



## QUESTIONNAIRE FOR INDIVIDUAL MEN

### MICS5 BELIZE

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></p> <p><i>A separate questionnaire should be used for each eligible man.</i></p>		
<b>MWM1.</b> Cluster number: _____	<b>MWM2.</b> Household number: _____	
<b>MWM3.</b> Man's name: Name _____	<b>MWM4.</b> Man's line number: _____	
<b>MWM5.</b> Interviewer's name and number: Name _____	<b>MWM6.</b> Day / Month / Year of interview: _____ / _____ / 2015	

<p><i>Repeat greeting if not already read to this man:</i></p> <p>WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THIS INTERVIEW WILL TAKE ABOUT 15MINUTES. 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 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 15MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.</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 ⇒ Circle "03" in MWM7. Discuss this result with your supervisor.</p>	

<b>MWM7.</b> Result of man's interview	Completed..... 01 Not at home..... 02 Refused..... 03 Partly completed ..... 04 Incapacitated..... 05  Other (specify) _____ 96
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<b>MWM10.</b> Record the time.	Hour, minutes and am/pm..... ____ : ____	____ m
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MAN'S BACKGROUND		MWB
<b>MWB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ..... ____ DK month ..... 98  Year ..... ____ DK year ..... 9998	
<b>MWB2.</b> 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) ..... ____	
<b>MWB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes ..... 1 No ..... 2	2 ⇒ MWB7
<b>MWB4.</b> WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 00 Infant ..... 01 Primary ..... 02 Secondary ..... 03 Associates ..... 04 BSc. & Higher ..... 05  Other ..... 96 (specify)	00 ⇒ MWB7  96 ⇒ MWB7
<b>MWB5.</b> WHAT IS THE HIGHEST STANDARD/ FORM/ YEAR YOU COMPLETED AT THAT LEVEL?  <i>If the first year at this level is not completed, enter "00".</i>	Standard/Form/Year ..... ____	
<b>MWB6.</b> Check MWB4:		
<input type="checkbox"/> Secondary or higher (MWB4 = 03 to 05) ⇒ Go to Next Module.		
<input type="checkbox"/> Primary (MWB4 = 01 or 02) ⇒ Continue with MWB7.		
<b>MWB7.</b> NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence ..... 3  No sentence in required language ..... 4 (specify language)  Blind/visually impaired ..... 5	

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MMT
<b>MMT1. Check MWB7:</b> <input type="checkbox"/> Question left blank (Respondent has secondary or higher education) ⇒ 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.		
<b>MMT2.</b> 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	
<b>MMT3.</b> 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	
<b>MMT4.</b> 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	
<b>MMT5. Check MWB2: Age of respondent?</b> <input type="checkbox"/> Age 15-24 ⇒ Continue with MMT6. <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module.		
<b>MMT6.</b> HAVE YOU EVER USED A COMPUTER?	Yes..... 1 No..... 2	2⇒MMT9
<b>MMT7.</b> HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	2⇒MMT9
<b>MMT8.</b> 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	
<b>MMT9.</b> HAVE YOU EVER USED THE INTERNET?	Yes..... 1 No..... 2	2⇒Next Module
<b>MMT10.</b> 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⇒Next Module
<b>MMT11.</b> 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	
<i>All of the following questions refer only to <b>LIVE</b> births.</i>		
<p><b>MCM1.</b> 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><b>MCM3.</b> HOW OLD WERE YOU WHEN YOUR FIRSTCHILD WAS BORN?</p>	Age in years .....	
<p><b>MCM4.</b> 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><b>MCM5.</b> 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><b>MCM6.</b> 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><b>MCM7.</b> 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><b>MCM8.</b> 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><b>MCM9.</b> 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><b>MCM10.</b> <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:*

*Zerolive birth ⇒ Go to Next Module.*

*One or more live births ⇒ Continue with MCM11A.*

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

<b>MCM11A.</b> DID ALL THE CHILDREN YOU HAVE FATHERED HAVE THE SAME BIOLOGICAL MOTHER?	Yes ..... 1 No ..... 2	1⇒MCM12
<b>MCM11B.</b> IN ALL, HOW MANY WOMEN HAVE YOU FATHERED CHILDREN WITH?	Number of women..... _ _	
<b>MCM12.</b> 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 Month ..... _ _ Year ..... _ _ _ _	

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ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV		
<b>MDV1. SOMETIMES A HUSBAND/PARTNER IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND/PARTNER JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:</b>				
		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 WASTES THE MONEY?	Wastes the money .....	1	2	8
[G] IF SHE IS SEEN TALKING TO ANOTHER MAN WHO IS NOT A RELATIVE?	Talks to another man .....	1	2	8
[H] IF SHE DOES NOT KEEP THE HOUSE CLEAN?	Does not keep the house clean.	1	2	8

MARRIAGE/UNION		MMA
<b>MMA1.</b> ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A WOMAN AS IF MARRIED OR IN A VISITING PARTNER RELATIONSHIP?	Yes, currently married ..... 1 Yes, living with a woman ..... 2 Yes, in a visiting partner relationship..... 4 No, not in union ..... 3	1 ⇒MMA7 2⇒MMA7 4⇒MMA7
<b>MMA5.</b> HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A WOMAN AS IF MARRIED OR BEEN IN A VISITING PARTNER RELATIONSHIP?	Yes, formerly married ..... 1 Yes, formerly lived with a woman..... 2 Yes, formerly in a visiting partner relationship ..... 4 No ..... 3	3⇒Next Module
<b>MMA6.</b> WHAT IS YOUR STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated ..... 3	
<b>MMA7.</b> HAVE YOU BEEN MARRIED OR LIVED WITH A WOMAN OR BEEN IN A VISITING PARTNER RELATIONSHIP ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once..... 2	1 ⇒MMA8A 2 ⇒MMA8B
<b>MMA8A.</b> IN WHAT MONTH AND YEAR DID YOU ENTER THE UNION?  <b>MMA8B.</b> IN WHAT MONTH AND YEAR DID YOU ENTER THE <u>FIRST</u> UNION?	Date of (first) union Month ..... DK month ..... 98  Year ..... DK year ..... 9998	⇒Next Module 9998⇒MMA9
<b>MMA9.</b> HOW OLD WERE YOU WHEN YOU ENTERED YOUR ( <u>FIRST</u> ) UNION?	Age in years.....	

SEXUAL BEHAVIOUR		MSB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
<p><b>MSB1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR 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>	00⇒Next Module
<p><b>MSB2.</b> 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><b>MSB3.</b> 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>Day(s) ago .....1 __ __</p> <p>Week(s) ago .....2 __ __</p> <p>Month(s) ago .....3 __ __</p> <p>Year(s) ago.....4 __ __</p>	4⇒MSB15
<p><b>MSB4.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?</p>	<p>Yes .....1</p> <p>No .....2</p>	
<p><b>MSB5.</b> 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/Common-law .....2</p> <p>Girlfriend .....3</p> <p>Casual acquaintance .....4</p> <p>Prostitute/ Sex worker .....5</p> <p>Other (<i>specify</i>) .....6</p>	
<p><b>MSB8.</b> HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	<p>Yes .....1</p> <p>No .....2</p>	2⇒MSB15
<p><b>MSB9.</b> 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><b>MSB10.</b> 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/Common-law ..... 2 Girlfriend ..... 3 Casual acquaintance ..... 4 Sex worker..... 5</p> <p>Other (specify) _____ 6</p>	
<p><b>MSB13.</b> 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>	2⇒MSB15
<p><b>MSB14.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	<p>Number of partners ..... _ _</p>	
<p><b>MSB15.</b> 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>	

HIV/AIDS				MHA														
<b>MHA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	Yes .....	No.....	DK .....	2⇒ Next Module														
<b>MHA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes .....	No.....	DK .....															
<b>MHA3.</b> CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes .....	No.....	DK .....															
<b>MHA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes .....	No.....	DK .....															
<b>MHA5.</b> CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes .....	No.....	DK .....															
<b>MHA6.</b> CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes .....	No.....	DK .....															
<b>MHA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes .....	No.....	DK .....															
<b>MHA7A.</b> CAN PEOPLE GET THE AIDS VIRUS BY TOUCHING A PERSON WHO HAS THE AIDS VIRUS?	Yes .....	No.....	DK .....															
<b>MHA8.</b> CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:  [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy .....	1	2	8	During delivery .....	1	2	8	By breastfeeding .....	1	2	8	
	Yes	No	DK															
During pregnancy .....	1	2	8															
During delivery .....	1	2	8															
By breastfeeding .....	1	2	8															
<b>MHA9.</b> 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 .....	No.....	DK/Not sure/Depends .....															
<b>MHA9A.</b> IN YOUR OPINION, SHOULD A CHILD WHO HAS THE AIDS VIRUS BUT IS NOT SICK BE ALLOWED TO ATTEND SCHOOL WITH CHILDREN WHO DO NOT HAVE IT?	Yes .....	No.....	DK/Not sure/Depends .....															
<b>MHA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes .....	No.....	DK/Not sure/Depends .....															

<b>MHA11.</b> 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	
<b>MHA12.</b> 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 No..... 2 DK/Not sure/Depends ..... 8	
<b>MHA24.</b> 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
<b>MHA25.</b> 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	
<b>MHA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes ..... 1 No..... 2 DK ..... 8	1⇒Next Module 2⇒Next Module 8⇒Next Module
<b>MHA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes ..... 1 No..... 2	

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TOBACCO AND ALCOHOL USE		MTA
<b>MTA1.</b> HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes ..... 1 No..... 2	2⇒MTA6
<b>MTA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette..... 00 Age..... ____	00⇒MTA6
<b>MTA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?	Yes ..... 1 No..... 2	2⇒MTA6
<b>MTA4.</b> IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes..... ____	
<b>MTA5.</b> 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 days..... 0____ 10 days or more but less than a month .... 10 Everyday / Almost every day ..... 30	
<b>MTA6.</b> 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
<b>MTA7.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes ..... 1 No..... 2	2⇒MTA10
<b>MTA8.</b> 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	
<b>MTA9.</b> 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 days..... 0____ 10 days or more but less than a month .... 10 Everyday / Almost every day ..... 30	
<b>MTA10.</b> HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, SNUFF, OR DIP?	Yes ..... 1 No..... 2	2 ⇒MTA14
<b>MTA11.</b> DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes ..... 1 No..... 2	2 ⇒MTA14

<p><b>MTA12.</b> 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><b>MTA13.</b> 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 "everyday" or "almost every day", circle "30".</i></p>	<p>Number of days..... 0___          10 days or more but less than a month .... 10          Everyday / Almost every day ..... 30</p>	
<p><b>MTA14.</b> 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>	2⇒Next Module
<p><b>MTA15.</b> WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF TEQUILA, 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>	00⇒Next Module
<p><b>MTA16.</b> 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 days..... 0___          10 days or more but less than a month .... 10          Everyday / Almost every day ..... 30</p>	00⇒Next Module
<p><b>MTA17.</b> 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>	

LIFE SATISFACTION		MLS
<p><b>MLS1.</b> 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>		
<p><b>MLS2.</b> 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><i>Show side 1 of response card and explain what each symbol represents. Circle the response code selected by the respondent.</i></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>	
<p><b>MLS3.</b> 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><i>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.</i></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>	
<p><b>MLS4.</b> 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>	
<p><b>MLS5.</b> DURING THE 2014-2015 SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes.....1</p> <p>No .....2</p>	2⇒MLS7

<b>MLS6.</b> HOW SATISFIED ( <i>are/were</i> ) YOU WITH YOUR SCHOOL?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS7.</b> 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 satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS8.</b> HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS9.</b> 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	
<b>MLS10.</b> 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	
<b>MLS11.</b> 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	
<b>MLS12.</b> 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	
<b>MLS13.</b> 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 income ..... 0  Very satisfied ..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied ..... 5	
<b>MLS14.</b> 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 same ..... 2 Worsened ..... 3	
<b>MLS15.</b> 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	

<b>MWM11.</b> Record the time.	Hour, minutes and am/pm ..... ____ : ____	__ m
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<p><b>MWM12.</b> Check List of Household Members, columns 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**

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