

Approved by the order 01/...of the Chairman of the National Statistical Office on2013

Form SISS-4



SOCIAL INDICATOR SAMPLE SURVEY

QUESTIONNAIRE FOR INDIVIDUAL MEN AGED 15-54

1. MAN'S INFORMATION PANEL		MWM
<i>This questionnaire is to be administered to all men age 15 through 54 (see List of Household Members, 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's name and number: Name _____		

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM NATIONAL STATISTICAL OFFICE OF MONGOLIA AND CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, WOMEN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND WELL-BEING NEARLY 20 MINUTES. ACCORDING TO THE ARTICLE 5, PARAGRAPH 4 OF THE MONGOLIAN STATE LAW ON CONFIDENTIALITY OF AN INDIVIDUAL AND ARTICLE 22, PARAGRAPH 3 OF THE MONGOLIAN STATE LAW ON STATISTICS ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 20 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 ⇒ Fill '03' in MWM7. Discuss this result with your team leader.</p>	

Date and result of man's interview			
How many time you have visited	MWM6. Date (Year/ Month/ Day)	MWM7. Result of the interview*	Codes for the result of the interview*
1. First	2013/ __ __ / __ __	__ __	Completed 01 Not at home 02 Refused 03 Partly completed 04 Incapacitated..... 05
2. Second	2013/ __ __ / __ __	__ __	Other (<i>specify</i>) _____ 96
3. Third	2013/ __ __ / __ __	__ __	

MWM10	Record the time.	Hour and minutes..... ____ : ____	
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2. MAN'S BACKGROUND		MWB	
MWB1	IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Year DK month 9998 Month DK year 98	
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?	Yes 1 No 2	2⇒MWB7
MWB4	WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED? <i>If completed non-formal equivalent education program (NFEEP), circle '2'.</i>	Secondary school 2 Technical and vocational centre..... 4 University, institute/college..... 3	
MWB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00" If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>	Grade.....	
MWB5A	HAVE YOU COMPLETED SCHOOL THAT HAS ATTENDED?	Yes 1 No 2	
MWB6	Check MWB4 and MWB5: <input type="checkbox"/> Completed 5 or higher grade in a secondary school or higher education (MWB5>4) ⇒ Go to MWB8 <input type="checkbox"/> Completed 1-4 grades in a secondary school (MWB5<5) ⇒ 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	1⇒MWB8 5⇒MWB8
MWB7A	NOW I WOULD LIKE YOU TO WRITE SENTENCE WHICH I AM GOING TO READ TO YOU. <i>Show sentence on the card to the respondent. If respondent cannot write whole sentence, probe:</i> CAN YOU WRITE PART OF THE SENTENCE?	Cannot write at all 1 Able to write only some words of sentence. 2 Able to write short sentence wholly 3	
MWB8	HAVE YOU BEEN EMPLOYED IN LAST 7 DAYS?	Yes 1 No 2	1⇒MWB11

MWB9	ALTHOUGH YOU DID NOT WORK IN THE LAST SEVEN DAYS, DO YOU HAVE ANY JOB OR BUSINESS FROM WHICH YOU WERE ABSENT FOR LEAVE, ILLNESS, VACATION, OR ANY OTHER SUCH REASON?	Yes 1 No 2	1⇒MWB11
MWB10	HAVE YOU DONE ANY WORK IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒Next module
MWB11	WHAT IS YOUR OCCUPATION, THAT IS, WHAT KIND OF WORK DO YOU MAINLY DO?	(Specify) _____ _____ _____	
MWB12	DO YOU USUALLY WORK THROUGHOUT THE YEAR, OR DO YOU WORK SEASONALLY, OR ONLY ONCE IN A WHILE?	Throughout the year..... 1 Seasonally/part of the year 2 Once in a while 3	

3. ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY			MMT
MMT1	<p>Check <i>MWB7</i> to see if the man is able to read.</p> <p><input type="checkbox"/> Question left blank (completed 5 or higher grade in a secondary school or higher education) ⇒ Continue with MMT2</p> <p><input type="checkbox"/> Able to read or no sentence in required language (<i>MWB7</i> = 2, 3 or 4) ⇒ Continue with MMT2.</p> <p><input type="checkbox"/> Cannot read at all or blind/ visually impaired (<i>MWB7</i> = 1 or 5) ⇒ Go to MMT3.</p>		
MMT2	<p>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</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
MMT3	<p>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</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
MMT4	<p>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</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
MMT6	<p>HAVE YOU EVER USED A COMPUTER?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒MMT9
MMT7	<p>HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒MMT9
MMT8	<p>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</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
MMT9	<p>HAVE YOU EVER USED THE INTERNET?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒MMT12
MMT10	<p>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</p> <p>No 2</p>	2⇒MMT12
MMT11	<p>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</p> <p>At least once a week 2</p> <p>Less than once a week 3</p> <p>Not at all 4</p>	
MMT12	<p>DO YOU HAVE A MOBILE PHONE?</p>	<p>Yes 1</p> <p>No 2</p>	

4. FERTILITY			MCM
MCM1	<p>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
MCM3	<p>HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?</p>	Age in years..... _ _	
MCM4	<p>DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?</p>	Yes 1 No 2	2⇒MCM6
MCM5	<p>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 _ _	
MCM6	<p>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
MCM7	<p>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 _ _	
MCM8	<p>HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i> I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</p>	Yes 1 No 2	2⇒MCM10
MCM9	<p>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 _ _	
MCM10	<p><i>Sum answers to MCM5, MCM7 and MCM9.</i></p>	Sum _ _	
MCM11	<p>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"/> Yes. Check below:</p> <p style="padding-left: 40px;"><input type="checkbox"/> No live births ⇒ Go to Next Module</p> <p style="padding-left: 40px;"><input type="checkbox"/> One or more live births ⇒ Continue with MCM11A</p> <p><input type="checkbox"/> No. ⇒ Check responses to CM1-CM10 and make corrections as necessary</p>		

APPENDIX F: QUESTIONNAIRES

MCM11A	DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes1 No2	1⇒MCM12
MCM11B	IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women ____ ____	
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)? <i>Month and year must be recorded.</i>	Date of last birth Year ____ ____ ____ ____ Month ____ ____	

5. 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 1 ⇨ MMA7 2 ⇨ MMA7
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 1 ⇨ MMA8A 2 ⇨ MMA8B
MMA8A	IN WHAT MONTH AND YEAR DID YOU MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Date of (first) marriage Year ____ ____ DK month 9998 Month ____ DK year ____ 98 ⇨ Next module
MMA8B	IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	
MMA9	HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years ____

6. CONTRACEPTION		MCP	
NOW I WOULD LIKE TO TALK TO YOU ABOUT FAMILY PLANNING AND CONTRACEPTIVE METHODS.			
MCP0A. HAVE YOU EVER HEARD OR READ OF CONTRACEPTIVE METHODS? PLEASE NAME THEM. <i>For contraceptive methods named by the man, record "1". For the remaining methods, probe using CP0B and record "2" if heard or read.</i>		MCP0B. HAVE YOU EVER HEARD OR READ OF METHODS? Yes No	
		Heard or read of (Told oneself)	
A	FEMALE STERILIZATION <i>(Women can have an operation to avoid having any more children)</i>	1	2 3
B	MALE STERILIZATION <i>(Men can have an operation to avoid having any more children.)</i>	1	2 3
C	IUD <i>(Women can have a loop or coil placed inside them by a doctor or a nurse.)</i>	1	2 3
D	INJECTABLES <i>(Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.)</i>	1	2 3
E	IMPLANTS <i>(Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.)</i>	1	2 3
F	PILL <i>(Women can take a pill every day to avoid becoming pregnant.)</i>	1	2 3
G	MALE CONDOM <i>(Men can put a rubber sheath on their penis before sexual intercourse.)</i>	1	2 3
H	FEMALE CONDOM <i>(Women can place a sheath in their vagina before sexual intercourse.)</i>	1	2 3
I	DIAPHRAGMS <i>(A shallow silicone cup inserted into the vagina)</i>	1	2 3
J	FOAM / JELLY <i>(placed in the vagina before sex)</i>	1	2 3
L	PERIODIC ABSTINENCE / RHYTHM <i>(To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.)</i>	1	2 3
M	WITHDRAWAL <i>(Men can be careful and pull out before climax.)</i>	1	2 3
N	EMERGENCY CONTRACEPTION <i>(As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.)</i>	1	2 3
X	HAVE YOU HEARD OR READ ANY OTHER CONTRACEPTIVE METHOD?	1 <i>(Specify)</i> _____ <i>(Specify)</i> _____	3

MCP25	DO YOU KNOW THAT CONTRACEPTIVE METHODS ARE GIVEN FOR FREE?	Yes 1 No 2	
MCP26	IN THE LAST ONE MONTH, DID YOU OBTAIN ANY INFORMATION ON FAMILY PLANNING THROUGH THE FOLLOWING MEDIA? [A] RADIO? [B] TELEVISION? [C] INTERNET? [D] PRINTED NEWSPAPERS, MAGAZINES OR BOOKS? [E] POSTER?	Yes No Radio 1 2 Television..... 1 2 Internet 1 2 Printed newspapers, magazines or books 1 2 Poster 1 2	
MCP27	Check MMA1, MMA6. Marital status. <input type="checkbox"/> Married/living together (MMA1=1, 2) ⇒ Continue with MCP28 <input type="checkbox"/> Not married, separated, divorced or widowed (MMA1=3, MMA6=1, 2, 3) ⇒ Go to MCP30		
MCP28	HAVE YOU EVER TALKED TO YOUR WIFE/PARTNER ABOUT THE FOLLOWING TOPICS? [A] FAMILY PLANNING? [B] CONTRACEPTION? [C] STIs, HIV/AIDS? [D] PREGNANCY AND BIRTH?	Yes No Family planning..... 1 2 Contraception 1 2 STIs, HIV/AIDS 1 2 Pregnancy and birth..... 1 2	
MCP29	HOW MANY CHILDREN DOES YOUR WIFE/PARTNER WANT? SAME AS YOU, MORE OR LESS?	Never talked..... 1 Same as me..... 2 Many 3 Few 4 DK..... 8	
MCP30	NOW I WOULD LIKE TO ASK YOU ABOUT A WOMAN'S RISK OF PREGNANCY. FROM ONE MENSTRUAL PERIOD TO THE NEXT, ARE THERE CERTAIN DAYS WHEN A WOMAN IS MORE LIKELY TO BECOME PREGNANT WHEN SHE HAS SEXUAL RELATIONS?	Yes 1 No 2 DK..... 8	2 ⇒ MCP32 8 ⇒ MCP32
MCP31	IS THIS TIME JUST BEFORE HER PERIOD BEGINS, DURING HER PERIOD, RIGHT AFTER HER PERIOD HAS ENDED, OR HALFWAY BETWEEN TWO PERIODS?	Just before her period begins..... 1 During her period 2 Right after her period has ended..... 3 Halfway between two periods 4 Other 6 DK..... 8	
MCP32	I WILL NOW READ YOU SOME STATEMENTS ABOUT CONTRACEPTION. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH EACH ONE. [A] CONTRACEPTION IS A WOMAN'S BUSINESS AND A MAN SHOULD NOT HAVE TO WORRY ABOUT IT. [B] WOMEN WHO USE CONTRACEPTION MAY BECOME PROMISCUOUS.	Agree Dis- DK agree Contraception women's business 1 2 8 Women may become promiscuous 1 2 8	

7. FAMILY PLANING		MUN	
MUN0	Check MMA1, MMA6. Marital status <input type="checkbox"/> Married/living together (MMA1=1, 2) ⇒ Continue with MUN5 <input type="checkbox"/> Not married, separated, divorced or widowed (MMA1=3, MMA6=1, 2, 3) ⇒ Go to MUN11A		
MUN5A	ARE YOU OBTAINED MALE STERILIZATION?	Yes 1 No 2	1⇒MUN11A
MUN2A	CURRENTLY, IS YOUR WIFE/PARTNER PREGNANT?	Yes 1 No 2 DK/ Unsure 8	1⇒MUN4 2⇒MUN11A 8⇒MUN11A
MUN4	NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child 1 No more / None 2 Undecided / Don't know 8	2⇒MUN11A 8⇒MUN11A
MUN4A	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child 1 No more / None 2 Says couple can't get pregnant 3 Wife/ partner sterilized 4 Undecided / Don't know 8	2⇒MUN11A 3⇒MUN11A 4⇒MUN11A 8⇒MUN11A
MUN6C	WHAT WAS THE MEIN REASON THAT HAVE ANOTHER CHILD?	No children 01 Few children 02 No boy or girl 03 Tradition 04 Wife wants more children 05 Children are helpful for family business 06 Other (specify) 96	
MUN7	HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?	Months 1 ____ Years 2 ____ Does not want to wait (soon/now) 993 Couple infecund 994 Other (specify) 996 Don't know 998	
MUN11A	Check MCM4, MCM6. Have children. <input type="checkbox"/> Yes (MCM4=1 or MCM6=1) ⇒ Continue with MUN11B <input type="checkbox"/> No (MCM4=2 and MCM6=2) ⇒ Go to MUN11C		
MUN11B	IF YOU HAD A CHANCE TO GO BACK TO YOUR LIFE WITHOUT CHILDREN, HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFETIME?	Never wanted/Do not want any children 00 Number of children ____ Other (specify) 96	
MUN11C	HOW MANY CHILDREN WOULD YOU LIKE TO HAVE IN YOUR LIFETIME?	Never wanted/Do not want any children 00 Number of children ____ Other (specify) 96	

8. SEXUAL BEHAVIOUR		MSE
<p>Check presence of others. Make sure you have privacy before you proceed with the interview.</p>		
MSB1	<p>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>HAVE YOU EVER HAD SEXUAL INTERCOURSE?</p> <p><i>If yes:</i> 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>
MSB2	<p>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>
MSB3	<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 more than 12 months (one year), 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 ago4 ___</p> <p>4⇒MSB15</p>
MSB4	<p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>
MSB5	<p>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:</i> WERE YOU LIVING TOGETHER AS IF MARRIED?</p> <p><i>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 (specify) 6</p>
MSB8	<p>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>
MSB9	<p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes..... 1</p> <p>No 2</p>
MSB10	<p>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?</p> <p><i>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 (specify) 6</p>

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	IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners _ _	
MSB15	IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate.</i> <i>If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners _ _ DK 98	

9. SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS		MHA																	
MHA1	<p>NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?</p>	Yes 1 No..... 2	2⇒MHA30																
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 No..... 2 DK 8																	
MHA4	CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No..... 2 DK 8																	
MHA5	CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No..... 2 DK 8																	
MHA6	CAN PEOPLE GET THE 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 AIDS VIRUS?	Yes 1 No..... 2 DK 8																	
MHA7A	CAN PEOPLE GET THE AIDS VIRUS BY USING NEEDLE OR SYRINGE USED BY OTHER PERSON?	Yes 1 No..... 2 DK 8																	
MHA8	<p>CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:</p> <p>[A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?</p>	<table border="0"> <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	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 No..... 2 DK/Not sure/Depends 8																	
MHA10	WOULD YOU BUY FRESH VEGETABLES OR MEAT FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes 1 No..... 2 DK/Not sure/Depends 8																	
MHA11	IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE 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 AIDS, WOULD YOU BE WILLING TO CARE FOR HER/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 AIDS VIRUS?	Yes 1 No..... 2	2⇒MHA27																

APPENDIX F: QUESTIONNAIRES

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	2⇒MHA30 8⇒MHA30
MHA26A	AFTER YOU GOT THE RESULTS OF THE TEST, DID YOU RECEIVE COUNSELLING? <i>Regardless of the result, all women who are tested are supposed to receive counselling after getting the result.</i>	Yes 1 No..... 2 DK 8	1⇒MHA30 2⇒MHA30 8⇒MHA30
MHA27	DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes 1 No..... 2	
MHA30	NOW I WOULD LIKE TO TALK TO YOU ABOUT DIFFERENT SUBJECT. HAVE YOU EVER HEARD ABOUT ANY SEXUALLY TRANSMITTED INFECTIONS OTHER THAN AIDS VIRUS?	Yes 1 No..... 2	2⇒MHA32
MHA31	WHAT ARE THE MAIN SOURCES OF INFORMATION ON SEXUALLY TRANSMITTED INFECTIONS AND AIDS VIRUS? <i>Probe:</i> ANY OTHER SOURCES?	Parent/Relative A Wife/spouse..... B Friends/ Peer group..... C Co-workers D Gynecologist..... E Infection doctor F Religious organization G Teacher H Social worker/Volunteers..... I Poster or information board J Newspapers, magazines or books..... K Radio..... L TV..... M Internet/website N Other (<i>specify</i>) X	
MHA32	<i>Check SB1B. Had sexual intercourse?</i> <input type="checkbox"/> Yes ⇒ Continue with MHA33 <input type="checkbox"/> No (MSB1B=1) ⇒ Go to MHA43		
MHA33	<i>Check MHA30. Head about other sexually transmitted infections?</i> <input type="checkbox"/> Yes (MHA30=1) ⇒ Continue with MHA34 <input type="checkbox"/> No (MHA30=2) ⇒ Go to MHA35		
MHA34	NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN THE LAST 12 MONTHS. DURING THE LAST 12 MONTHS, HAVE YOU HAD A DISEASE WHICH YOU GOT THROUGH SEXUAL CONTACT?	Yes 1 No..... 2 DK 8	
MHA35	SOMETIMES MEN EXPERIENCE AN ABNORMAL DISCHARGE FROM THEIR PENIS. DURING THE LAST 12 MONTHS, HAVE YOU HAD AN ABNORMAL DISCHARGE FROM YOUR PENIS?	Yes 1 No..... 2 DK 8	

MHA36	SOMETIMES MEN HAVE A SORE OR ULCER NEAR THEIR PENIS. DURING THE LAST 12 MONTHS, HAVE YOU HAD A SORE OR ULCER NEAR YOUR PENIS?	Yes 1 No..... 2 DK 8	
MHA37	<i>Check MHA34, MHA35, MHA36.</i> <input type="checkbox"/> "Yes" to one at least (MHA34=1 or MHA35=1 or MHA36=1) ⇒ Continue with MHA38 <input type="checkbox"/> "No" to all (MHA34=2, 8 and MHA35=2, 8 and MHA36=2, 8) ⇒ Go to MHA43		
MHA38	HAVE YOU EVER BEEN TESTED FOR THE SEXUALLY TRANSMITTED INFECTIONS?	Yes 1 No..... 2 No answer 8	2⇒MHA40 8⇒MHA40
MHA39	HAVE YOU TESTED FOR THE SEXUALLY TRANSMITTED INFECTIONS IN THE LAST 12 MONTHS?	Yes 1 No..... 2	
MHA40	HAVE YOU EVER RECEIVED TREATMENT FOR THE SEXUALLY TRANSMITTED INFECTIONS?	Yes 1 No..... 2 No answer 8	2⇒MHA43 8⇒MHA43
MHA41	HAVE YOU RECEIVED TREATMENT FOR THE SEXUALLY TRANSMITTED INFECTIONS IN THE LAST 12 MONTHS?	Yes 1 No..... 2	2⇒MHA43
MHA42	WHERE OR WHOM DID YOU SEEK TRAETMENT? <i>Probe:</i> ANYWHERE ELSE?	Public sector Specialized professional health centre (Cancer center and ational Center for Maternal and Child Health) A General hospital (Aimag centre/ district health centre)..... B Maternity house C Volunteer counseling and testing centre D Soum//family group practice E Auxiliary midwife F Private sector Ulaanbaatar hospitalG Ulaanbaatar ClinicH Aimag/ Soum hospital I Aimag/ Soum ClinicJ PhysicianK Pharmacy L NGO's hospital N Other Friend/ Relative P Other (<i>specify</i>) X	
MHA43	DO YOU THINK IS IT POSSIBLE TO PREVENT THE SEXUALLY TRANSMITTED INFECTIONS?	Yes 1 No..... 2 DK 8	2⇒Next module 8⇒Next module
MHA44	IF POSSIBLE, HOW DO YOU PREVENT GETTING SEXUALLY TRANSMITTED INFECTIONS? <i>Circle all that apply.</i> <i>Probe:</i> DO YOU KNOW ANY OTHER METHOD?	Tolerate sexual intercourse A Use a condom every time have sex..... B Have only one sexual partner with no AIDS virus C Refuse to have sex with prostitute D Refuse blood transfusion E Use only one time syringe F Other (<i>specify</i>) X DK Z	

10. 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 days0 ____ 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 Pipe D Pipe tobacco E 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 days0 ____ 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? <i>Circle all mentioned.</i>	Chewing tobacco A 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. If 10 days or more but less than a month, circle "10". If "everyday" or "almost every day", circle "30"</i>	Number of days0 ____ 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⇒MWM11
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⇒MWM11
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 days0 10 days or more but less than a month..... 10 Everyday / Almost every day 30	00⇒MWM11

MWM11	Record the time.	Hour and minutes :	
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MWM12	<p>Check List of Household Members, column HL7B and HL15 Is the respondent the caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete 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 cover page</p>
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Interviewer's Observations



Supervisor's Observations

