

| MEN'S INFORMATION PANEL | | MWM |
|--|---|-----|
| MWM1. Cluster number: _____ | MWM2. Household number: _____ | |
| MWM3. Man's name and line number: NAME _____ | MWM4. Supervisor's name and number: NAME _____ | |
| MWM5. Interviewer's name and number: NAME _____ | MWM6. Day / Month / Year of interview: _____ / _____ / 2 0 1 _____ | |

| | | |
|---|---|------------------------|
| <p>Check man's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH39 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in MWM17.</p> | MWM7. Record the time when the interview started: | |
| | HOURS : MINUTES _____ : _____ | |
| MWM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire? | YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2 | 1 ⇨ MWM9B 2 ⇨ MWM9A |
| MWM9A. Good morning, my name is (your name). We are from the Statistical Office of Montenegro – MONSTAT. In cooperation with UNICEF we are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview will take about 20 minutes. We are also interviewing mothers about their children. the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | MWM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 20 minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now? | |
| YES 1 NO / NOT ASKED 2 | 1 ⇨ MAN'S BACKGROUND Module 2 ⇨ MWM17 | |

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|--|---|
| <p>MWM17. Result of man's interview.</p> <p>Discuss with the supervisor any reasons for failure to complete the questionnaire.</p> | QUESTIONNAIRE COMPLETED..... 01 |
| | MAN NOT AT HOME 02 |
| | REFUSED TO BE INTERVIEWED 03 |
| | QUESTIONNAIRE PARTLY COMPLETED 04 |
| | INCAPACITATED (specify) _____ 05 |
| | NO ADULT CONSENT FOR RESPONDENT AGE 15-17 06 |
| OTHER (specify) _____ 96 | |

| MAN'S BACKGROUND | | MWB |
|---|--|------------------------|
| MWB1. Check the respondent's line number (MWM3) in MAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): | MWM3=HH47 1 MWM3≠HH47 2 | 2 ⇒ MWB3 |
| MWB2. Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended: | ED5=2, 3 OR 4 1 ED5=0, 1, 8 OR BLANK 2 | 1 ⇒ MWB15 2 ⇒ MWB14 |
| MWB3. In what month and year were you born? | DATE OF BIRTH MONTH ___ DK MONTH 98 YEAR ___ DK YEAR 9998 | |
| MWB4. How old are you? <i>Additional question: How old were you at your last birthday?</i> <i>If responses to MWB3 and MWB4 are inconsistent, ask further and correct. Age must be recorded.</i> | AGE (IN COMPLETED YEARS) ___ | |
| MWB5. Have you ever attended school or any preschool? | YES 1 NO 2 | 2 ⇒ MWB14 |
| MWB6. What is the highest level and grade or year of school you have attended? | ECE 000 PRIMARY (GRADES 1-5) 1 ___ PRIMARY (GRADES 6-9) 2 ___ SECONDARY 3 ___ HIGHER 4 ___ | 000 ⇒ MWB14 |
| MWB7. Did you complete that (grade/year)? | YES 1 NO 2 | |
| MWB8. Check MWB4: Age of respondent: | AGE 15-24 1 AGE 25-49 2 | 2 ⇒ MWB13 |
| MWB9. At any time during the current school year did you attend school? | YES 1 NO 2 | 2 ⇒ MWB11 |
| MWB10. During this current school year, which level and grade or year are you <u>attending</u> ? | PRIMARY (GRADES 1-5) 1 ___ PRIMARY (GRADES 6-9) 2 ___ SECONDARY 3 ___ HIGHER 4 ___ | |
| MWB11. At any time during the previous school year did you attend school? | YES 1 NO 2 | 2 ⇒ MWB13 |
| MWB12. During that previous school year, which level and grade or year did you <u>attend</u> ? | PRIMARY (GRADES 1-5) 1 ___ PRIMARY (GRADES 6-9) 2 ___ SECONDARY 3 ___ HIGHER 4 ___ | |
| MWB13. Check MWB6: Highest level of school attended: | MWB6=2, 3 OR 4 1 MWB6=1 2 | 1 ⇒ MWB15 |

| | | |
|--|--|-----------------|
| <p>MWB14. Now I would like you to read this sentence to me.</p> <p><i>Show sentence on the card to the respondent.</i></p> <p><i>If respondent cannot read whole sentence, ask: Can you read part of the sentence to me?</i></p> | <p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE.....2</p> <p>ABLE TO READ WHOLE SENTENCE.....3</p> <p>NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language) _____ 4</p> | |
| <p>WB15. How long have you been continuously living in (name of current town or village/place of residence)?</p> <p><i>If less than one year, record '00' years.</i></p> | <p>YEARS..... _ _</p> <p>ALWAYS / SINCE BIRTH 95</p> | <p>95 ⇒ End</p> |
| <p>WB16. Before you moved here, did you live in a town, or in a rural area?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If unable to determine whether the place is a town or a rural area, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of place)</p> | <p>TOWN.....2</p> <p>RURAL AREA.....3</p> | |
| <p>MWB17. Before you moved here, where (in which municipality) did you live in?</p> | <p>MUNICIPALITY (specify) _____ 06</p> <p>OUTSIDE OF MONTENEGRO / ABROAD (specify) _____ 96</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 |

| VICTIMISATION | MVT | |
|--|---|---------------------------------|
| <p>MVT1. Check for the presence of others. Before continuing, ensure that you are alone with the respondent. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you once again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (month of interview) (year of interview minus 3), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for that. You may reassure: It can be difficult to remember this sort of incident, so feel free take your time while you think about your answers.</i></p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK 8</p> | <p>2 ⇨MVT9B</p> <p>8 ⇨MVT9B</p> |
| <p>MVT2. Did this last happen during the last 12 months, that is, since (month of interview) (year of interview minus 1)?</p> | <p>YES, DURING THE LAST 12 MONTHS 1</p> <p>NO, MORE THAN 12 MONTHS AGO..... 2</p> <p>DK / DON'T REMEMBER..... 8</p> | <p>2 ⇨MVT5B</p> <p>8 ⇨MVT5B</p> |
| <p>MVT3. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p> | <p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER..... 8</p> | |
| <p>MVT4. Check MVT3: One or more times?</p> | <p>ONE TIME, MVT3=1 1</p> <p>MORE THAN ONCE OR DK, MVT3=2, 3 OR 8..... 2</p> | <p>1 ⇨MVT5A</p> <p>2 ⇨MVT5B</p> |
| <p>MVT5A. When this happened, was anything stolen from you?</p> <p>MVT5B. The last time this happened, was anything stolen from you?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE 8</p> | |
| <p>MVT6. Did the person(s) have a weapon?</p> | <p>YES..... 1</p> <p>NO 2</p> <p>DK / NOT SURE 8</p> | <p>2 ⇨MVT8</p> <p>8 ⇨MVT8</p> |
| <p>MVT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p> | <p>YES, A KNIFE A</p> <p>YES, A GUN B</p> <p>YES, SOMETHING ELSE..... X</p> | |

| | | |
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| <p>MVT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe:</i> Was the incident reported by you or someone else?</p> | <p>YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED..... 3 DK / NOT SURE 8</p> | <p>1 ⇨MVT9A 2 ⇨MVT9A 3 ⇨MVT9A 8 ⇨MVT9A</p> |
| <p>MVT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>) been physically attacked?</p> <p>MVT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>) have you been physically attacked?</p> <p><i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, in restaurants, or at your workplace.</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under MVT1.</i></p> | <p>YES..... 1 NO 2 DK 8</p> | <p>2 ⇨MVT20 8 ⇨MVT20</p> |
| <p>MVT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p> | <p>YES, DURING THE LAST 12 MONTHS..... 1 NO, MORE THAN 12 MONTHS AGO..... 2 DK / DON'T REMEMBER..... 8</p> | <p>2 ⇨MVT12B 8 ⇨MVT12B</p> |
| <p>MVT11. How many times did this happen in the last 12 months?</p> <p><i>If 'DK/Don't remember', probe:</i> Did it happen once, twice, or at least three times?</p> | <p>ONE TIME 1 TWO TIMES 2 THREE OR MORE TIMES 3 DK / DON'T REMEMBER..... 8</p> | <p>1 ⇨MVT12A 2 ⇨MVT12B 3 ⇨MVT12B 8 ⇨MVT12B</p> |
| <p>MVT12A. Where did this happen?</p> <p>MVT12B. Where did this happen the last time?</p> | <p>AT RESPONDENT'S HOME..... 11 AT SOMEBODY ELSE'S HOME..... 12 IN THE STREET 21 ON PUBLIC TRANSPORT 22 IN RESTAURANT / CAFÉ / BAR 23 OTHER PUBLIC PLACE (<i>specify</i>) 26 AT SCHOOL 31 AT WORKPLACE 32 OTHER PLACE (<i>specify</i>) 96</p> | |
| <p>MVT13. How many people were involved in committing the offence?</p> <p><i>If 'DK/Don't remember', probe:</i> Was it one, two, or at least three people?</p> | <p>ONE PERSON..... 1 TWO PEOPLE..... 2 THREE OR MORE PEOPLE..... 3 DK / DON'T REMEMBER..... 8</p> | <p>1 ⇨MVT14A 2 ⇨MVT14B 3 ⇨MVT14B 8 ⇨MVT14B</p> |

| | | |
|--|---|----------------------|
| MVT14A. At the time of the incident, did you recognize the person? | YES..... 1 NO 2 | |
| MVT14B. At the time of the incident, did you recognize at least one of the persons? | DK / DON'T REMEMBER..... 8 | |
| MVT17. Did the person(s) have a weapon? | YES..... 1 NO 2 DK / NOT SURE 8 | 2 ⇒MVT19 8 ⇒MVT19 |
| MVT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply.</i> | YES, A KNIFE A YES, A GUN B YES, SOMETHING ELSE..... X | |
| MVT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe: Was the incident reported by you or someone else?</i> | YES, RESPONDENT 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE 8 | |
| MVT20. How safe do you feel walking alone in your neighbourhood after dark: would you say that you feel very safe, safe, unsafe or very unsafe? | VERY SAFE..... 1 SAFE 2 UNSAFE..... 3 VERY UNSAFE 4 NEVER WALK ALONE AFTER DARK 7 | |
| MVT21. How safe do you feel when you are at home alone after dark: would you say that you feel very safe, safe, unsafe or very unsafe? | VERY SAFE..... 1 SAFE 2 UNSAFE..... 3 VERY UNSAFE 4 NEVER ALONE AFTER DARK..... 7 | |
| MVT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds? | | |
| [A] Ethnic or immigration origin? | | YES NO DK |
| [B] Sex? | ETHNIC / IMMIGRATION..... 1 | 2 8 |
| [C] Sexual orientation? | SEX..... 1 | 2 8 |
| [D] Age? | SEXUAL ORIENTATION..... 1 | 2 8 |
| [E] Religion or belief? | AGE 1 | 2 8 |
| [F] Disability? | RELIGION / BELIEF 1 | 2 8 |
| [X] For any other reason? | DISABILITY 1 | 2 8 |
| | OTHER REASON 1 | 2 8 |

| MARRIAGE/UNION | | MMA |
|---|---|--------------------------|
| MMA1. Are you currently married or living together with someone as if married? | YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION 3 | 1 ⇨ MMA7 2 ⇨ MMA7 |
| MMA5. Have you ever been married or lived together with someone as if married? | YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER. 2 NO 3 | 3 ⇨ End |
| 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 someone only once or more than once? | ONLY ONCE 1 MOTRE THAN ONCE 2 | 1 ⇨ MMA8A 2 ⇨ MMA8B |
| MMA8A. In what month and year did you start living with your (wife/partner)? MMA8B. In what month and year did you start living with your <u>first</u> (wife/partner)? | DATE OF (FIRST) UNION MONTH ___ DK MONTH 98 YEAR ___ DK YEAR 9998 | |
| MMA9. Check MMA8A/B: Is 'DK YEAR' recorded? | YES, MMA8A/B=9998 1 NO, MMA8A/B≠9998 2 | 2 ⇨ End |
| MMA10. Check MMA7: In union only once? | YES, MMA7=1 1 NO, MMA7=2 2 | 1 ⇨ MMA11A 2 ⇨ MMA11B |
| MMA11A. How old were you when you started living with your (wife/partner)? MMA11B. How old were you when you started living with your <u>first</u> (wife/partner)? | AGE IN YEARS ___ | |

| ADULT FUNCTIONING | | MAF |
|--|---|----------------------|
| MAF1. Check MWB4: Age of respondent? | AGE 15-17 YEARS 1 AGE 18-49 YEARS 2 | 1 ⇒End |
| MAF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i> | YES 1 NO 2 | |
| MAF3. Do you use a hearing aid? | YES 1 NO 2 | |
| MAF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all. | | |
| MAF5. Check MAF2: Respondent uses glasses or contact lenses? | YES, MAF2=1 1 NO, MAF2=2 2 | 1 ⇒MAF6A 2 ⇒MAF6B |
| MAF6A. When using your glasses or contact lenses, do you have difficulty seeing? MAF6B. Do you have difficulty seeing? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4 | |
| MAF7. Check MAF3: Respondent uses a hearing aid? | YES, MAF3=1 1 NO, MAF3=2 2 | 1 ⇒MAF8A 2 ⇒MAF8B |
| MAF8A. When using your hearing aid(s), do you have difficulty hearing? MAF8B. Do you have difficulty hearing? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4 | |
| MAF9. Do you have difficulty walking or climbing steps? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/CLIMB STEPS AT ALL 4 | |
| MAF10. Do you have difficulty remembering or concentrating? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/CONCENTRATE AT ALL 4 | |
| MAF11. Do you have difficulty with self-care, such as washing all over or dressing? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4 | |
| MAF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood? | NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 | |

| SEXUAL BEHAVIOUR | | MSB |
|--|---|---|
| <p>MSB1. Check for the presence of others. Before continuing, make sure you are alone with the respondent. 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>Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</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> | 00 ⇒ End |
| <p>MSB2. I would like to ask you about your recent sexual activity.</p> <p>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 12 months (one year) or more, 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> | 4 ⇒ End |
| <p>MSB3. The last time you had sexual intercourse, was a condom used?</p> | <p>YES..... 1</p> <p>NO..... 2</p> | |
| <p>MSB4. 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', record '2'. If 'No', record '3'.</i></p> | <p>WIFE..... 1</p> <p>COHABITING PARTNER 2</p> <p>GIRLFRIEND..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>CLIENT / SEX WORKER 5</p> <p>OTHER (specify) _____ 6</p> | <p>3 ⇒MSB6</p> <p>4 ⇒MSB6</p> <p>5 ⇒MSB6</p> <p>6 ⇒MSB6</p> |
| <p>MSB5. Check MMA1: Currently married or living with a partner?</p> | <p>YES, MMA1=1 OR 2 1</p> <p>NO, MMA1=3 2</p> | 1 ⇒MSB7 |
| <p>MSB6. 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>MSB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p> | <p>YES..... 1</p> <p>NO..... 2</p> | 2 ⇒ End |
| <p>MSB8. The last time you had sexual intercourse with another person, was a condom used?</p> | <p>YES..... 1</p> <p>NO..... 2</p> | |

| | | |
|--|---|---|
| <p>MSB9. 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', record '2'. If 'No', record '3'.</i></p> | <p>WIFE.....1</p> <p>COHABITING PARTNER2</p> <p>GIRLFRIEND.....3</p> <p>CASUAL ACQUAINTANCE.....4</p> <p>CLIENT / SEX WORKER5</p> <p>OTHER (<i>specify</i>) _____ 6</p> | <p>3 ⇨MSB12</p> <p>4 ⇨MSB12</p> <p>5 ⇨MSB12</p> <p>6 ⇨MSB12</p> |
| <p>MSB10. Check MMA1: Currently married or living with a partner?</p> | <p>YES, MMA1=1 OR 2 1</p> <p>NO, MMA1=3 2</p> | <p>2 ⇨MSB12</p> |
| <p>MSB11. Check MMA7: Married or living with a partner only once?</p> | <p>YES, MMA7=1..... 1</p> <p>NO, MMA7≠1 2</p> | <p>1 ⇨End</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 _ _</p> <p>DK..... 98</p> | |

| HIV/AIDS | | MHA | | | | | | | | | | | | | | | | |
|--|---|-----------|-----|----|----|------------------------|---|---|---|-----------------------|---|---|---|------------------------|---|---|---|--|
| MHA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS? | YES 1 NO 2 DK 8 | 2 ⇒ End | | | | | | | | | | | | | | | | |
| MHA2. HIV is the virus that can lead to AIDS. 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 from mosquito bites? | 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 by sharing food with a person who has HIV? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| MHA6. Can people get HIV because of witchcraft or other supernatural means? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| MHA6A. Can people get HIV by hugging or shaking hands with person who has HIV? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| MHA7. Is it 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: [A] During pregnancy? [B] During delivery? [C] By breastfeeding? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREGNANCY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BY BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | DURING PREGNANCY | 1 | 2 | 8 | DURING DELIVERY | 1 | 2 | 8 | BY BREASTFEEDING | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | |
| DURING PREGNANCY | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| DURING DELIVERY | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| BY BREASTFEEDING | 1 | 2 | 8 | | | | | | | | | | | | | | | |
| MHA9. Check MHA8[A], [B] and [C]: At least one 'Yes' recorded? | YES 1 NO 2 | 2 ⇒ MHA24 | | | | | | | | | | | | | | | | |
| MHA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? | YES 1 NO 2 DK 8 | | | | | | | | | | | | | | | | | |
| MHA24. I don't want to know the results, but have you ever been tested for HIV? | YES 1 NO 2 | 2 ⇒ MHA27 | | | | | | | | | | | | | | | | |

| | | |
|---|---|--------------------------------------|
| MHA25. How many months ago was your most recent HIV test? | 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 ⇒MHA28 2 ⇒MHA28 8 ⇒MHA28 |
| MHA27. Do you know of a place where people can go to get an HIV test? | YES 1 NO 2 | |
| MHA28. Have you heard of test kits people can use to test themselves for HIV? | YES 1 NO 2 | 2 ⇒MHA30 |
| MHA29. Have you ever tested yourself for HIV using a self-test kit? | YES 1 NO 2 | |
| MHA30. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? | YES 1 NO 2 DK / NOT SURE / DEPENDS 8 | |
| MHA31. Do you think children living with HIV should be allowed to attend school with children who do not have HIV? | YES 1 NO 2 DK / NOT SURE / DEPENDS 8 | |
| MHA32. Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV? | YES 1 NO 2 DK / NOT SURE / DEPENDS 8 | |
| MHA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV? | YES 1 NO 2 DK / NOT SURE / DEPENDS 8 | |
| MHA34. Do people living with HIV, or thought to be living with HIV, lose the respect of other people? | YES 1 NO 2 DK / NOT SURE / DEPENDS 8 | |
| MHA35. Do you agree or disagree with the following statement? I would be ashamed if someone in my family had HIV. | AGREE 1 DISAGREE 2 DK / NOT SURE / DEPENDS 8 | |
| MHA36. Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV? | YES 1 NO 2 SAYS HE HAS HIV 7 DK / NOT SURE / DEPENDS 8 | |

ATTITUDES TOWARD IMMUNISATION

MIA

MIA1. In your opinion, does any vaccine from the vaccination calendar / recommended vaccination schedule/ cause serious adverse reactions after vaccination?

- YES 1
- NO 2
- NO OPINION/DK 8

2 ⇒ End

8 ⇒ End

Probe: serious adverse reaction is a reaction that requires hospital treatment or hospitalisation of a child.

Show the card with the vaccination calendar / recommended vaccination schedule to the respondent.

MIA2. In your opinion, which vaccines cause a serious adverse reaction after vaccination?

- BCG A
- PENTAVALENT B
- DTP C
- HEPATITIS B D
- HIB E
- MMR F
- OPV/POLIO G
- DT/dT H
- TT I
- ALL J
- OTHER (*specify*) X
- DK Z

LIFE SATISFACTION

MLS

MLS1. 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 have a look at those pictures to help you with your response.

Show smiley card and explain what each symbol represents. Record the response code selected by the respondent.

- VERY HAPPY 1
- SOMEWHAT HAPPY..... 2
- NEITHER HAPPY NOR UNHAPPY 3
- SOMEWHAT UNHAPPY 4
- VERY UNHAPPY 5

MLS2. *Show the picture of the ladder.*

Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.

Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

On which step of the ladder do you feel you stand at this time?

Probe if necessary: Which step comes closest to the way you feel?

LADDER STEP ____ ____

MLS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?

- IMPROVED..... 1
- MORE OR LESS THE SAME..... 2
- WORSENERD 3

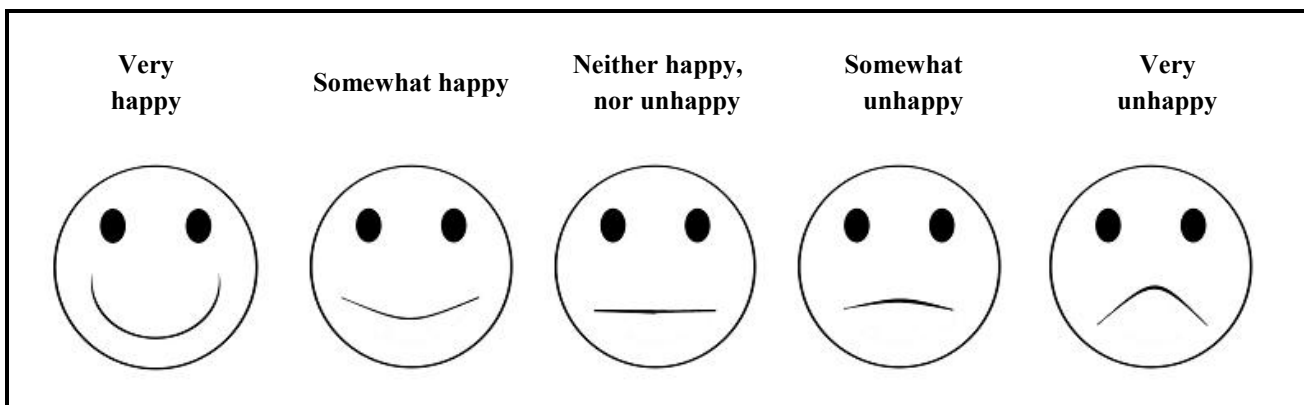
MLS4. And in one year from now, do you expect that your life will be better, will be more or less the same, or will be worse, overall?

- BETTER 1
- MORE OR LESS THE SAME..... 2
- WORSE..... 3

Showcard for question MWB14.

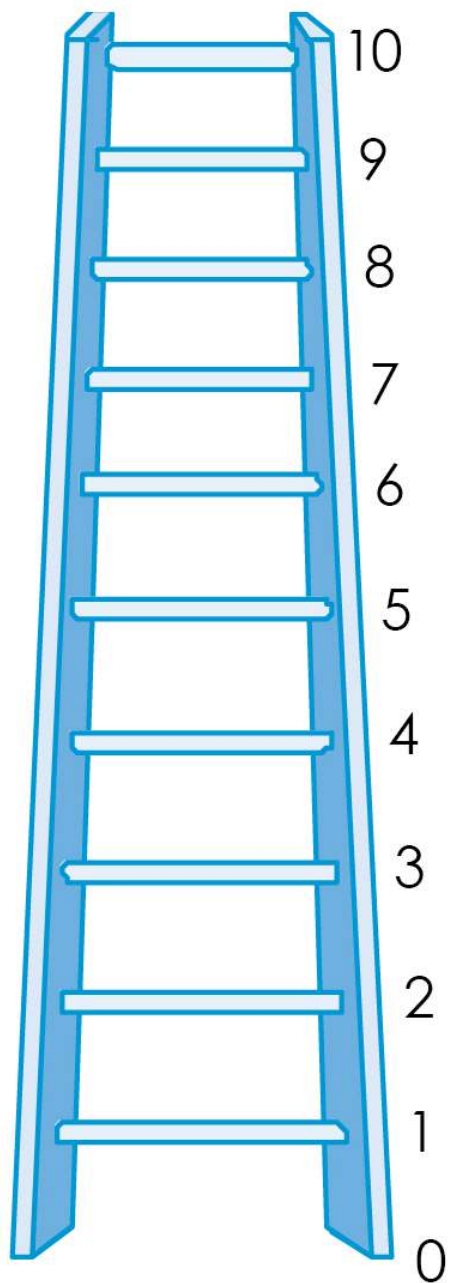
- The child is reading a book.
- Rains have started later this year.
- Parents must take care of their children.
- Farming is difficult work.

Showcard for question MLS1:



Showcard for question MLS2:

Best Possible Life



Worst Possible Life

| | | |
|--|---|--|
| MWM10. Record the time when the interview ended. | HOURS AND MINUTES _ _ : _ _ | |
| MWM11. Was the entire interview completed in private, without the presence of a third person, or was there anyone else during the entire interview or part of it? | YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3 | |
| MWM12. Language of the Questionnaire. | MONTENEGRIN/SERBIAN/BOSNIAN/CROATIAN 1 ALBANIAN 2 | |
| MWM13. Language of the Interview. | MONTENEGRIN/SERBIAN/BOSNIAN/CROATIAN 1 ALBANIAN 2 OTHER LANGUAGE (specify) 6 | |
| MWM14. Native language of the Respondent. | MONTENEGRIN/SERBIAN/BOSNIAN/CROATIAN 1 ALBANIAN 2 OTHER LANGUAGE (specify) 6 | |
| MWM15. Was a translator used for any parts of this questionnaire? | YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3 | |
| <p>MWM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?</p> <p><input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?</p> <p><input type="checkbox"/> Yes ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent and thank him for his cooperation. Check to see if there are other questionnaires to be completed in this household.</p> <p><input type="checkbox"/> No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent and thank him for his cooperation. Check to see if there are other questionnaires to be administered in this household.</p> | | |

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS