QUESTIONNAIRE FOR INDIVIDUAL MEN

■■▪MICS

Guyana, 2019

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:* ___ ___ / ___ ___ / 2 0 1 ___

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.	**MWM7**. *Record the time:* HOURS : MINUTES __ __ : __ __

MWM8. *Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?*	YES, INTERVIEWED ALREADY ..	1 ⇨MWM9B
	NO, FIRST INTERVIEW	2 ⇨MWM9A

MWM9A. Hello, my name is (*your name*). We are from Bureau of Statistics. 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 *…* 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 *…* 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 ⇨MAN'S BACKGROUND Module
NO / NOT ASKED	2 ⇨MWM17

MWM17. *Result of man's interview.* *Discuss any result not completed with Supervisor.*	COMPLETED 01
	NOT AT HOME.. 02
	REFUSED 03
	PARTLY COMPLETED 04
	INCAPACITATED (*specify*) _____ 05
	NO ADULT CONSENT FOR RESPONDENT AGE 15-17.. 06
	OTHER (*specify*)_____ 96

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):*	MWM3=HH47 .... 1 MWM3≠HH47 2	2⇨*MWB3*
MWB2. *Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:*	ED5=2, 3 OR 4 .... 1 ED5=0, 1, 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? *Probe:* How old were you at your last birthday? *If responses to MWB3 and MWB4 are inconsistent, probe further and correct. Age must be recorded.*	AGE (IN COMPLETED YEARS) .... __ __	
MWB5. Have you ever attended school or Nursery school ?	YES .... 1 NO 2	2⇨*MWB14*
MWB6. What is the highest level or year of school you have attended?	NURSERY .... 000 PRIMARY ....**1** __ __ LOWER SECONDARY ....**2** __ __ UPPER SECONDARY ....**3** __ __ HIGHER ....**4** __ __	000⇨*MWB14*
MWB7. Did you complete that (grade/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 (2018/2019) did you attend school?	YES .... 1 NO 2	2⇨*MWB11*
MWB10. During this current school year (2018/2019), which level and grade or year are you <u>attending</u>?	PRIMARY ....**1** __ __ LOWER SECONDARY ....**2** __ __ UPPER SECONDARY ....**3** __ __ HIGHER ....**4** __ __	
MWB11. At any time during the previous school year (2017/2018) did you attend school?	YES .... 1 NO 2	2⇨*MWB13*
MWB12. During that previous school year (2017/2018), which level and grade or year did you <u>attend</u>?	PRIMARY ....**1** __ __ LOWER SECONDARY ....**2** __ __ UPPER SECONDARY ....**3** __ __ HIGHER ....**4** __ __	
MWB13. *Check MWB6: Highest level of school attended:*	MWB6=2, 3 OR 4 .... 1 MWB6=1 2	1⇨*MWB15*

SAMPLE - FOR INFORMATION ONLY

MWB14. Now I would like you to please read this sentence to me.
 	
Show sentence on the card to the respondent.
 	
If respondent cannot read whole sentence, probe: 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 / BRAILLE
	   (*specify language*) _____ 4	

MWB15. How long have you been continuously living in (*name of current city, town or village of residence*)? *If less than one year, record '00' years.*	YEARS .... __ __ ALWAYS / SINCE BIRTH 95	95 ⇨*MWB18*
MWB16. Just before you moved here, did you live in a urban, in a rural or in an interior area? *Probe to identify the type of place.* <u>*If unable to determine whether the place is a city, a town or a rural area*</u>, write the name of the place and then temporarily record '9' until you learn the appropriate category for the response. _____ *(Name of place)*	URBAN……………………………………… 1 RURAL……………………………..2 INTERIOR…………………………3	

MWB17. Before you moved here, in which region did you live in?	BARIMA-WAINI..
	POMEROON-SUPENAAM.................................
	ESSEQUIBO ISLANDS-WEST
	   DEMERARA...
	DEMERARA-MAHAICA..............................
	MAHAICA-BERBICE ....
	EAST BERBICE-CORENTYNE....................
	CUYUNI-MAZARUNI.................................
	POTARO-SIPARUNI.....................................
	UPPER TAKUTU-UPPER ESSEQUIBO.......
	UPPER DEMERARA-BERBICE _____ 10
	OUTSIDE OF GUYANA
	   (*specify*) _____ 96	

MWB18. Are you covered by any health insurance (including NIS)?	YES.. 1 NO.. 2	2 ⇨*End*

MWB19. What type of health insurance are you covered by?
 	
Record all mentioned.
	HEALTH INSURANCE THROUGH
	   EMPLOYER..B
	 NATIONAL INSURANCE SCHEME (NIS) C
	OTHER PRIVATELY PURCHASED
	   COMMERCIAL HEALTH INSURANCE .... D
	
	OTHER (*specify*) _____ X	

MASS MEDIA AND ICT   **MMT**

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

		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 NO, MMT6[C]=2 2	1⇨*MMT10*
MMT8. *Check MMT6[F]: Is 'Yes' recorded?*	YES, MMT6[F]=1... 1 NO, MMT6[F]=2 2	1⇨*MMT10*
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? *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL.. 0 LESS THAN ONCE A WEEK............................... 1 AT LEAST ONCE A WEEK.................................. 2 ALMOST EVERY DAY 3	
MMT11. Do you own a mobile phone?	YES... 1 NO.. 2	
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? *Probe if necessary:* I mean have you communicated with someone using a mobile phone. *If 'At least once a week', probe:* Would you say this happens almost every day? *If 'Yes' record 3, if 'No' record 2.*	NOT AT ALL.. 0 LESS THAN ONCE A WEEK............................... 1 AT LEAST ONCE A WEEK.................................. 2 ALMOST EVERY DAY 3	

FERTILITY		MCM
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. Have you ever fathered any children with any woman? *This module should only include children born alive. Any stillbirths should not be included in response to any question.*	YES .... 1 NO .... 2 DK 8	2⇨*MCM8* 8⇨*MCM8*
MCM2. Do you have any sons or daughters that you have fathered who are now living with you?	YES .... 1 NO 2	2⇨*MCM5*
MCM3. How many sons live with you? *If none, record '00'.*	SONS AT HOME .... __ __	
MCM4. How many daughters live with you? *If none, record '00'.*	DAUGHTERS AT HOME .... __ __	
MCM5. Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES .... 1 NO 2	2⇨*MCM8*
MCM6. How many sons are alive but do not live with you? *If none, record '00'.*	SONS ELSEWHERE .... __ __	
MCM7. How many daughters are alive but do not live with you? *If none, record '00'.*	DAUGHTERS ELSEWHERE .... __ __	
MCM8. Have you ever fathered a son or daughter who was born alive but later died? *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?	YES .... 1 NO 2	2⇨*MCM11*
MCM9. How many boys have died? *If none, record '00'.*	BOYS DEAD .... __ __	
MCM10. How many girls have died? *If none, record '00'.*	GIRLS DEAD .... __ __	
MCM11. *Sum answers to MCM3, MCM4, MCM6, MCM7, MCM9 and MCM10.*	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. *Check responses to MCM1-MCM10 and make corrections as necessary until response in MCM12 is 'Yes'.*		
MCM14. *Check MCM11: How many live births fathered?*	NO LIVE BIRTHS, MCM11=00.................................0 ONE LIVE BIRTH ONLY, MCM11=01 ....1 TWO OR MORE LIVE BIRTHS, MCM11=02 OR MORE..2	0 ⇨*End* 1 ⇨*MCM18A*
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 had 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?
 	
Month and year must be recorded.
	DATE OF LAST BIRTH
	
	  MONTH... __ __
	
	  YEAR .... __ __ __ __	

ATTITUDES TOWARD DOMESTIC VIOLENCE	**MDV**

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. Let me assure you again that your answers are completely confidential and will not be told to anyone. In the last three years, that is since (***month of interview***) (***year of interview minus 3***), has anyone taken or tried taking something from you, by using force or threatening to use force? *Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.* *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.	YES .... 1 NO.. 2 DK 8	 2 ⇨*MVT9B* 8 ⇨*MVT9B*
MVT2. Did this last happen during the last 12 months, that is, since (***month of interview***) (***year of interview minus 1***)?	YES, DURING THE LAST 12 MONTHS............ 1 NO, MORE THAN 12 MONTHS AGO................ 2 DK / DON'T REMEMBER 8	 2 ⇨*MVT5B* 8 ⇨*MVT5B*
MVT3. How many times did this happen in the last 12 months? *If 'DK/Don't remember', probe:* Did it happen once, twice, or at least three times?	ONE TIME .... 1 TWO TIMES .... 2 THREE OR MORE TIMES .... 3 DK / DON'T REMEMBER 8	
MVT4. *Check MVT3: One or more times?*	ONE TIME, MVT3=1 .... 1 MORE THAN ONCE OR DK, MVT3=2, 3 OR 8................................... 2	1 ⇨*MVT5A* 2 ⇨*MVT5B*
MVT5A. When this happened, was anything stolen from you? **MVT5B**. The last time this happened, was anything stolen from you?	YES .... 1 NO.. 2 DK / NOT SURE 8	
MVT6. Did the person(s) have a weapon?	YES .... 1 NO.. 2 DK / NOT SURE 8	 2 ⇨*MVT8* 8 ⇨*MVT8*
MVT7. Was a knife, a gun or something else used as a weapon? *Record all that apply.*	YES, A KNIFE .... A YES, A GUN .... B YES, SOMETHING ELSE X	
MVT8. Did you or anyone else report the incident to the police? *If 'Yes', probe:* Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED....................... 1 YES, SOMEONE ELSE REPORTED.................... 2 NO, NOT REPORTED .... 3 DK / NOT SURE.. 8	1 ⇨*MVT9A* 2 ⇨*MVT9A* 3 ⇨*MVT9A* 8 ⇨*MVT9A*

MVT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (*month of interview*) (*year of interview minus 3*), been physically attacked? **MVT9B**. In the same period of the last three years, that is since (*month of interview*) (*year of interview minus 3*), have you been physically attacked? *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. *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.*	YES .... 1 NO .... 2 DK 8	 2 ⇨*MVT20* 8 ⇨*MVT20*
MVT10. Did this last happen during the last 12 months, that is, since (*month of interview*) (*year of interview minus 1*)?	YES, DURING THE LAST 12 MONTHS .... 1 NO, MORE THAN 12 MONTHS AGO .... 2 DK / DON'T REMEMBER 8	 2 ⇨*MVT12B* 8 ⇨*MVT12B*
MVT11. How many times did this happen in the last 12 months? *If 'DK/Don't remember', probe:* Did it happen once, twice, or at least three times?	ONE TIME .... 1 TWO TIMES .... 2 THREE OR MORE TIMES .... 3 DK / DON'T REMEMBER 8	1 ⇨*MVT12A* 2 ⇨*MVT12B* 3 ⇨*MVT12B* 8 ⇨*MVT12B*
MVT12A. Where did this happen? **MVT12B**. Where did this happen the last time?	AT HOME .... 11 IN ANOTHER HOME .... 12 IN THE STREET .... 21 ON PUBLIC TRANSPORT .... 22 PUBLIC RESTAURANT / CAFÉ / BAR .... 23 OTHER PUBLIC (*specify*) _____26 AT SCHOOL .... 31 AT WORKPLACE .... 32 OTHER PLACE (*specify*)_____96	
MVT13. How many people were involved in committing the offence? *If 'DK/Don't remember', probe:* Was it one, two, or at least three people?	ONE PERSON .... 1 TWO PEOPLE .... 2 THREE OR MORE PEOPLE .... 3 DK / DON'T REMEMBER 8	1 ⇨*MVT14A* 2 ⇨*MVT14B* 3 ⇨*MVT14B* 8 ⇨*MVT14B*

MVT14A. At the time of the incident, did you recognize the person?	YES .... 1 NO... 2	
MVT14B. At the time of the incident, did you recognize at least one of the persons?	DK / DON'T REMEMBER 8	
MVT17. Did the person(s) have a weapon?	YES .... 1 NO... 2 DK / NOT SURE 8	2⇨*MVT19* 8⇨*MVT19*
MVT18. Was a knife, a gun or something else used as a weapon? *Record all that apply.*	YES, A KNIFE .... A YES, A GUN ....B YES, SOMETHING ELSE X	
MVT19. Did you or anyone else report the incident to the police? *If 'Yes', probe:* Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED...................... 1 YES, SOMEONE ELSE REPORTED.................. 2 NO, NOT REPORTED .... 3 DK / NOT SURE 8	
MVT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE.. 1 SAFE... 2 UNSAFE... 3 VERY UNSAFE...................................... 4 NEVER WALK ALONE AFTER DARK............. 7	
MVT21. How safe do you feel when you are at home alone after dark?	VERY SAFE.. 1 SAFE... 2 UNSAFE... 3 VERY UNSAFE...................................... 4 NEVER ALONE AFTER DARK 7	

SAMPLE - FOR INFORMATION ONLY

		YES	NO	DK	
MVT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?					
[A] Ethnic or immigration origin?	ETHNIC / IMMIGRATION	1	2	8	
[B] Sex?	SEX	1	2	8	
[C] Sexual orientation?	SEXUAL ORIENTATION	1	2	8	
[D] Age?	AGE	1	2	8	
[E] Religion or belief?	RELIGION / BELIEF.....................	1	2	8	
[F] Disability?	DISABILITY	1	2	8	
[X] For any other reason?	OTHER REASON	1	2	8	

MARRIAGE/UNION		MMA
MMA1. Are you currently married, living together with someone as if married or in a visiting relationship?	YES, CURRENTLY MARRIED ....1 YES, LIVING WITH A PARTNER ....2 YES, HAVE A VISITING PARTNER……………0 NO, NOT IN UNION..3	3⇨*MMA5*
MMA3. Do you have other wives, do you live with other partners as if married or do you have (a) visiting relationship(s)?	YES...1 NO 2	2⇨*MMA7*
MMA4. How many other wives, live-in partners or visiting relationship(s) do you have?	NUMBER.......................................__ __ DK 98	⇨*MMA7* 98⇨*MMA7*
MMA5. Have you ever been married, lived together with someone as if married or been in a visiting relationship?	YES, FORMERLY MARRIED...............................1 YES, FORMERLY LIVED WITH A PARTNER ..2 YES, FORMERLY HAD A VISITING PARTNER ....0 NO 3	3⇨*End*
MMA6. What is your marital status now: are you widowed, divorced or separated or are you no longer in a visiting relationship?	WIDOWED ....1 DIVORCED ....2 SEPARATED..3 NO LONGER IN A VISITING RELATIONSHIP..0	
MMA7. Have you been married, lived with someone or been in a visiting relationship 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 start living with your (wife/partner) or did you start the visiting relationship? **MMA8B**. In what month and year did you start living with your <u>first</u> (wife/partner) or did you start your first visiting relationship?	DATE OF (FIRST) UNION MONTH ....__ __ DK MONTH.......................................98 YEAR .... __ __ __ __ DK YEAR 9998	
MMA9. *Check MMA8A/B: Is 'DK YEAR' recorded?*	YES, MMA8A/B=9998 ....1 NO, MMA8A/B≠9998 2	2⇨*End*
MMA10. *Check MMA7: In union only once?*	YES, MMA7=1 ....1 NO, MMA7=2...2	1⇨*MMA11A* 2⇨*MMA11B*
MMA11A. How old were you when you started living with your (wife/partner) or when you started your visiting relationship? **MMA11B**. How old were you when you started living with your <u>first</u> (wife/partner) or when you started your <u>first</u> visiting relationship?	AGE IN YEARS ....__ __	

ADULT FUNCTIONING		MAF
MAF1. *Check MWB4: Age of respondent?*	AGE 15-17 YEARS ....1 AGE 18-49 YEARS 2	1 ⇨*End*
MAF2. Do you use glasses or contact lenses? *Include the use of glasses for reading.*	YES...1 NO 2	
MAF3. Do you use a hearing aid?	YES...1 NO 2	
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: Please tell me if you have: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* 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=1 ....1 NO, MAF2=2 2	1 ⇨*MAF6A* 2 ⇨*MAF6B*
MAF6A. When using your glasses or contact lenses, do you have difficulty seeing? **MAF6B**. Do you have difficulty seeing?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY...3 CANNOT SEE AT ALL...4	
MAF7. *Check MAF3: Respondent uses a hearing aid?*	YES, MAF3=1 ....1 NO, MAF3=2 2	1 ⇨*MAF8A* 2 ⇨*MAF8B*
MAF8A. When using your hearing aid(s), do you have difficulty hearing? **MAF8B**. Do you have difficulty hearing?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY...3 CANNOT HEAR AT ALL 4	
MAF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY...3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
MAF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY...3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
MAF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY...1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY...3 CANNOT CARE FOR SELF AT ALL...................4	
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	

SAMPLE - FOR INFORMATION ONLY

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	

MSB9. What was your relationship to this person? *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⇨*MSB12* 4⇨*MSB12* 5⇨*MSB12* 6⇨*MSB12*
MSB10. *Check MMA1: Currently married or living with a partner?*	YES, MMA1=1 OR 2 ....1 NO, MMA1=3..2	 2⇨*MSB12*
MSB11. *Check MMA7: Married or living with a partner only once?*	YES, MMA7=1 ....1 NO, MMA7≠1..2	1⇨*End*
MSB12. How old is this person? *If response is 'DK', probe:* About how old is this person?	 AGE OF SEXUAL PARTNER......................... __ __ DK 98	

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|---|---|---|
MHA1. Now I would like to talk with you about something else. Have you ever heard of HIV or AIDS?	YES..1 NO 2	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?	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	

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? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	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, 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? *Record all mentioned.*	CIGARS ....A PIPE...D OTHER (*specify*) _____ X	
MTA9. During the last one month, on how many days did you use (*names of products mentioned in MTA8*)? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS ....0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH ....10 EVERY DAY / ALMOST EVERY DAY 30	
MTA10. Have you ever tried any form of smokeless tobacco products, such as chewing tobacco, snuff, or dip?	YES ....1 NO 2	2⇨*MTA14*
MTA11. During the last one month, did you use any smokeless tobacco products?	YES ....1 NO 2	2⇨*MTA14*

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MTA12. What type of smokeless tobacco product did you use during the last one month? *Record all mentioned.*	CHEWING TOBACCO ....A SNUFF ....B DIP ....C OTHER (*specify*) _____ X	
MTA13. During the last one month, on how many days did you use (*names of products mentioned in MTA12*)? *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	NUMBER OF DAYS ....0 ___ 10 DAYS OR MORE BUT LESS THAN A MONTH ....10 EVERY DAY / ALMOST EVERY DAY 30	
MTA14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES ....1 NO 2	2⇨*End*
MTA15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of cognac, vodka, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD ONE DRINK OF ALCOHOL........00 AGE... ___ ___	00⇨*End*
MTA16. During the last one month, on how many days did you have at least one drink of alcohol? *If respondent did not drink, record '00'.* *If less than 10 days, record the number of days.* *If 10 days or more but less than a month, record '10'.* *If 'Every day' or 'Almost every day', record '30'.*	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	00⇨*End*
MTA17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS .... ___ ___	

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
MWM13. *Language of the Interview.*	ENGLISH .... 1 OTHER LANGUAGE (*specify*) _____6
MWM14. *Native language of the Respondent.*	ENGLISH .... 1 SPANISH... 2 PORTUGUESE………………………………3 INDIGENOUS LANGUAGE …………………..4 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

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

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SUPERVISOR'S OBSERVATIONS

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