



MAN'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: _____ / _____ / <u>2</u> <u>0</u> <u>2</u> <u>1</u>	

<p><i>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.</i></p>	MWM7. Record the time: HOURS : MINUTES ____ : ____
MWM8. Check completed questionnaires in this household: <i>Have you or another member of your team interviewed this respondent for another questionnaire?</i>	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2 1 ⇨ MWM9B 2 ⇨ MWM9A
MWM9A. Hello, my name is (<i>your name</i>). We are from Central Statistical Office. 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 usually takes about 40 minutes. We are also interviewing mothers about their children. 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?	MWM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 40 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

MWM17. Result of man's interview. <i>Discuss any result not completed with Supervisor.</i>	COMPLETED 01 NOT AT HOME..... 02 REFUSED 03 PARTLY COMPLETED 04 INCAPACITATED (<i>specify</i>) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17..... 06 OTHER (<i>specify</i>) _____ 96
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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): Is this respondent also the respondent to the Household Questionnaire?	YES, RESPONDENT IS THE SAME, MWM3=HH47.....1 NO, RESPONDENT IS NOT THE SAME, MWM3≠HH47.....2	2 ⇨ MWB3
MWB2. Check ED5 or ED6B in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5 OR ED6B=2 OR 3.....1 ED5 OR ED6B=0, 1, 6, 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>Probe: How old were you at your last birthday?</i> <i>If responses to MWB3 and MWB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS).....__ __	
MWB5. Have you ever attended school or any early childhood education programme?	YES.....1 NO.....2	2 ⇨ MWB14
MWB6. What is the highest level and grade or form or year of school you have attended?	EARLY CHILDHOOD EDUCATION.....000 PRIMARY.....1 __ __ SECONDARY.....2 __ __ HIGHER.....3 __ __ VOCATIONAL.....4 __ __	000 ⇨ MWB14
MWB7. Did you complete that (grade/form/year)?	YES.....1 NO.....2	
MWB7A. Check WB6: Highest level of school attended:	WB6=1, 2 OR 3.....1 WB6= 4.....2	1 ⇨ MWB8
MWB7B. Before going to vocational school, what was the highest level and grade or form or year of school you attended?	PRIMARY.....1 __ __ SECONDARY.....2 __ __ HIGHER.....3 __ __ OTHER.....6 __ __	
MWB7C. Did you complete that (grade/form/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? <i>Current refers to "2020" for Primary/ Secondary and "2019-2020" for Tertiary</i>	YES.....1 NO.....2	2 ⇨ MWB11

MWB10. During the current school year, which level and grade or form or year are you <u>attending</u> ?	PRIMARY1 ___ SECONDARY.....2 ___ HIGHER3 ___ VOCATIONAL.....4 ___	
MWB11. At any time during the previous school year did you attend school? <i>Previous refers to "2019" for Primary/ Secondary and "2018-2019" for Tertiary</i>	YES.....1 NO2	2 ⇨MWB13
MWB12. During 2019 school year, which level and grade or year did you <u>attend</u> ?	PRIMARY1 ___ SECONDARY.....2 ___ HIGHER3 ___ VOCATIONAL.....4 ___	
MWB13. Check MWB6 or WB7B: Highest level of school attended:	WB6=2, 3 OR WB7B=2.....1 WB6=1 OR WB7B=1, 3.....2	1 ⇨MWB15
MWB14. 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: Can you read part of the sentence to me?</i>	CANNOT READ AT ALL.....1 ABLE TO READ ONLY PARTS OF SENTENCE2 ABLE TO READ WHOLE SENTENCE.....3 NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE (specify language)4	
MWB15. How long have you been continuously living in (<i>name of current city, town or community of residence</i>)? <i>If less than one year, record '00' years.</i>	YEARS ALWAYS / SINCE BIRTH95	95 ⇨End
MWB16. Just before you moved here, did you live in a city, in a town, or in a rural area? <i>Probe to identify the type of place.</i> <i>If unable to determine whether the place is a city, 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> _____ (<i>Name of place</i>)	MBABANE/ MANZINI.....1 TOWN2 RURAL.....3 UNABLE TO DETERMINE IF CITY/TOWN/RURAL.....5 DK / DON'T REMEMBER8	
MWB17. Before you moved here, in which region did you live in?	HHOHHO01 MANZINI.....02 SHISELWENI03 LUBOMBO04 OUTSIDE OF ESWATINI (specify)96	

MASS MEDIA AND ICT

MT

<p>MMT1. Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p>	
<p>MMT2. Do you listen to the radio at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p>	
<p>MMT3. Do you watch television at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p>	
<p>MMT4. Have you ever used a computer, a tablet or a smartphone from any location?</p>	<p>YES 1 NO 2</p>	<p>2 ⇨ MMT9</p>
<p>MMT5. During the last 3 months, did you use a computer, a tablet or a smartphone at least once a week, less than once a week or not at all?</p> <p><i>If 'At least once a week', probe: Would you say this happened almost every day? If 'Yes' record 3, if 'No' record 2</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3</p>	<p>0 ⇨ MMT9</p>

	YES	NO	
MMT6. During the last 3 months, did you:			
[A] Copy or move a file or folder?	COPY/MOVE FILE	1 2	
[B] Use a copy and paste tool to duplicate or move information within a document?	USE COPY/PASTE IN DOCUMENT...	1 2	
[C] Send e-mail with attached file, such as a document, picture or video?	SEND E-MAIL WITH ATTACHMENT	1 2	
[D] Use a basic arithmetic formula in a spreadsheet?	USE BASIC SPREADSHEET FORMULA	1 2	
[E] Connect and install a new device, such as a modem, camera or printer?	CONNECT DEVICE	1 2	
[F] Find, download, install and configure software?	INSTALL SOFTWARE.....	1 2	
[G] Create an electronic presentation with presentation software, including text, images, sound, video or charts?	CREATE PRESENTATION.....	1 2	
[H] Transfer a file between a computer and other device?	TRANSFER FILE	1 2	
[I] Write a computer program in any programming language?	PROGRAMMING.....	1 2	
MMT7. Check MMT6[C]: Is 'Yes' recorded?	YES, MMT6[C]=1	1	1 ⇨MMT10
	NO, MMT6[C]=2	2	
MMT8. Check MMT6 [F]: Is 'Yes' recorded?	YES, MMT6[F]=1	1	1 ⇨MMT10
	NO, MMT6[F]=2	2	
MMT9. Have you ever used the internet from any location and any device?	YES	1	
	NO	2	2 ⇨MMT11
MMT10. During the last 3 months, did you use the internet at least once a week, less than once a week or not at all? <i>If 'At least once a week', probe: Would you say this happens almost every day? If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... LESS THAN ONCE A WEEK	0 1	
	AT LEAST ONCE A WEEK..... ALMOST EVERY DAY	2 3	
MMT11. Do you own a mobile phone?	YES	1	
	NO	2	

<p>MMT12. During the last 3 months, did you use a mobile telephone at least once a week, less than once a week or not at all?</p> <p><i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone.</p> <p><i>If 'At least once a week', probe:</i> Would you say this happens almost every day? <i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3</p>	
<p>MMT13. Check MMT9 or MMT12: Has respondent ever used internet from any location or device or has the respondent used a mobile phone in the last 3 months?</p>	<p>YES, MMT9=1 OR (MMT12=1, 2 OR 3) 1 NO, MMT9=2 AND MMT12=0..... 2</p>	<p>2 ⇨ End</p>
<p>MMT14. During the last month, how often did you use social networks such as WhatsApp, Facebook etc: almost every day, at least once a week, less than once a week or not at all?</p>	<p>NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK..... 2 ALMOST EVERY DAY..... 3</p>	<p>0 ⇨ End</p>
<p>MMT15. Which social network did you use in the last month?</p> <p><i>Circle all mentioned</i></p>	<p>WHATSAPP A FACEBOOK B TWITTER C INSTAGRAM D OTHER (<i>specify</i>)..... X</p>	

FERTILITY		MCM
<p>MCM1. Now I would like to ask about all the children you have had during 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> <p><i>This module should only include children born alive. Any stillbirths should not be included in response to any question.</i></p>	YES..... 1 NO..... 2 DK..... 8	2 ⇒ MCM8 8 ⇒ MCM8
<p>MCM2. Do you have any sons or daughters that you have fathered who are now living with you?</p>	YES..... 1 NO..... 2	2 ⇒ MCM5
<p>MCM3. How many sons live with you?</p> <p><i>If none, record '00'.</i></p>	SONS AT HOME..... _ _	
<p>MCM4. How many daughters live with you?</p> <p><i>If none, record '00'.</i></p>	DAUGHTERS AT HOME..... _ _	
<p>MCM5. 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>MCM6. How many sons are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	SONS ELSEWHERE..... _ _	
<p>MCM7. How many daughters are alive but do not live with you?</p> <p><i>If none, record '00'.</i></p>	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, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?</i></p>	YES..... 1 NO..... 2	2 ⇒ MCM11
<p>MCM9. How many boys have died?</p> <p><i>If none, record '00'.</i></p>	BOYS DEAD..... _ _	
<p>MCM10. How many girls have died?</p>	GIRLS DEAD..... _ _	

<i>If none, record '00'.</i>		
MCM11. <i>Sum answers to MCM3, MCM4, MCM6, MCM7, MCM9 and MCM10.</i>	SUM..... _ _	
MCM12. Just to make sure that I have this right, you have fathered (total number in MCM11) live births during your life. Is this correct?	YES..... 1 NO..... 2	1 ⇒ MCM14
MCM13. <i>Check responses to MCM1-MCM10 and make corrections as necessary until response in MCM12 is 'Yes'.</i>		
MCM14. <i>Check MCM11: How many live births fathered?</i>	NO LIVE BIRTHS, MCM11=00 0 ONE LIVE BIRTH ONLY, MCM11=01 1 TWO OR MORE LIVE BIRTHS, MCM11=02 OR MORE..... 2	0 ⇒ <i>end</i> 1 ⇒ MCM18 A
MCM15. Did all the children you have fathered have the same biological mother?	YES..... 1 NO..... 2	1 ⇒ MCM17
MCM16. In all, how many women have you fathered children with?	NUMBER OF WOMEN..... _ _	
MCM17. How old were you when your first child was born?	AGE IN YEARS _ _	⇒ MCM18B
MCM18A. In what month and year was the child you have fathered born? MCM18B. In what month and year was the last of these (total number in MCM11) children you have fathered born even if he or she has died? <i>Month and year must be recorded.</i>	DATE OF LAST BIRTH MONTH _ _ YEAR _ _ _ _	

CONTRACEPTION		CP
<p>Now I would like to talk with you about family planning.</p> <p>MCP2. Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Are you currently doing something or using any method to delay or prevent your (wife/ partner) from getting pregnant?</p> <p><i>If “no” probe:</i> Is your (wife /partner) doing something or using any method to delay or to avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	1 ⇒ MCP4
<p>MCP3. Have you ever done something or used any method to delay or prevent your (wife/ partner) from getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	1 ⇒ End 2 ⇒ End
<p>MCP4. What are you doing to delay or prevent your (wife/ partner) from getting pregnant?</p> <p><i>Do not prompt.</i> <i>If more than one method is mentioned, record each one.</i></p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM / JELLY J</p> <p>LACTATIONAL AMENORRHOEA METHOD (LAM) K</p> <p>PERIODIC ABSTINENCE / RHYTHM L</p> <p>WITHDRAWAL M</p> <p>OTHER (SPECIFY) _____ X</p>	
<p>MCP8. Check MCP4: Is the respondent currently using any method from A to J?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO J RECORDED 1</p> <p>NO, NONE OF THE CATEGORIES A TO J RECORDED 2</p>	2 ⇒ End

MCP9. Where did you last obtain (*the method(s)* mentioned in CP4) that you or your (wife/partner) are using to delay or avoid your (wife/partner) from getting pregnant?

If unable to determine whether public, private, mission or NGO write the name of the place.

(name of place)

PUBLIC SECTOR

- GOVERNMENT HOSPITAL A
- GOVERNMENT HEALTH CENTRE..... B
- GOVERNMENT CLINIC/PHU C
- MOBILE/ OUTREACH CLINIC..... D
- RURAL HEALTH MOTIVATOR.....E
- OTHER PUBLIC MEDICAL (*specify*) ____ F

PRIVATE MEDICAL SECTOR

- PRIVATE HOSPITAL / CLINIC..... G
- PRIVATE PHYSICIAN H
- PRIVATE PHARMACY I
- MOBILE/ OUTREACH CLINIC..... J
- OTHER PRIVATE MEDICAL (*specify*) __ K

MISSION SECTOR

- HOSPITAL..... L
- CLINIC M
- OUTREACH SITE..... N
- OTHER MISSION MEDICAL (*specify*) __ O

NGO SECTOR

- CLINIC P
- OUTREACH SITE..... Q
- OTHER NGO MEDICAL (*specify*) _____ R

DK PUBLIC, PRIVATE, MISSION OR NGOS

OTHER SOURCE

- RELATIVE / FRIEND T
- SHOP / MARKET / STREET U
- TRADITIONAL PRACTITIONER V
- SPIRITUAL HEALER W

- OTHER (*specify*) _____ X
- DK/ DON'T REMEMBER Z

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 she rejects or ends relationship with him?	REJECTS/ENDS RELATIONSHIP	1	2	8
[G] If she sleeps with another man?	SLEEPS WITH ANOTHER MAN	1	2	8
[H] If she initiates sex?	INITIATES SEX	1	2	8
[I] If she refuses to give food?	REFUSES TO GIVE FOOD	1	2	8

VICTIMISATION	MVT	
<p>MVT1. Check for the presence of others. Before continuing, ensure privacy. 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 again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), 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 the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p>	<p>YES1 NO2 DK8</p>	<p>2 ⇨MVT9B 8 ⇨MVT9B</p>
<p>MVT2. 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 MONTHS1 NO, MORE THAN 12 MONTHS AGO2 DK / DON'T REMEMBER8</p>	<p>2 ⇨MVT5B 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 TIME1 TWO TIMES2 THREE OR MORE TIMES3 DK / DON'T REMEMBER8</p>	
<p>MVT4. Check MVT3: One or more times?</p>	<p>ONE TIME, MVT3=11 MORE THAN ONCE OR DK, MVT3=2, 3 OR 8.....2</p>	<p>1 ⇨MVT5A 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>YES1 NO2 DK / NOT SURE.....8</p>	
<p>MVT6. Did the person(s) have a weapon?</p>	<p>YES1 NO2 DK / NOT SURE.....8</p>	<p>2 ⇨MVT8 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 YES, A GUN.....B YES, SOMETHING ELSEX</p>	
<p>MVT8. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED.....1 YES, SOMEONE ELSE REPORTED.....2 NO, NOT REPORTED3 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: 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, public restaurants, or at your workplace.</i></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>YES1 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 MONTHS1 NO, MORE THAN 12 MONTHS AGO2 DK / DON'T REMEMBER8</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: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME.....1 TWO TIMES.....2 THREE OR MORE TIMES3 DK / DON'T REMEMBER8</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 HOME.....11 IN ANOTHER HOME.....12</p> <p>IN THE STREET21 ON PUBLIC TRANSPORT.....22 PUBLIC RESTAURANT / CAFÉ / BAR....23 OTHER PUBLIC (<i>specify</i>)..... 26</p> <p>AT SCHOOL31 AT WORKPLACE.....32</p> <p>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: Was it one, two, or at least three people?</i></p>	<p>ONE PERSON1 TWO PEOPLE2 THREE OR MORE PEOPLE3</p> <p>DK / DON'T REMEMBER8</p>	<p>1 ⇨MVT14A 2 ⇨MVT14B 3 ⇨MVT14B 8 ⇨MVT14B</p>
<p>MVT14A. At the time of the incident, did you recognize the person?</p> <p>MVT14B. At the time of the incident, did you recognize at least one of the persons?</p>	<p>YES1 NO2</p> <p>DK / DON'T REMEMBER8</p>	
<p>MVT17. Did the person(s) have a weapon?</p>	<p>YES1 NO2</p> <p>DK / NOT SURE.....8</p>	<p>2 ⇨MVT19 8 ⇨MVT19</p>
<p>MVT18. 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 YES, A GUN.....B YES, SOMETHING ELSEX</p>	
<p>MVT19. Did you or anyone else report the incident to the police?</p> <p><i>If 'Yes', probe: Was the incident reported by you or someone else?</i></p>	<p>YES, RESPONDENT REPORTED1 YES, SOMEONE ELSE REPORTED2 NO, NOT REPORTED3</p> <p>DK / NOT SURE.....8</p>	
<p>MVT20. How safe do you feel walking alone in your neighbourhood after dark?</p>	<p>VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4</p> <p>NEVER WALK ALONE AFTER DARK7</p>	
<p>MVT21. How safe do you feel when you are at home alone after dark?</p>	<p>VERY SAFE1 SAFE2 UNSAFE3 VERY UNSAFE4</p> <p>NEVER ALONE AFTER DARK7</p>	

MVT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?			
	YES	NO	DK
[A] Ethnic or immigration origin?	ETHNIC / IMMIGRATION1	2	8
[B] Sex?	SEX1	2	8
[C] Sexual orientation?	SEXUAL ORIENTATION1	2	8
[D] Age?	AGE.....1	2	8
[E] Religion or belief?	RELIGION / BELIEF1	2	8
[F] Disability?	DISABILITY1	2	8
[X] For any other reason?	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	3 ⇒MMA5
MMA2. How old is your (wife/partner)? <i>Probe:</i> How old was your (wife/partner) on her last birthday?	AGE IN YEARS__ __ DK.....98	
MMA3. Do you have other wives or do you live with other partners as if married?	YES1 NO.....2	2 ⇒MMA7
MMA4. How many other wives or live-in partners do you have?	NUMBER__ __ DK.....98	⇒MMA7 98 ⇒MMA7
MMA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED1 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 DIVORCED2 SEPARATED3	
MMA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE.....1 MORE THAN ONCE2	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 YEAR9998	
MMA9. Check MMA8A/B: Is 'DK YEAR' recorded?	YES, MMA8A/B=99981 NO, MMA8A/B≠9998.....2	2 ⇒End
MMA10. Check MMA7: In union only once?	YES, MMA7=11 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 YEARS1 AGE 18-49 YEARS2	1 ⇒End
MAF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES1 NO2	
MAF3. Do you use a hearing aid?	YES1 NO2	
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. You may say that 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=11 NO, MAF2=22	1 ⇒MAF6A 2 ⇒MAF6B
MAF6A. When using your glasses or contact lenses, do you have difficulty seeing? MAF6B. Do you have difficulty seeing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT SEE AT ALL4	
MAF7. Check MAF3: Respondent uses a hearing aid?	YES, MAF3=11 NO, MAF3=22	1 ⇒MAF8A 2 ⇒MAF8B
MAF8A. When using your hearing aid(s), do you have difficulty hearing? MAF8B. Do you have difficulty hearing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT HEAR AT ALL4	
MAF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT WALK/ CLIMB STEPS AT ALL4	
MAF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT REMEMBER/ CONCENTRATE AT ALL4	
MAF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY1 SOME DIFFICULTY2 A LOT OF DIFFICULTY3 CANNOT CARE FOR SELF AT ALL4	

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

MSB1. Check for the presence of others. Before continuing, make every effort to ensure privacy. Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues.

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.

How old were you when you had sexual intercourse for the very first time?

NEVER HAD INTERCOURSE 00

AGE IN YEARS__ __

FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE / PARTNER 95

00 ⇨End

MSB2. I would like to ask you about your recent sexual activity.

When was the last time you had sexual intercourse?

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.

DAYS AGO**1** __ __

WEEKS AGO**2** __ __

MONTHS AGO**3** __ __

YEARS AGO**4** __ __

4 ⇨End

MSB3. The last time you had sexual intercourse, was a condom used?

YES 1

NO 2

MSB4. What was your relationship to this person with whom you last had sexual intercourse?

Probe to ensure that the response refers to the relationship at the time of sexual intercourse

*If 'Girlfriend', then ask:
Were you living together as if married?
If 'Yes', record '2'. If 'No', record '3'.*

WIFE 1

COHABITING PARTNER 2

GIRLFRIEND 3

CASUAL ACQUAINTANCE 4

CLIENT / SEX WORKER 5

OTHER (specify) 6

3 ⇨MSB6

4 ⇨MSB6

5 ⇨MSB6

6 ⇨MSB6

MSB5. Check MMA1: Currently married or living with a partner?

YES, MMA1=1 OR 2 1

NO, MMA1=3 2

1 ⇨MSB7

MSB6. How old is this person?

*If response is 'DK', probe:
About how old is this person?*

AGE OF SEXUAL PARTNER__ __

DK 98

MSB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?

YES 1

NO 2

2 ⇨End

MSB8. The last time you had sexual intercourse with another person, was a condom used?

YES 1

NO 2

<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 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 ⇒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																	
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 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. 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	
MHA37. Do you think the HIV virus can be transmitted through oral sex?	YES..... 1 NO..... 2 DK / NOT SURE / DEPENDS 8	

MHA38. Do you think the HIV virus can be transmitted through anal sex?	YES.....	1	
	NO.....	2	
	DK / NOT SURE / DEPENDS	8	

TOBACCO AND ALCOHOL USE		TA
MTA1. Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? <i>If necessary, use showcard</i>	YES 1 NO 2	2 ⇒ MTA3
MTA2. Do you currently smoke tobacco products daily?	YES 1 NO 2	
MTA3. Have you ever consumed any alcohol such as beer, wine, spirits or homemade brew such as umcombotsi, buganu. <i>If necessary, use showcard</i>	YES 1 NO 2	2 ⇒ End
MTA4. Have you consumed any alcohol within the past 12 months?	YES 1 NO 2	2 ⇒ End
MTA5. Have you consumed any alcohol within the past 30 days?	YES 1 NO 2	

NON-COMMUNICABLE DISEASES

MND

MND1. Now I would like to talk with you about Non-Communicable diseases. By this I mean diseases that are not transmitted directly from one person to another. These diseases are normally of long duration and generally progress slowly.

MND2. Have you ever had your blood pressure measured by a doctor or other health worker?	YES..... 1	2⇒MND8
	NO..... 2	
	DK 8	

MND3. Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	YES..... 1	2⇒MND8
	NO..... 2	
	DK 8	

MND4. When were you first told that you have raised blood pressure or hypertension? <i>If 7 days or more, record weeks.</i> <i>If 4 weeks or more, record months.</i> <i>Otherwise, record years.</i> <i>If '1 year', probe:</i> How many months ago?	DAYS AGO..... 1 __ __	
	WEEKS AGO..... 2 __ __	
	MONTHS AGO..... 3 __ __	
	YEARS AGO..... 4 __ __	

MND5. In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	YES..... 1	
	NO..... 2	
	DK 8	

MND6. Have you ever seen a traditional healer for raised blood pressure or hypertension?	YES..... 1	
	NO..... 2	
	DK 8	

MND7. Are you currently taking any herbal or traditional remedy for your raised blood pressure?	YES..... 1	
	NO..... 2	
	DK 8	

MND8. Have you ever had your blood sugar measured by a doctor or other health worker?	YES..... 1	2⇒MND15
	NO..... 2	
	DK 8	

MND9. Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	YES..... 1	2⇒MND15
	NO..... 2	
	DK 8	

<p>MND10. When were you first told that you have raised blood sugar or diabetes?</p> <p><i>If 7 days or more, record weeks.</i> <i>If 4 weeks or more, record months.</i> <i>Otherwise, record years.</i></p> <p><i>If '1 year', probe:</i> How many months ago?</p>	<p>DAYS AGO..... 1 __ __</p> <p>WEEKS AGO..... 2 __ __</p> <p>MONTHS AGO..... 3 __ __</p> <p>YEARS AGO..... 4 __ __</p>	
<p>MND11. In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK 8</p>	
<p>MND12. Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK 8</p>	
<p>MND13. Have you ever seen a traditional healer for diabetes or raised blood sugar?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK 8</p>	
<p>MND14. Are you currently taking any herbal or traditional remedy for your diabetes?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK 8</p>	
<p>MND15. Have you ever been told by a doctor or any other health worker that you have asthma?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK 8</p>	<p>2⇒ End</p> <p>8⇒ End</p>
<p>MND16. Have you ever had an asthma attack at any time in the past 12 months?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK 8</p>	<p>2⇒ End</p> <p>8⇒ End</p>
<p>MND17. Have you ever taken any medication for asthma in the last 12 months?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK 8</p>	

CIRCUMCISION		MMC
MMC1. Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO..... 2 DK..... 98	2 ⇨ End
MMC2. How old were you when you got circumcised?	AGE IN COMPLETED YEARS __ __ DK..... 98	
MMC3. Who did the circumcision?	TRADITIONAL PRACTITIONER / FAMILY / FRIEND 1 HEALTH WORKER / PROFESSIONAL .. 2 OTHER (<i>specify</i>) 6 DK..... 8	
MMC4. Where was it done?	HEALTH FACILITY 1 HOME OF A HEALTH WORKER / PROFESSIONAL..... 2 AT HOME 3 RITUAL SITE 4 OTHER HOME / PLACE (<i>specify</i>) 6 DK..... 8	

<p>MCV1. Now I would like to ask you some questions about the Coronavirus also known as Covid-19. Covid-19 is an illness caused by a virus that can spread from person to person which has spread throughout the world.</p> <p>MCV1A. How informed are you about Covid-19? Would you say that you are “well informed”, “somewhat informed” or “not informed at all”?</p>	<p>WELL INFORMED 1 SOMEWHAT INFORMED 2 NOT INFORMED AT ALL..... 3</p>	<p>3 ⇒ End</p>
<p>MCV2. Where do you get your information about the Covid-19?</p> <p><i>Do not prompt.</i></p> <p><i>Probe: Anything else?</i></p> <p><i>Record all that apply</i></p>	<p>POSTER / BILLBOARD / FLYER A RADIO B TELEVISION C PHONE/SMS D NEWSPAPER E INTERNET/ SOCIAL MEDIA E.G. WHATSAPP, FACEBOOK, TWITTER F HEALTH FACILITY/ HEALTH CARE WORKER G RURAL HEALTH MOTIVATOR/ COMMUNITY HEALTH WORKER..... I LOCAL/ TRADITIONAL AUTHORITY J NEIGHBORS / FAMILY K CHURCH/ RELIGIOUS LEADER L TRADITIONAL HEALER M OTHER (<i>specify</i>) X</p>	
<p>MCV3. What can you do to protect yourself and others from getting infected with Covid-19?</p> <p><i>Do not prompt.</i></p> <p><i>Probe: Anything else?</i></p> <p><i>Record all that apply</i></p>	<p>WASH/ SANITIZE HANDS OFTENA WEAR FACE MASK OR FACE COVER IN PUBLIC PLACES.....B AVOID TOUCHING YOUR FACE.....C COVER YOUR MOUTH WHEN YOU COUGH OR SNEEZE.....D STAY AT HOME AND AVOID GOING OUT UNLESS NECESSARYE AVOID CROWDED PLACES OR GATHERINGS WITH MANY PEOPLE.....F MAINTAIN SAFE SOCIAL DISTANCE WITH OTHER PEOPLE IN PUBLIC PLACESG AVOID CLOSE CONTACT WITH PEOPLE WHO ARE SICKH OTHER (<i>specify</i>) X NOTHING AT ALL.....Z</p>	
<p>MCV4. Can people use homemade remedies which include foods or medicine such as lemon, ginger, garlic, umhlomnyane, etc to prevent or treat Covid-19?</p>	<p>YES 1 NO 2 DK / NOT SURE / DEPENDS 8</p>	
<p>MCV5. Does living in hot climate conditions prevent or treat Covid-19?</p>	<p>YES 1 NO 2 DK / NOT SURE / DEPENDS 8</p>	

MCV6. Can Covid-19 be prevented or treated through body steaming?	YES 1 NO 2 DK / NOT SURE / DEPENDS 8	
MCV7. Do you agree or disagree with the following statement? I would be afraid to interact with someone who has ever tested positive for COVID-19 even if the person has now recovered.	AGREE 1 DISAGREE 2 SAYS SHE HAS COVID 7 DK / NOT SURE / DEPENDS 8	
MCV8. During the Covid-19 restrictions from mid-March to (date), did you ever need any medical treatment or services? <i>Probe:</i> Medical services could include routine vaccination, antenatal care, going to a clinic because you were ill, collecting medication for chronic illness or seeking care due to an emergency or accident.	YES 1 NO 2	2 ⇒ End
MCV9. Did you receive the medical treatment or services you needed?	YES 1 NO 2	1 ⇒ End
MCV10. What were the reasons for not receiving the medical treatment or services you needed? <i>Do not prompt.</i> <i>Probe: Anything else?</i> <i>Record all that apply.</i>	UNABLE TO AFFORD MEDICAL CARE A MEDICAL PERSONNEL NOT AVAILABLE.... B DRUGS NOT AVAILABLE C WAITING TIME TOO LONG OR FULL HEALTH FACILITY D TURNED AWAY BECAUSE FACILITY WAS DESIGNATED FOR COVID PATIENTS E LIMITED/NO TRANSPORTATION F MOVEMENT RESTRICTIONS MADE IT HARD TO TRAVEL G AFRAID OF GOING OUT AND CATCHING THE VIRUS H OTHER (<i>specify</i>) X	

MMH1. Now I would like to talk to you about mental health. By this I mean emotional, psychological and social well-being which affects how we think, feel and act. Mental health is important as it helps how we handle stress, relate to other and make choices.

Let me assure you again that your answers are completely confidential and will not be told to anyone.

<p>MMH2. During the past 12 months, have you seriously considered attempting suicide?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 8</p>	
<p>MMH3. Have you ever attempted suicide?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 8</p>	
<p>MMH4. Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 8</p>	<p>2 ⇒ End</p>
<p>MMH5. Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?</p>	<p>YES 1 NO 2 REFUSED TO ANSWER/NO ANSWER 8</p>	

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?

I am now going to show you 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?

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

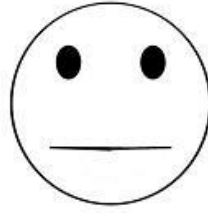
**Very
happy**

Somewhat happy

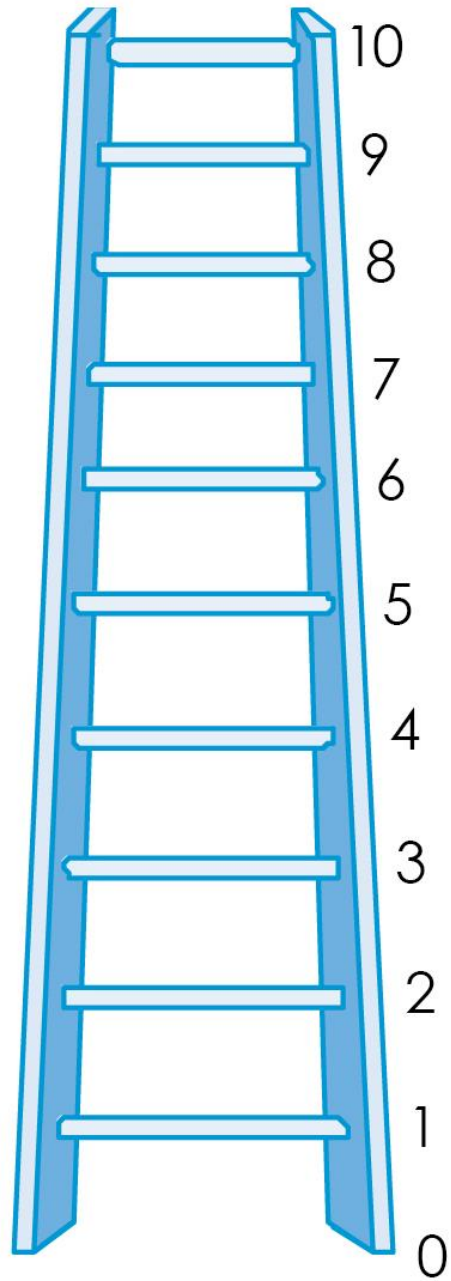
**Neither happy,
nor unhappy**

**Somewhat
unhappy**

**Very
unhappy**



Best Possible Life



Worst Possible Life

MWM10. Record the time.	HOURS AND MINUTES __ __ : __ __	
MWM11. Was the entire interview completed in private 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.	ENGLISH 1 SISWATI..... 2	
MWM13. Language of the Interview.	ENGLISH 1 SISWATI..... 2	
MWM14. Native language of the Respondent.	ENGLISH 1 SISWATI..... 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	

MWM15A. Check the name and line number of this questionnaire's respondent (MWM3). Check the names and line numbers of the respondents to all other questionnaires that have been completed in this household: HOUSEHOLD QUESTIONNAIRE (HH47), 5 TO 17 QUESTIONNAIRE (FS4) or UNDER 5 QUESTIONNAIRE (UF4): Has this questionnaire's respondent already been interviewed with any of the other questionnaires?	YES, ALREADY INTERVIEWED (MWM3=HH47 OR MWM3=FS4 OR MWM3=UF4) 1 NO, FIRST INTERVIEW (WM3≠HH47 AND MWM3≠FS4 AND MWM3≠UF4) 2	1 ⇒ MWM16
MWM15B. Check HC7[A] and HC12: Does this household have a fixed telephone line or does any member of the household own a mobile phone?	YES, HC7[A]=1 OR HC12=1 1 NO, HC7[A]=2 AND HC12=2..... 2	2 ⇒ MWM16

MWM15C. Thank you for your participation.

The Central Statistical Office will be conducting a phone survey about the situation of children, families and households in the future. We would like to invite you to participate in this survey. If you agree to participate, we will ask you to share a phone number we can reach you at and convenient times to contact you. The phone interview will take about 30 minutes, and we may call you a few times over a period of a few months. Participation in this phone survey is voluntary, and even if you agree to participate now, you may decide to withdraw from participation in the future. There will be no costs to you for participating in the phone survey. Please know that all the information you share during future phone interviews will remain strictly confidential, and your phone number will not be shared with anyone outside our team. Would you like to participate?

YES	1	2 ⇒ MWM16
NO.....	2	

MWM15D. Do you have a personal phone number or does your household have a communal number where you can be reached?	YES	1	2 ⇒ MWM16
	NO.....	2	

MWM15E. You may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Please, tell me what is the best phone number to contact you on.

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
MWM15F. Ask for and record phone number.	_____	_____	_____
MWM15G. Just to confirm, the number is (<i>number from WM15F</i>)? <i>If no, return to WM15F and correct entry.</i>	YES 1 NO 2 ⇨ MWM15F	YES 1 NO 2 ⇨ MWM15F	YES 1 NO 2 ⇨ MWM15F
MWM15H. Is this a fixed line or a mobile phone number?	FIXED LINE 1 MOBILE 2	FIXED LINE 1 MOBILE 2	FIXED LINE 1 MOBILE 2
MWM15I. What is the best day of the week and time of the day to call you on this number? <i>Probe: Any other day or time?</i> <i>Record all mentioned.</i>	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X	WEEKDAYS MORNING A AFTERNOON B EVENING C OTHER (specify) D WEEKEND MORNING E AFTERNOON F EVENING G OTHER (specify) H OTHER (specify) X
MWM15J. Remember, you may share your household communal number, but please, do not share any personal phone numbers that belong to individual members of your household. Do you have another personal or communal phone number where you can be reached?	YES 1 ⇨ [P2] NO 2 ⇨ MWM16	YES 1 ⇨ [P3] NO 2 ⇨ MWM16	YES 1 ⇨ [P4] NO 2 ⇨ MWM16

Tick here if additional questionnaire used:

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?

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.

No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?

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?

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.

No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.

No ⇒ Go to MWM17 in MAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking him for his cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS