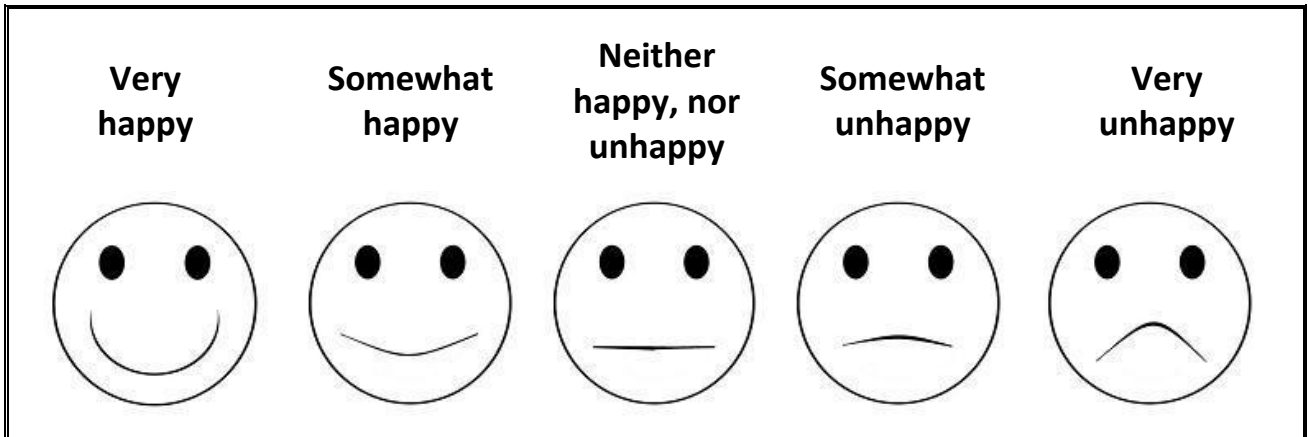
No ⇒ End the interview with this respondent by thanking him for his cooperation. Check for the presence of any other eligible man in the household.

Field Editor's Observations

Supervisor's Observations

RESPONSE CARD:

SIDE 1



SIDE 2

