

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 2 5	

<p>Check man's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 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.</p>		<p>MWM7. Record the time:</p> <p>HOURS : MINUTES _____ : _____</p>
<p>MWM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW 2</p>	<p>1 ⇨ MWM9B 2 ⇨ MWM9A</p>
<p>MWM9A. Hello, my name is (<i>your name</i>). We are from the 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. We are also interviewing mothers about their children.</p> <p>This interview usually takes about 20 minutes.</p> <p>Participation in this survey is voluntary. No payment or incentive will be given to you for answering these questions. However, this survey will help the government and the general public better understand the situation and needs of men.</p> <p>Please know that all the information you share during the interview will remain strictly confidential and anonymous. No information about you will be made publicly available. We will only produce information about the general population.</p> <p>Should you feel uncomfortable about any questions and not wish to answer, just let me know and we can skip the question. Also, if you wish to stop the interview at any point just let me know.</p> <p>If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact the Central Statistical Office.</p> <p>May I start the interview?</p>		
<p>YES 1 NO / NOT ASKED 2</p>		
<p>1 ⇨ MAN'S BACKGROUND Module 2 ⇨ MWM17</p>		

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	1 ⇨ MWB5
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. Where were you born? In Saint Lucia or another country?	THIS COUNTRY 1 OTHER COUNTRY 2 DK 8	2 ⇨ MWB6 8 ⇨ MWB7
MWB5A. In which district were you born? <i>Probe to determine the region according to present borders.</i>	DISTRICT __ __ DK 98	⇨ MWB7 98 ⇨ MWB7
MWB6. In which country were you born? <i>Probe to determine country according to present borders and record the code of the country.</i> <u>If unable to find or determine the name of the country, write the name of the place below and then temporarily record '976' until you learn the appropriate code.</u> _____ (Name of country)	UNITED STATES OF AMERICA 840 UNITED KINGDOM 826 TRINIDAD & TOBAGO 780 GUYANA 328 OTHER (specify) ----- __ __ __ UNABLE TO DETERMINE COUNTRY 976	
MWB7. Do you have the citizenship of Saint Lucia?	YES, CITIZEN OF THIS COUNTRY 1 NO, ANOTHER COUNTRY 2 NO, NO CITIZENSHIP 3	2 ⇨ MWB7B 3 ⇨ End
MWB7A. Do you have the citizenship of another country?	YES 1 NO 2	2 ⇨ End

<p>MWB7B. Which (other) country or countries do you have the citizenship of?</p> <p><i>Probe to determine country according to present borders and record the code of the country.</i></p> <p><i>If unable to find or determine the name of the country, write the name of the place below and then temporarily record '976' until you learn the appropriate code.</i></p> <p>_____</p> <p>(Name of country)</p>	<p>UNITED STATES OF AMERICA.....840</p> <p>UNITED KINGDOM826</p> <p>TRINIDAD & TOBAGO.....780</p> <p>GUYANA328</p> <p>OTHER (specify) _ _ _</p> <p>UNABLE TO DETERMINE COUNTRY976</p>	
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ICT USE		MIC
MIC1. Do you own a mobile phone?	<p>YES 1</p> <p>NO 2</p>	2 ⇒ MIC3
MIC2. Do you own a smartphone?	<p>YES 1</p> <p>NO 2</p>	
<p>MIC3. 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 mean have you communicated with someone using a mobile phone.</i></p> <p><i>If 'At least once a week', probe: Would you say this happens almost every day?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>ALMOST EVERY DAY 3</p>	
MIC4. Have you ever used a computer, such as a desktop, laptop, tablet, or similar?	<p>YES 1</p> <p>NO 2</p>	2 ⇒ MIC6
<p>MIC5. During the last 3 months, did you use a computer 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?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>ALMOST EVERY DAY 3</p>	<p>1 ⇒ MIC7</p> <p>2 ⇒ MIC7</p> <p>3 ⇒ MIC7</p>
MIC6. Check MIC3: Is MIC3=0?	<p>YES, MIC3=0..... 1</p> <p>NO, MIC3=1, 2, OR 3 2</p>	1 ⇒ MIC10

<p>MIC7. I will now ask you about activities that you may have done on a computer or phone during the last 3 months. Did you:</p> <p>[B] Use a copy and paste tool to duplicate or move data, information, and content in digital environments, for example within a document, between devices, or on the cloud?</p> <p>[C] Send a message, for example by e-mail, messaging service, or SMS, with an attached file, for example a document, picture, or video?</p> <p>[D] Use a basic arithmetic/ mathematical formula in a spreadsheet?</p> <p>[E] Connect and install a new device, such as a modem, camera, or printer?</p> <p>[F] Find, download, install, and configure software?</p> <p>[G] Create an electronic presentation with presentation software, including text, images, sound, video, or charts?</p> <p>[H] Transfer a file or application between a computer and other device?</p> <p>[I] Set up effective security measures, for example strong passwords or log-in attempt notification, to protect devices and online accounts?</p> <p>[J] Change privacy settings on your device, account, or app to limit the sharing of personal data and information, such as name, contact information, or photos?</p> <p>[K] Verify the reliability of information found online?</p> <p>[L] Write a computer program using a specialised programming language, including programming or coding in digital environments, for example computer software or app development?</p>	<p style="text-align: right;">YES NO</p> <p>USE COPY/PASTE 1 2</p> <p>SEND MESSAGE WITH ATTACHMENT 1 2</p> <p>USE BASIC SPREADSHEET FORMULA..... 1 2</p> <p>CONNECT DEVICE 1 2</p> <p>INSTALL SOFTWARE..... 1 2</p> <p>CREATE PRESENTATION 1 2</p> <p>TRANSFER FILE 1 2</p> <p>SET UP SECURITY MEASURES 1 2</p> <p>CHANGE PRIVACY SETTINGS 1 2</p> <p>VERIFY RELIABILITY OF INFO 1 2</p> <p>PROGRAMMING..... 1 2</p>	
<p>MIC8. Check MIC7[F]: Is 'Yes' recorded?</p>	<p>YES, MIC7[F]=1 1</p> <p>NO, MIC7[F]=2 2</p>	<p>1 ⇒ MIC11</p>
<p>MIC9. Check MIC7[K]: Is 'Yes' recorded?</p>	<p>YES, MIC7[K]=1 1</p> <p>NO, MIC7[K]=2 2</p>	<p>1 ⇒ MIC11</p>
<p>MIC10. Have you ever used the internet from any location and any device?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ End</p>

<p>MIC11. During the last 3 months, did you use the internet 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?</i></p> <p><i>If 'Yes' record 3, if 'No' record 2.</i></p>	<p>NOT AT ALL..... 0</p> <p>LESS THAN ONCE A WEEK 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>ALMOST EVERY DAY..... 3</p>	
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TIME USE		MTU
MTU1. Check MWB4: Respondent's age?		AGE 15-171 AGE 18-49.....2 2 ⇒ End
MTU2. Begin by asking the respondent what time he woke up the day before the interview and what time he went to sleep. Then ask him to list the activities he did during the day in chronological order. For each activity, record the appropriate code in MTU7, ask MTU8-MTU10 and, if applicable, proceed to ask any follow-up questions. After recording all information relative to an activity, you will be led back to MTU7 to ask what he did next. Once he mentions he went to sleep for the night, do not record anything else. Finally, to ensure everything he did yesterday has been captured, MTU18 will prompt you to read all activities recorded and ask if anything is missing. If yes, enter the code, time and/or duration for each activity that was not previously mentioned or captured.		
MTU3. I will now ask you about what you did yesterday, between waking up in the morning and going to bed at night for sleeping. You can include anything you did. These can include active tasks such as studying and eating or passive activities such as relaxing or thinking.		
MTU4. What time did you wake up yesterday?		HOURS AND MINUTES.....__ : __
MTU5. What time did you go to sleep for the night yesterday?		HOURS AND MINUTES.....__ : __

MTU6. Activity order	MTU7. What did you do (first/next)?	MTU8. What time did this activity start?	MTU9. How long did you do this activity?	MTU10. What time did this activity end?	MTU11. Check MTU7: Is activity code 080, 090, 110, 120, 130, 150 or 042?	MTU12. Did you play online?	MTU13. With whom did you play?	MTU14. Did you watch this online?	MTU15. Did you get the news online?	
	Choose activity code from list.				1 YES, MTU7=080 2 YES, MTU7=090 ⇒ MTU14 3 YES, MTU7=110 ⇒ MTU15 4 YES, MTU7=120, 130 OR 150 ⇒ MTU16 5 YES, MTU7=042 ⇒ MTU17 6 NO, OTHER CODES ⇨ Next activity	1 YES 2 NO	A ALONE (ONLINE / OFFLINE) B WITH FRIENDS IN PERSON (ONLINE / OFFLINE) C WITH FRIENDS ONLINE D WITH OTHERS ONLINE Probe: Anyone else? Record all mentioned. Do not record C, D if MTU12=2 Skip to next activity	1 YES 2 NO Skip to next activity	1 YES 2 NO Skip to next activity	
ORDER	ACTIVITY	START TIME	HOURS	MINUTES	END TIME		YES NO		YES NO	YES NO
001	_____	_____			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
002	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
003	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
004	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
005	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
006	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
007	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
008	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
009	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2
010	_____	__ : __			__ : __	1 2 3 4 5 6	1 2	A B C D	1 2	1 2

TIME USE										MTU
MTU6. Activity order	MTU16. Did you engage in this activity or do this activity online?		MTU17. How were your lessons delivered?							
	1 YES 2 NO <i>Skip to next activity</i>		A SELF-STUDY WITH MATERIALS PROVIDED BY SCHOOL / TEACHERS B RADIO-BASED LESSON C TV-BASED LESSON D INTERNET-BASED LESSON E FACE-TO-FACE LESSON (AT CHILD'S HOME OR OUTSIDE SCHOOL) X OTHER (<i>Specify</i>) <i>Record all mentioned. Probe: Anything else?</i> <i>Skip to next activity</i>							
ORDER	YES	NO								
001	1	2	A B C D E X							
002	1	2	A B C D E X							
003	1	2	A B C D E X							
004	1	2	A B C D E X							
005	1	2	A B C D E X							
006	1	2	A B C D E X							
007	1	2	A B C D E X							
008	1	2	A B C D E X							
009	1	2	A B C D E X							
010	1	2	A B C D E X							
Activity codes for MTU7										
<div> <div> 010 Sleeping 020 Eating and drinking 030 Taking care of personal hygiene and health care 040 Formal education 041 School attendance (in person) 042 School attendance (remote) 043 Homework and studying after school hours 044 Travel to / from school </div> <div> 050 Social relationships (spending time/communicating with others) 051 In person, face-to-face 052 Using social media and chat-based platforms 060 Work activities and chores 070 Playing (excluding gaming) 080 Gaming 090 Watching TV shows or movies as entertainment </div> <div> 100 Social media as entertainment 110 Following the news 120 Civic engagement activities 130 Arts, crafts, and other creative activities 140 Playing sports, exercising and physical activity 150 Reading for leisure 996 Other activities not captured elsewhere (Specify) </div> </div>										
MTU18. Just to make sure I have this right I will now repeat all the activities you have listed in chronological order. I would like you to think if there is any activity you did yesterday, between waking up in the morning and going to bed at night for sleeping, that you forgot to mention. <i>Read aloud the list of activities reported and ask:</i> Did you do anything else we have not recorded yet?			YES.....1 NO2				1 ⇒ MTU7			

ATTITUDES TOWARD DOMESTIC VIOLENCE		MDV			
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:		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

SDG16: SAFETY		MVT
MVT20. Now I would like to ask you about how safe you feel in certain situations. 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

DISCRIMINATION
MVT

MVT23. I will now ask you about discrimination. Discrimination happens when you are treated less favourably compared to others or harassed because of the way you look, where you come from, what you believe, or for other reasons.

In Saint Lucia, do you feel that you personally experienced any form of discrimination or harassment during the last 3 years, that is, since *(year of interview minus 3)*, based on any of the following grounds?

Questions refer to the last 3 years. If yes, an additional question referring to the last 1 year will be asked and the CAPI application will add a sentence to the beginning of the next item to remind the respondent of the return to the 3-year reference period.

YES NO DK

[A] Your sex, such as you are a man or a woman?

SEX

1

2 \simeq

MVT23[B]

8 \simeq

MVT23[B]

[A1] How about since *(month of interview)* *(year of interview minus 1)*?

SEX

1

2

8

[B] *(Coming back to your experience since (year of interview minus 3), how about on grounds of)* Your age, such as you are perceived to be too young or too old?

AGE.....

1

2 \simeq

MVT23[C]

8 \simeq

MVT23[C]

[B1] How about since *(month of interview)* *(year of interview minus 1)*?

AGE

1

2

8

[C] *(Coming back to your experience since (year of interview minus 3), how about on grounds of)* Your disability or health status, such as having difficulty in seeing, hearing, walking or moving, concentrating, or communicating, or having a disease or other health conditions and no reasonable accommodation provided for it?

DISABILITY OR HEALTH STATUS

1

2 \simeq

MVT23[D]

8 \simeq

MVT23[D]

[C1] How about since *(month of interview)* *(year of interview minus 1)*?

DISABILITY OR HEALTH STATUS

1

2

8

[D] *(Coming back to your experience since (year of interview minus 3), how about on grounds of)* Your ethnicity, colour, or language (Creole vs English), such as skin colour or physical appearance, ethnic origin or way of dressing, culture, traditions, native language or accent, hair type, indigenous status, or being of African descent?

ETHNICITY, COLOUR, OR LANGUAGE

1

2 \simeq

MVT23[E]

8 \simeq

MVT23[E]

[D1] How about since *(month of interview)* *(year of interview minus 1)*?

ETHNICITY, COLOUR, OR LANGUAGE

1

2

8

[E] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your migration status, such as nationality or national origin, internal migration/movement from one community to another, country of birth, migrant status, being an undocumented migrant, or stateless person?	MIGRATION STATUS	1	2 \simeq MVT23[F]	8 \simeq MVT23[F]	
[E1] How about since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	MIGRATION STATUS	1	2	8	
[F] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your socio-economic status, such as wealth or education level, being perceived to be from a lower or different social or economic group or class, or owning land or home or not?	SOCIO-ECONOMIC STATUS	1	2 \simeq MVT23[G]	8 \simeq MVT23[G]	
[F1] How about since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	SOCIO-ECONOMIC STATUS	1	2	8	
[G] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your geographic location or place of residence, such as living in urban or rural areas, and formal or informal settlements?	LOCATION OR RESIDENCE	1	2 \simeq MVT23[H]	8 \simeq MVT23[H]	
[G1] How about since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	LOCATION OR RESIDENCE	1	2	8	
[H] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your religion, such as having or not having a religion or religious beliefs, or being a Rastafarian?	RELIGION	1	2 \simeq MVT23[I]	8 \simeq MVT23[I]	
[H1] How about since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	RELIGION	1	2	8	
[I] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your marital and family status, such as being single, married, divorced, widowed, pregnant, with or without children, orphan or born from unmarried parents, or having children outside of wedlock?	MARITAL AND FAMILY STATUS	1	2 \simeq MVT23[J]	8 \simeq MVT23[J]	
[I1] How about since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	MARITAL AND FAMILY STATUS	1	2	8	
[J] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your sexual orientation or gender identity, such as being attracted to a person of the same sex, self-identifying differently from sex assigned at birth or as being sexually, bodily, or gender diverse?	SEXUAL ORIENTATION OR GENDER IDENTITY	1	2 \simeq MVT23[K]	8 \simeq MVT23[K]	

[J1] How about since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	SEXUAL ORIENTATION OR GENDER IDENTITY	1	2	8
[K] (<i>Coming back to your experience since (year of interview minus 3), how about on grounds of</i>) Your political opinion, such as expressing political views, defending the rights of others, being a member or not of a political party or trade union?	POLITICAL OPINION	1	2 \simeq MVT23[X]	8 \simeq MVT23[X]
[K1] How about since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	POLITICAL OPINION	1	2	8
[X] Since (<i>year of interview minus 3</i>) do you feel that you personally experienced any other form of discrimination or harassment in Saint Lucia?	OTHER REASON	1	2 \simeq End	8 \simeq End
[X1] On what ground? <i>Recode if possible.</i>	(Specify) _____			
[X2] Based on the ground(s) that you just specified, have you experienced this since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	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 MARRIED1 YES, LIVING WITH A PARTNER2 YES, IN A VISITING RELATIONSHIP0 NO, NOT IN UNION3	1 ⇒ MMA7 2 ⇒ MMA7 0 ⇒ MMA7
MMA5. Have you ever been married, lived together with someone as if married, or been in a visiting relationship?	YES, FORMERLY MARRIED1 YES, FORMERLY LIVED WITH A PARTNER.....2 YES, FORMERLY HAD A VISITING PARTNER.....0 NO3	3 ⇒ End
MMA6. What is your marital status now: are you widowed, divorced, separated, or no longer in a visiting relationship?	WIDOWED1 DIVORCED2 SEPARATED3 NO LONGER IN A VISITING RELATIONSHIP4	
MMA7. Have you been married, lived with someone or been in a visiting relationship only once or more than once?	ONLY ONCE1 MORE THAN ONCE.....2	1 ⇒ MMA8A 2 ⇒ MMA8B
MMA8A. In what month and year did you start living with your (<i>wife/partner</i>) or start the visiting relationship? <i>If respondent says that he is married but not yet living together with his wife, ask: In what month and year did you get married to your wife?</i> MMA8B. In what month and year did you start living with your <u>first</u> wife or partner or start your <u>first</u> visiting relationship? <i>If respondent says that he was married before but never lived with his first wife, ask: In what month and year did you get married to your <u>first</u> wife?</i>	DATE OF (FIRST) UNION MONTH__ __ DK MONTH.....98 YEAR__ __ __ __ DK YEAR9998	
MMA9. Check MMA8A/B: Is 'DK YEAR' recorded?	YES, MMA8A/B=9998.....1 NO, MMA8A/B≠99982	2 ⇒ End
MMA10. Check MMA7: In union only once?	YES, MMA7=11 NO, MMA7=22	1 ⇒ MMA11A 2 ⇒ MMA11B
MMA11A. How old were you when you started living with your (<i>wife/partner</i>) or when you started your visiting relationship? <i>If respondent says that he is married but not yet living together with his wife, ask: How old were you when you got married to your wife?</i> MMA11B. How old were you when you started living with your <u>first</u> wife or partner or when you started your <u>first</u> visiting relationship? <i>If respondent says that he was married before but never lived with his first wife, ask: How old were you when you got married to your first wife?</i>	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? <i>Include the use of glasses for reading.</i>	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. 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=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	
MAF13. Do you have difficulty raising a 2-litre bottle of water or soda from waist to eye level?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	

	CANNOT RAISE AT ALL 4	
MAF14. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT USE AT ALL 4	
MAF15. The next questions have different options for answers. I am going to read these to you after each question. How often do you feel worried, nervous or anxious? Would you say daily, weekly, monthly, a few times a year, or never? <i>If respondent asks whether to answer about emotional states <u>after</u> taking mood-regulating medications, say: Please answer according to whatever medication you were taking.</i>	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5	5 ⇒ MAF17
MAF16. Thinking about the last time you felt worried, nervous or anxious, how would you describe the level of these feelings? Would you say a little, a lot, or somewhere in between a little and a lot? <i>If respondent asks whether to answer about emotional states <u>after</u> taking mood-regulating medications, say: Please answer according to whatever medication you were taking.</i>	A LITTLE 1 A LOT 2 SOMEWHERE IN BETWEEN A LITTLE AND A LOT 3	
MAF17. How often do you feel depressed? Would you say daily, weekly, monthly, a few times a year, or never? <i>If respondent asks whether to answer about emotional states <u>after</u> taking mood-regulating medications, say: Please answer according to whatever medication you were taking.</i>	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5	5 ⇒ End
MAF18. Thinking about the last time you felt depressed, how depressed did you feel? Would you say a little, a lot, or somewhere in between a little and a lot? <i>If respondent asks whether to answer about emotional states <u>after</u> taking mood-regulating medications, say: Please answer according to whatever medication you were taking.</i>	A LITTLE 1 A LOT 2 SOMEWHERE IN BETWEEN A LITTLE AND A LOT 3	

TOBACCO, ALCOHOL AND MARIJUANA USE		MTO
MTO1. Have you ever tried cigarette smoking even one or two puffs?	YES1 NO2	2⇒MTO9
MTO2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE 00 AGE ____ ____	00⇒MTO9
MTO3. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	2⇒MTO5 3⇒MTO9
MTO4. On average, how many cigarettes do you smoke each day?	NUMBER OF CIGARETTES ____ ____	SKIP⇒MTO14
MTO5. Have you smoked at least one cigarette in the last month, that is, since <i>(date of survey minus one month)</i> ?	YES 1 NO 2	
MTO9. Now I would like to ask about use of tobacco-smoking other than cigarettes and electronic cigarettes. By other smoked tobacco I mean cigars, pipes, water pipe with tobacco, or any other form of tobacco that is burned as you smoke it. Do you currently smoke other smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	1⇒MTO14 3⇒MTO11
MTO10. Have you smoked other tobacco at least once in the last month, that is, since <i>(date of survey minus one month)</i> ?	YES 1 NO 2	1⇒MTO14
MTO11. Now I would like to ask about use of smokeless tobacco. By smokeless tobacco I mean snuff, chewing tobacco, dip, or any other tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed. Do you currently use smokeless tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	1⇒MTO14 3⇒MTO14
MTO12. Have you used smokeless tobacco at least once in the last month, that is, since <i>(date of survey minus one month)</i> ?	YES 1 NO 2	
MTO14. Now I would like to ask you some questions about drinking alcohol. Have you ever drunk alcohol?	YES 1 NO 2	2⇒MTO18

<p>MTO15. We count one drink of alcohol as one can or bottle of beer, one bottle of shandy, one bottle of cyder such as Strongbow, one glass of wine, or one shot of cognac, gin, 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</p> <p>AGE ____ ____</p>	00⇒MTO18
<p>MTO16. During the last one month, on how many days did you have at least one drink of alcohol?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS..... 2</p> <p>NOT AT ALL 3</p>	3⇒MTO18
<p>MTO17. 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>	
<p>MTO18. Now I would like to ask you some questions about the use of marijuana.</p> <p>Have you ever smoked marijuana?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒ End
<p>MTO19. How old were you when you smoked marijuana for the first time?</p>	<p>AGE ____ ____</p> <p>.....</p>	
<p>MTO20. Do you currently smoke marijuana?</p>	<p>YES 1</p> <p>NO 2</p>	2⇒ End
<p>MTO21. During the last one month, on how many days did you smoke marijuana?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS..... 2</p> <p>NOT AT AL..... 3</p>	3⇒End
<p>MTO22. In the last 24 hours, how many times did you smoke marijuana?</p>	<p>DID NOT SMOKE IN THE LAST 24 HOURS 0</p> <p>1 TO 2 TIMES 1</p> <p>3 TO 4 TIMES 2</p> <p>5 OR MORE TIMES 3</p>	

MENTAL HEALTH		MMH
MMH0. Check WB4: Age of respondent?	AGE 15-24 YEARS 1 AGE 25-49 YEARS 2	2 ⇒ End
MMH1. Check for presence of others. No one should be within hearing distance. Do not continue until privacy is ensured. <i>If privacy cannot be obtained at the time of the interview, ask respondent for another time when you can interview her in private and reschedule the interview.</i>	PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2	2 ⇒ End
<p>MMH2. Now I would like to ask you some questions to better understand the feelings of people your age. There are no right or wrong answers. Many people your age experience some of the things that I will ask you about.</p> <p>Let me assure you again that your answers are confidential. This means that I will not share anything you tell me with other people and I will not mention you by name. The only exception to this is if there is a need to assist you in getting help in an emergency for your safety and wellbeing.</p> <p>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.</p> <p>When answering these questions, I need you to think about the last 2 weeks. I will ask you how often you have been bothered by different problems during the past two weeks.</p> <p>For each of the situations I will describe, there are four possible answers. You may say that you have experienced that problem: never, sometimes, often, or always.</p> <p><i>Repeat the categories whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: never, sometimes, often, and always.</p>		
MMH3. During the past two weeks, how often have you been feeling very sad or depressed?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH4. During the past two weeks, how often have you felt easily annoyed or irritable at small things?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH5. During the past two weeks, how often have you not enjoyed doing things you used to normally enjoy, such as playing sports, singing and dancing, spending time with friends, or watching videos?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH6. During the past two weeks, how often have you been feeling hopeless about the future?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH7. During the past two weeks, how often have you felt nervous, anxious, or on edge?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH8. During the past two weeks, how often have you worried that you can't do anything right or are doing things poorly?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	

MMH9. During the past two weeks, how often have you worried about what others think of you?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH10. During the past two weeks, how often have you been worried that something bad will happen to you or your family?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH11. During the past two weeks, how often have you worried too much about different things?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH12. During the past two weeks, how often have you felt unable to stop or control your worries?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH13. Check MH3-MH6: Is any MH3-MH6=2 or 3?	YES, AT LEAST ONE MH3-MH6=2 OR 3 1 NO, NO MH3-MH6=2 OR 3..... 2	1 ⇒MMH15
MMH14. Check MH7-MH12: Is any MH7-MH12=2 or 3?	YES, AT LEAST ONE MH7-MH12=2 OR 3 1 NO, NO MH7-MH12=2 OR 3..... 2	1 ⇒MMH23 2 ⇒MMH36
MMH15. During the past two weeks, how often have you not wanted to eat even when food was available, or have you eaten too much?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH16. During the past two weeks, how often have you had problems falling asleep, problems sleeping well, or problems with sleeping too much?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH17. During the past two weeks, how often have you felt that you got tired easily or did not have the energy to do daily activities?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH18. During the past two weeks, how often have you had trouble concentrating on things, such as doing homework, household chores, or other activities, such as watching videos or using social media, for example, WhatsApp or Instagram?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH19. During the past two weeks, how often have you felt lonely?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH20. During the past two weeks, how often have you felt like a failure or like you have let yourself or your family down?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH21. During the past two weeks, how often have you had thoughts that you would rather be dead or thoughts of hurting yourself?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	

MMH22. During the past two weeks, how often have others said that you have been moving more slowly than usual?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH23. During the past two weeks, how often have others said that you are restless or that you can't sit still?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH24. During the past two weeks, how often have you felt that it was difficult to breathe?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH25. During the past two weeks, how often have you felt dizzy or like fainting?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH26. Check MH7-MH12: Is any MH7-MH12=2 or 3?	YES, AT LEAST ONE MH7-MH12=2 OR 3 1 NO, NO MH7-MH12=2 OR 3..... 2	2 ⇒ MMH31
MMH27. During the past two weeks, how often have you suddenly gotten scared for no reason or without knowing what made you scared?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH28. During the past two weeks, how often have you had difficulty relaxing or difficulty feeling calm?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH29. During the past two weeks, how often have you felt like your heart was pounding or beating too fast?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH30. During the past two weeks, how often have you had headaches or muscle tension?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH31. Check MH3-MH12: Is any MH3-MH12=2 or 3?	YES, AT LEAST ONE MH3-MH12=2 OR 3 1 NO, NO MH3-MH12=2 OR 3..... 2	2 ⇒ MMH36
MMH32. I would like to ask you a few more questions about the feelings and experiences that you mentioned in earlier questions. <i>Repeat the categories whenever the respondent does not use an answer category.</i>		
MMH33. During the past two weeks, how often did any of these feelings and experiences negatively affect your ability to perform your daily activities or your relationships at home?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH34. During the past two weeks, how often did any of these feelings and experiences negatively affect your ability to perform your activities at school or work? <i>If respondent does not attend school and does not work, record '5'.</i>	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3 NOT APPLICABLE..... 5	

MMH35. During the past two weeks, how often did any of these feelings and experiences negatively affect your relationships with your peers?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH36. From the start of this interview, we have been talking about different feelings, experiences and problems that people your age may go through. I would like to know how often you talk to someone else about these sorts of feelings and experiences. Would you say: never, sometimes, often, or always?	NEVER..... 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	1 ⇒ MMH37 2 ⇒ MMH37 3 ⇒ MMH37
MMH36A. Do you ever speak about these feelings to anyone, for example, someone in your family, a friend or perhaps a teacher, a counsellor, or a health care professional? <i>If 'Yes', probe: Would you say: Sometimes, often, or always?</i>	NO, NEVER..... 0 YES, SOMETIMES 1 YES, OFTEN..... 2 YES ALWAYS..... 3	0 ⇒ MMH40
MMH37. In the past month, have you talked to anybody about these kinds of problems or worries?	YES 1 NO 2	1 ⇒ MMH38
MMH37A. I just want to confirm: During the past month, have you met or contacted anyone about these sorts of problems or worries, for example, someone in your family, a friend, a teacher, a counsellor, or a health care professional?	YES 1 NO..... 2	2 ⇒ MMH40
MMH38. Who have you talked to? <i>Probe: Anyone else? Do not read options. Record all mentioned.</i>	PROFESSIONALS COUNSELLOR..... A DOCTOR / NURSE / HEALTH AID.....B PSYCHOLOGISTC PSYCHIATRIST..... D FAMILY PARENT..... F OTHER RELATIVE (ADULT) G OTHER RELATIVE (<18)..... H OTHER PERSON TEACHER..... I FRIENDJ PRIEST/PASTOR K OTHER (<i>specify</i>) X	

MMH40. <i>The following question is extremely sensitive. Carefully check again for presence of others. No one should be within hearing distance.</i> <i>Do not continue until privacy is ensured.</i>	PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2	2 ⇒MMH49D
MMH41. Now, I would like to ask you one more question. If you do not want to answer or if you wish to stop the interview at any moment, please let me know.		
MMH43. In the past 2 weeks, have you thought about doing something to end your life? For example, by cutting yourself on purpose, taking poison or too much medicine, or trying to hang yourself?	YES 1 NO 2	2 ⇒MMH46
MMH46. <i>Add the response category values (0, 1, 2, or 3) of MH3-MH6 and MH15-MH25: Is the sum >17?</i>	YES, THE SUM OF MH3-MH6 AND MH15-MH25 IS >17..... 1 NO, THE SUM OF MH3-MH6 AND MH15-MH25 IS NOT >17..... 2	1 ⇒MMH48
MMH47. <i>Add the response category values (0, 1, 2, or 3) of MH7-MH12, MH24-MH25 and MH27-MH30: Is the sum >19?</i>	YES, THE SUM OF MH7-MH12, MH24-MH25 AND MH27-MH30 IS >19 1 NO, THE SUM OF MH7-MH12, MH24-MH25 AND MH27-MH30 IS NOT >19..... 2	2 ⇒MMH49D
MMH48. <i>Initiate Low/Moderate Risk Referral Protocol.</i> It sounds like you are struggling at the moment, and I would like to help you find someone who can support you. We can call a professional counsellor from the Ministry of Health, Wellness and Elderly Affairs with whom you can talk about anything that worries you. Counsellors help young people with their feelings and emotions and the conversation with them is always confidential. This counselling service is free of charge. Would you like us to contact a counsellor?		
<i>Permission for referral?</i>	YES, PERMISSION FOR REFERRAL .. 1 NO PERMISSION FOR REFERRAL 2	1 ⇒MMH49B 2 ⇒MMH49C

MMH49B. Okay, I need you to tell me how you prefer the counsellor to contact you. If you wish, you can give me a phone number where the counsellor can reach you. You can also tell me a place where the counsellor can safely meet you, and the best time and day of the week to contact you. We will provide the counsellor with your contact details so that she or he can contact you directly. Please be assured that we will not share any other information you have shared with me during the interview with the counsellor. Expect to hear from the counsellor within a few days. <i>The respondent can provide a phone number if she feels comfortable, or indicate a place where she can be safely</i>	REFERRAL INFORMATION TO SHARE WITH SUPPORT SERVICE PROVIDER	
	CASE ID _ _ _ _ _	
	REFERRAL TYPE LOW/MODERATE RISK 2	
	NAME _____	
	SEX MALE 1 FEMALE..... 2	
	AGE _ _	

<p>reached (e.g. her home, a relative's or neighbour's home, a local school, church, health care or community center). If she prefers to be met in person, ask her to provide the address and other details that will allow the counsellor to find the location. Record all this information and reassure her that his information will be kept confidential and only used for the purpose of the referral.</p>	<p>BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME/ANOTHER LOCATION):</p> <p>BY PHONE A</p> <p>IN PERSON B</p> <p>OTHER..... X</p>	⇒MMH49D
	<p>PHONE NUMBER (IF APPLICABLE):</p> <p>_____</p>	
	<p>MEET UP LOCATION (IF APPLICABLE)</p>	
	<p>REGION NAME AND NUMBER</p> <p>_____</p>	
	<p>DISTRICT NAME AND NUMBER</p> <p>_____</p>	
	<p>NAME OF VILLAGE/TOWN</p> <p>_____</p>	
	<p>DESCRIPTION OF LOCATION</p> <p>_____</p>	
	<p>NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC)</p> <p>_____</p>	
	<p>TIME TO CONTACT (IF APPLICABLE)</p>	
	<p>BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTACT RESPONDENT</p> <p>_____</p>	
<p>MMH49C. I understand. Let me give you some information about counselling services available in your area that can be used free of charge in case you want to reach out to a counsellor.</p> <p><i>Although the respondent has not given permission to contact a counsellor, you must leave the information card and contact details for the nearest mental health services available in the area as provided to you by your supervisor.</i></p> <p>In any case, it would be important for you to talk about your worries with an adult you trust, like a parent, a relative, or teacher, so that they can support you. I encourage you to do that.</p>		⇒MMH50
<p>MMH49D. Thank you for your time and cooperation. Here is some information about counselling services in your area that can be used free of charge in case you ever need to contact them. I wish you the best.</p> <p><i>Leave the information card and contact details for the nearest support services available in the area as provided to you by your supervisor.</i></p>		
<p>MMH50. After thanking the respondent for her cooperation, reassure her about the confidentiality of her answers. Fill out question MH51 with reference to the Mental Health module only.</p>		

MMH51. Interviewer's observations about the administration of the Mental Health module (e.g., any emotional reactions by respondent that made it difficult or impossible to answer any questions, etc.).		
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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	
MWM11A. Was this interview observed?	YES..... 1 NO..... 2	
MWM12. Language of the Questionnaire.	ENGLISH..... 1	
MWM13. Language of the Interview.	ENGLISH..... 1 CREOLE 2 OTHER LANGUAGE (specify) 6	
MWM14. Native language of the Respondent.	ENGLISH..... 1 CREOLE 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 MWB4: Respondent's age?	AGE 15-17 1 AGE 18 OR ABOVE 2	1 ⇒ MWM16
MWM15B. 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	1 ⇒ MWM16
MWM15C. Has this respondent already been interviewed with any individual questionnaires?	YES, ALREADY INTERVIEWED 1 NO, NOT ALREADY INTERVIEWED 2	1 ⇒ MWM16

MWM15D. Check MIC1, and check HC7[A] and HC12 in HOUSEHOLD QUESTIONNAIRE: Does this respondent have a mobile phone, or does the household have a fixed telephone line or any member of the household have a mobile phone?	YES, MIC1=1 OR HC7[A]=1 OR HC12=1..... 1 NO, MIC1=2 AND HC7[A]=2 AND HC12=2 2	2 ⇨ MWM15F
MWM15E. 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 may call a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. Your phone number and all the information you share during these phone interviews will not be shared with anyone outside our team. Would you like to participate?	YES 1 NO 2	1 ⇨ MWM15H 2 ⇨ MWM16
MWM15F. Thank you for your participation. The Central Statistical Office will be conducting a follow-up survey about the situation of children, families, and households in the future. We may contact you a few times over a period of a few months, for about 15 minutes at a time. Participation is voluntary. If you agree to participate now, you can still withdraw later. It will not cost you anything to participate. All the information you share during these interviews will not be shared with anyone outside our team. Would you like to participate?	YES 1 NO 2	2 ⇨ MWM16
MWM15G. I have previously recorded that there are no phones in your household. Just to confirm, do you have a personal telephone number or is there a phone number for the household?	YES 1 NO 2	1 ⇨ MWM15I 2 ⇨ MWM16
MWM15H. Do you have a personal phone number or is there a phone number for the household?	YES 1 NO 2	2 ⇨ MWM16
WM15I. You may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Please, tell me which phone number to call.		

	[P1] BEST NUMBER	[P2] 2 ND NUMBER	[P3] 3 RD NUMBER
MWM15J. Ask for and record phone number.	_____	_____	_____
MWM15K. Just to confirm, the number is (<i>number recorded in MWM15J</i>)? <i>If no, return to MWM15J and correct entry.</i>	YES..... 1 NO 2 ⇨ MWM15J	YES.....1 NO 2 ⇨ MWM15J	YES.....1 NO2 ⇨ MWM15J

MWM15L. Remember, you may share your household's number, but please, do not share any personal phone numbers that belong to other members of your household or to people outside your household. Do you have another personal or shared phone number where you can be reached?	YES..... 1 <input type="radio"/> <i>[P2]</i>	YES..... 1 <input type="radio"/> <i>[P3]</i>	YES.....1 <input type="radio"/> <i>[P4]</i>
	NO 2 <input type="radio"/> <i>MWM16</i>	NO 2 <input type="radio"/> <i>MWM16</i>	NO2 <input type="radio"/> <i>MWM16</i>
			<i>Tick here if additional questionnaire used: <input type="checkbox"/></i>

MWM16. Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the caregiver of any child age 0-4 living in this household?

☐ Yes ⇒ Proceed to MWM17 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 AND ADOLESCENTS AGE 5-17?

☐ Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:
Is the respondent the caregiver of the child selected for QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 in this household?

☐ Yes ⇒ Proceed to MWM17 and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AND ADOLESCENTS AGE 5-17 for that child and start the interview with this respondent.

☐ No ⇒ Proceed to MWM17 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 ⇒ Proceed to MWM17 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

