

MALAWI GOVERNMENT QUESTIONNAIRE FOR INDIVIDUAL MEN
 NATIONAL STATISTICAL OFFICE

MALAWI MDG ENDLINE SURVEY 2013/14

MAN'S INFORMATION PANEL		MWM
<p><i>This questionnaire is to be administered to all men age 15 through 49 (see List of Household Members, column HL7A).</i> <i>A separate questionnaire should be used for each eligible man.</i></p>		
<p>MWM1. Cluster number: _____</p>	<p>MWM2. Household number: _____</p>	
<p>MWM3. Man's name: Name _____</p>	<p>MWM4. Man's line number: _____</p>	
<p>MWM5. Interviewer's name and number: Name _____</p>	<p>MWM6. Day / Month / Year of interview: _____ / _____ / 201 _____</p>	

<p><i>Repeat greeting if not already read to this man:</i></p> <p>MY NAME IS _____. WE ARE FROM NATIONAL STATISTICAL OFFICE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.</p>	<p><i>If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:</i></p> <p>NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 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"/> <i>Yes, permission is given ⇒ Go to MWM10 to record the time and then begin the interview.</i></p> <p><input type="checkbox"/> <i>No, permission is not given ⇒ Circle '03' in MWM7. Discuss this result with your supervisor.</i></p>	

<p>MWM7. Result of man's interview</p>	<p>Completed..... 01 Not at home 02 Refused..... 03 Partly completed 04 Incapacitated..... 05 Other (<i>specify</i>) _____ 96</p>
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<p>MWM8. Field editor's name and number: Name _____</p>	<p>MWM9. Main data entry clerk's name and number: Name _____</p>
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SENTENCES FOR LITERACY TEST

CHICHEWA

MAKOLO AMAKONDA ANA AWO.

ULIMI NDI KHAMA.

MWANA AKUWERENGA BUKHU.

ANA AMALIMBIKILA SUKULU.

TUMBUKA

WAPAPI WAKUTEMWA WANA WAO.

KULIMA NDI NTCHITO YINONONO.

MWANA WAKUWERENGA BUKHU.

WANA WAKULIMBIKIRA KUSUKULU.

ENGLISH

PARENTS LOVE THEIR CHILDREN.

FARMING IS HARD WORK.

THE CHILD IS READING A BOOK.

CHILDREN WORK HARD AT SCHOOL

MMT1. Check MWB7:

- Question left blank (Respondent has secondary or higher education) ⇒ Continue with MMT2
- Able to read or no sentence in required language (MWB7 = 2, 3 or 4) ⇒ Continue with MMT2
- 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

MMT5. Check MWB2: Age of respondent?

- Age 15-24 ⇒ Continue with MMT6
- Age 25-49 ⇒ Go to Next Module

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⇒Next Module

MMT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?

- Yes 1
- No..... 2

2⇒ Next Module

If necessary, probe for use from any location, with any device.

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

FERTILITY		MCM
<p>MCM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE CHILDREN YOU HAVE HAD IN YOUR LIFE. I AM INTERESTED IN ALL OF THE CHILDREN THAT ARE BIOLOGICALLY YOURS, EVEN IF THEY ARE NOT LEGALLY YOURS OR DO NOT HAVE YOUR LAST NAME.</p> <p>HAVE YOU EVER FATHERED ANY CHILDREN WITH ANY WOMAN?</p>	Yes 1 No..... 2 DK 8	2⇒MCM8 8⇒MCM8
<p>MCM3. HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN?</p>	Age in years _ _	
<p>MCM4. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE NOW LIVING WITH YOU?</p>	Yes 1 No..... 2	2⇒MCM6
<p>MCM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	Sons at home _ _ Daughters at home _ _	
<p>MCM6. DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE FATHERED WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	Yes 1 No..... 2	2⇒MCM8
<p>MCM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	Sons elsewhere..... _ _ Daughters elsewhere _ _	
<p>MCM8. HAVE YOU EVER FATHERED A SON OR DAUGHTER WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking: I MEAN, A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i></p>	Yes 1 No..... 2	2⇒MCM10
<p>MCM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	Boys dead _ _ Girls dead _ _	
<p>MCM10. <i>Sum answers to MCM5, MCM7, and MCM9.</i></p>	Sum _ _	

MCM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE FATHERED IN TOTAL (*total number in MCM10*) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

Yes. Check below:

No live births ⇒ Go to Next Module

One or more live births ⇒ Continue with MCM11A

No ⇒ Check responses to MCM1-MCM10 and make corrections as necessary

<p>MCM11A. DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?</p>	<p>Yes 1 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)? <i>Month and year must be recorded.</i></p>	<p>Date of last birth Month _ _ 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
MMA3. DO YOU HAVE OTHER WIVES OR DO YOU LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes (More than one) 1 No (Only one) 2	2⇒MMA7
MMA4. HOW MANY OTHER WIVES OR LIVE-IN PARTNERS DO YOU HAVE?	Number.....__ __	⇒MMA8B
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 Month.....__ __ DK month.....98	⇒Next Module
MMA8B. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A WOMAN AS IF MARRIED?	Year__ __ __ __ DK year.....9998	
MMA9. HOW OLD WERE YOU WHEN YOU FIRST STARTED LIVING WITH YOUR (FIRST) WIFE/PARTNER?	Age in years.....__ __	

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 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 ago 4 __ __</p>	<p>4⇒MSB15</p>
<p>MSB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	
<p>MSB5. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend', then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1</p> <p>Cohabiting partner 2</p> <p>Girlfriend 3</p> <p>Casual acquaintance 4</p> <p>Prostitute 5</p> <p>Other (specify) 6</p>	
<p>MSB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1</p> <p>No 2</p>	<p>2⇒MSB15</p>
<p>MSB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?</p>	<p>Yes 1</p> <p>No 2</p>	

<p>MSB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'girlfriend' then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	<p>Wife 1 Cohabiting partner 2 Girlfriend 3 Casual acquaintance 4 Prostitute 5 Other (<i>specify</i>) 6</p>	
<p>MSB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes 1 No 2</p>	<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. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes.....1 No2 DK.....8	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 No2 DK.....8																	
MHA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes.....1 No2 DK.....8																	
MHA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes.....1 No2 DK.....8																	
MHA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes.....1 No2 DK.....8																	
MHA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes.....1 No2 DK.....8																	
MHA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes.....1 No2 DK.....8																	
MHA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>During delivery.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>By breastfeeding.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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 No2 DK / Not sure / Depends.....8																	
MHA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes.....1 No2 DK / Not sure / 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 No2 DK / Not sure / Depends.....8																	
MHA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes.....1 No2 DK / Not sure / 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 No2	2⇒MHA27
MHA25. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago1 12-23 months ago.....2 2 or more years ago3	
MHA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes.....1 No2 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 No2	

CIRCUMCISION		MMC
MMC1. SOME MEN ARE CIRCUMCISED, THAT IS, THE FORESKIN IS COMPLETELY REMOVED FROM THE PENIS. ARE YOU CIRCUMCISED?	Yes.....1 No2 DK.....98	2⇒Next Module
MMC2. HOW OLD WERE YOU WHEN YOU GOT CIRCUMCISED?	Age in completed years__ __ DK.....98	
MMC3. WHO DID THE CIRCUMCISION?	Traditional practitioner/family/friend1 Health worker/Professional.....2 Other (<i>specify</i>)6 DK.....8	
MMC4. WHERE WAS IT DONE?	Health facility1 Home of a health worker/professional2 Circumcision done at home3 Ritual site4 Other home/place (<i>specify</i>)6 DK.....8	

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 "every day" or "almost every day", circle "30"</i>	Number of days..... 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	
MTA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, 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 "every day" or "almost every day", circle "30"</i>	Number of days..... 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30	

<p>MTA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?</p>	<p>Yes 1 No..... 2</p>	<p>2 ⇒MTA14</p>
<p>MTA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?</p>	<p>Yes 1 No..... 2</p>	<p>2 ⇒MTA14</p>
<p>MTA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH?</p> <p><i>Circle all mentioned.</i></p>	<p>Chewing tobacco A Snuff..... B Dip..... C Other (<i>specify</i>)..... X</p>	
<p>MTA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS?</p> <p><i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle "10". If "every day" or "almost every day", circle "30"</i></p>	<p>Number of days..... 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30</p>	
<p>MTA14. 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>
<p>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.</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>
<p>MTA16. 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 "every day" or "almost every day", circle "30"</i></p>	<p>Did not have one drink in last one month . 00 Number of days..... 0 ____ 10 days or more but less than a month 10 Every day / Almost every day 30</p>	<p>00⇒Next Module</p>
<p>MTA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE PER DAY?</p>	<p>Number of drinks..... ____ ____</p>	

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

- Age 25-49 ⇒ Age 25-49 ⇒ Go to Next Module
- Age 15-24 ⇒ Continue with MLS2

MLS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.

FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?

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

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

- Very happy.....1
- Somewhat happy2
- Neither happy nor unhappy3
- Somewhat unhappy4
- Very unhappy.....5

MLS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

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

Show side 2 of response card and explain what each symbol represents. Circle the response code selected by the respondent, for questions MLS3 to MLS13.

HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?

- Does not have a family0
- Very satisfied1
- Somewhat satisfied2
- Neither satisfied nor unsatisfied3
- Somewhat unsatisfied4
- Very unsatisfied5

MLS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?

- Does not have friends.....0
- Very satisfied1
- Somewhat satisfied2
- Neither satisfied nor unsatisfied3
- Somewhat unsatisfied4
- Very unsatisfied5

MLS5. DURING THE CURRENT 2013-2014 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?

- Yes.....1
- No2

2⇒MLS7

MLS6. HOW SATISFIED (<i>are/were</i>) YOU WITH YOUR SCHOOL?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB? <i>If the respondent says that he does not have a job, circle "0" and continue with the next question. Do not probe to find out how he feels about not having a job, unless he tells you himself.</i>	Does not have a job.....0 Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
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 satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME? <i>If the respondent says that he does not have any income, circle "0" and continue with the next question. Do not probe to find out how he feels about not having any income, unless he tells you himself.</i>	Does not have any income0 Very satisfied1 Somewhat satisfied2 Neither satisfied nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
MLS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?	Improved.....1 More or less the same2 Worsened3	
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?	Better1 More or less the same2 Worse3	

SOAP		SO
<p>MSO1. WHEN YOU HAVE SOAP IN THE HOUSE, WHAT DO YOU USE IT FOR?</p> <p><i>Don't prompt. Circle all mentioned</i></p>	<p>Bathing A Washing clothes B Washing dishes C Washing hands..... D</p> <p>Other (specify) _____ X</p>	

MWM11. Record the finish time.	Hour and minutes :	
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<p>MWM12. 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 result of man's interview (MWM7) on the cover page and then go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.</p> <p><input type="checkbox"/> No ⇒ End the interview with this respondent by thanking him for his cooperation and proceed to complete the result of man's interview (MWM7) on the cover page.</p>
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Interviewer's Observations

Field Editor's Observations

Supervisor's Observations