

CHILD DEVELOPMENT SURVEY - 2016 QUESTIONNAIRE FOR INDIVIDUAL MEN AGED 15-49

1. MAN'S INFORMATION PANEL	MWM
<i>This questionnaire is to be administered to all men age 15 through 49 (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 _____	MWM6. Year/Month/Day of interview: 2016 / ____ / ____
MWM6A. Number of times visited _____	

<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM NATIONAL STATISTICS 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 15 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 15 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>	

MWM7. Result of the interview	Completed01 Not at home02 Refused03 Partly completed04 Incapacitated05 Other (specify).....96
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MWM10	Record the time.	Hour and minutes..... ____ : ____	
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2. MAN'S BACKGROUND		MWB	
MWB1	IN WHAT YEAR AND MONTH WERE YOU BORN?	Date of birth Year ____ ____ Month..... ____	
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..... 3 University, institute/college..... 4	
MWB4A	HAVE YOU COMPLETED SCHOOL THAT YOU HAVE ATTENDED?	Yes 1 No 2	
MWB5	WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter "00"</i> <i>If has attended primary school of NFEEP, record '21', if basic or high school, record '22' and '23' respectively.</i>	Grade..... ____	
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.</i> <i>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⇒Next module 4⇒ Next module 5⇒ Next module
MWB7A	NOW I WOULD LIKE YOU TO WRITE THE SENTENCE WHICH I AM GOING TO READ TO YOU. <i>Show sentence on the card to the respondent.</i> <i>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	

3. ACCESS TO MASS MEDIA AND USE OF INFORMATION/ COMMUNICATION TECHNOLOGY			MMT
MMT1	Check MWB7 to see if the man is able to read. <input type="checkbox"/> Question left blank (completed 5 or higher grade in a secondary school or higher education (MWB5>4)) ⇒ Continue with MMT2 <input type="checkbox"/> Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2 <input type="checkbox"/> Cannot read at all or blind/ visually impaired (MWB7 = 1 or 5) ⇒ Go to MMT3		
MMT2	HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT3	DO YOU LISTEN TO THE RADIO ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT4	HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT6	HAVE YOU EVER USED A COMPUTER?	Yes 1 No 2	2⇒MMT9
MMT7	HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes 1 No 2	2⇒MMT9
MMT8	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE A COMPUTER: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT9	HAVE YOU EVER USED THE INTERNET?	Yes 1 No 2	2⇒MMT12
MMT10	IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET? <i>If necessary, probe for use from any location, with any device.</i>	Yes 1 No 2	2⇒MMT12
MMT11	DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week..... 2 Less than once a week 3 Not at all 4	
MMT12	DO YOU HAVE A MOBILE PHONE? <i>If "yes": IS YOUR PHONE SMART?</i>	Yes Not smart 1 Smart 2 No 3	

4. FERTILITY			MCM
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?	Yes1 No2 DK8	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?	Yes1 No2	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?	Yes1 No2	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>	Yes1 No2	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 __ __	
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? <input type="checkbox"/> Yes. Check below: <input type="checkbox"/> No live births ⇒ Go to Next Module <input type="checkbox"/> One or more live births ⇒ Continue with MCM11A <input type="checkbox"/> No. ⇒ Check responses to MCM1-MCM10 and make corrections as necessary		

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 __ __ __ __ DK year.....9998 Month __ __ DK month.....98	

5. 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
	[F] IF A WIFE SPENDS BIG AMOUNT OF MONEY WITHOUT A PERMISSION FROM HER HUSBAND?			
	Spends big amount of money without a permission from her husband.....	1	2	8

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 year 9998
MMA8B	IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Month _ _ DK month 98
MMA8C	<p><i>Check MMA8A and MMA8B to see if the man knows the year when he first married or started living with a woman as if married.</i></p> <p><input type="checkbox"/> Knows the year (MMA8A, MMA8B<>9998) ⇒Go to next module</p> <p><input type="checkbox"/> Does not know the year (MMA8A, MMA8B=9998) ⇒ Continue with MMA9</p>	
MMA9	HOW OLD WERE YOU WHEN YOU <u>FIRST</u> STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years _ _

8. SEXUAL BEHAVIOUR		MSB
<p>Check presence of others. Make sure you have privacy before you proceed with the interview.</p>		
<p>MSB1</p> <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>
<p>MSB2</p> <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>	
<p>MSB3</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 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 ago3 __ __</p> <p>Years ago4 __ __</p>	<p>4⇒MSB15</p>
<p>MSB4</p> <p>THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MSB5</p> <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/ Extra marital relation..... 3</p> <p>Casual acquaintance 4</p> <p>Prostitute..... 5</p> <p>Other (<i>specify</i>) 6</p>	
<p>MSB8</p> <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>
<p>MSB9</p> <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>	
<p>MSB10</p> <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/ Extra marital relation..... 3</p> <p>Casual acquaintance 4</p> <p>Prostitute..... 5</p> <p>Other (<i>specify</i>) 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	<p>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>	

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 No..... 2	2⇒Next module
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	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 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

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⇒Next module 8⇒ Next module
MHA26A	REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING AFTER GETTING THE RESULT. AFTER YOU GOT THE RESULTS OF THE TEST, DID YOU RECEIVE COUNSELLING?	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	

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>	CigarsA Water pipe B PipeD 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 tobaccoA Snuff B Other (<i>specify</i>) _____X	
MTA13	DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days. 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	<p>Now I would like to ask you some questions about drinking alcohol.</p> <p>HAVE YOU EVER DRUNK ALCOHOL?</p>	<p>Yes 1 No..... 2</p>	<p>2⇒Next module</p>
MTA15	<p>WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, ONE CUP OF TRADITIONAL VODKA, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM.</p> <p>HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?</p>	<p>Never had one drink of alcohol 00 Age..... ____</p>	<p>00⇒ Next module</p>
MTA16	<p>DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL?</p> <p><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></p>	<p>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</p>	

10.LIFE SATISFACTION		MLS	
For the modul's questionnaires, we will be use card of smile.			
MLS1	<p>Check MWB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to MWM11.</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with MLS2.</p>		
MLS2	<p>I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</p>	<p>Very happy 1</p> <p>Somewhat happy 2</p> <p>Neither happy nor unhappy 3</p> <p>Somewhat unhappy 4</p> <p>Very unhappy 5</p>	
MLS3	<p>NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>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.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p>Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions LS3 to LS13.</p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
MLS4	<p>HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
MLS5	<p>DURING THE current / 2016-2017 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes 1</p> <p>No 2</p>	2⇒MLS7
MLS6	<p>HOW SATISFIED (are/were) YOU WITH YOUR SCHOOL?</p>	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	
MLS7	<p>HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?</p> <p>If the respondent says that 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.</p>	<p>Does not have a job 0</p> <p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Neither satisfied nor unsatisfied 3</p> <p>Somewhat unsatisfied 4</p> <p>Very unsatisfied 5</p>	

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 says that 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 WORSENE, OVERALL?	Improved..... 1 More or less the same 2 Worsened 3	
MLS15	AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better..... 1 More or less the same 2 Worse 3	

MWM11	Record the time.	Hour and minutes ____ : ____	
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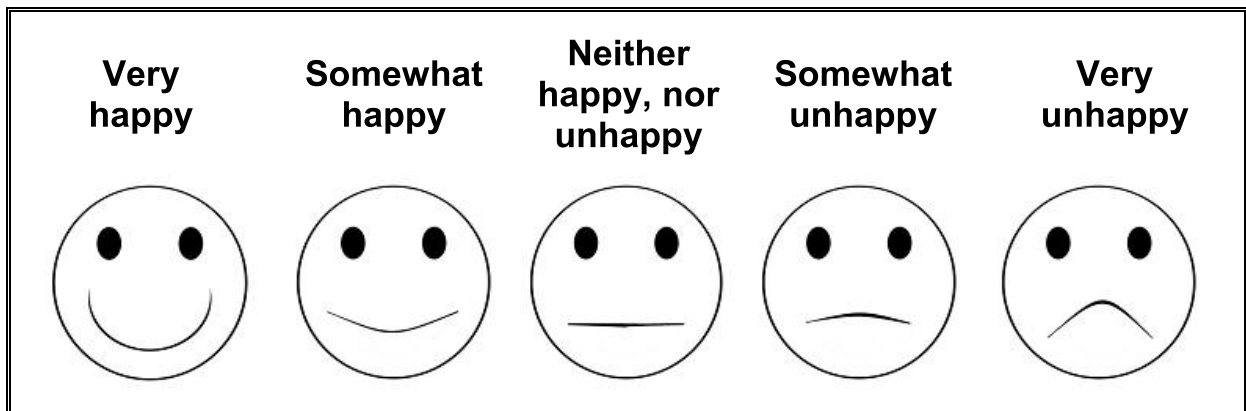
MWM12	<p>Check List of Household Members, column HL7B and HL15 Is the respondent the caretaker of any child age 0-4 living in this household?</p> <p><input type="checkbox"/> Yes ⇒ Proceed to complete the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview 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

RESPONSE CARD:

SIDE 1



SIDE 2

