

ADDRESS		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: _____ / _____ / _____	

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.		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 NO, FIRST INTERVIEW 2	1 ⇨ MWM9B 2 ⇨ MWM9A
MWM9A. Hello, my name is (<i>your name</i>). We are from the National Statistics 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. This interview usually takes about 15 minutes. Participation in this survey is voluntary. This survey will help the government and the general public better understand the situation and needs of men. 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. 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. If at any time you have any complaints or concerns about this survey, please use the information provided on this card to contact the National Statistics Office. May I start the interview?		
MWM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 15 minutes. Again, participation in this survey is voluntary. This survey will help the government and the general public better understand the situation and needs of men. 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. If at any time you have any complaints or concerns about this survey, please use the information on the card I gave you earlier to contact the National Statistics Office. May I start the interview?		
YES 1 NO /NOT ASKED 2		1 ⇨ MAN'S BACKGROUND Module 2 ⇨ MWM17

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 YEAR __ __ __ __ DK YEAR.....9998 MONTH.....__ __ DK MONTH.....98	
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 COMPLETE YEARS) __ __	
MWB5. Where were you born? <i>Probe to determine region/country according to present borders.</i>	MONGOLIA AIMAG ARKHANGAI 65 BAYAN-ULGII 83 BAYANKHONGOR 64 BULGAN..... 63 GOVI-ALTAI 82 DORNOGОВI 44 DORNOD 21 DUNDGOVI..... 48 ZALKHAN 81 UVURKHANGAI 62 UMNUGОВI 46 SUKHBAATAR 22 SELENGE..... 43 TUV 41 UVS 85 KHOVD..... 84 KHUVSGUL 67 KHENTII 23 DANKHAN-UUL..... 45 ORKHON 61 GOVISUMBER..... 42 ULAANBAATAR 11 OTHER COUNTRY 90 DK 98	65 ⇒ WB7 83 ⇒ WB7 64 ⇒ WB7 63 ⇒ WB7 82 ⇒ WB7 41 ⇒ WB7 21 ⇒ WB7 48 ⇒ WB7 81 ⇒ WB7 62 ⇒ WB7 46 ⇒ WB7 22 ⇒ WB7 43 ⇒ WB7 41 ⇒ WB7 85 ⇒ WB7 84 ⇒ WB7 67 ⇒ WB7 23 ⇒ WB7 45 ⇒ WB7 61 ⇒ WB7 42 ⇒ WB7 11 ⇒ WB7 98 ⇒ WB7
MWB6. In which country were you born? <i>Probe to determine country according to present borders.</i>	COUNTRY __ __ __ __ UNABLE TO DETERMINE COUNTRY..... 976	

MWB7. What is your country or countries of citizenship? <i>If unable to find or determine the name of the country, write the name of the place below and then temporarily record '776' until you learn the appropriate code.</i> _____ (Name of place)	MONGOLIA 111 CHINA _ _ _ RUSSIA _ _ _ USA _ _ _ KOREA _ _ _ UNABLE TO DETERMINE COUNTRY..... 776 NO CITIZENSHIP 990	
---	--	--

MIGRATION		MWB
MWB8. How long have you been continuously living in <i>(name of current city, town or village of residence)?</i> <i>IF LESS THAN ONE YEAR, RECORD '00' YEARS.</i>	YEARS ____ ALWAYS / SINCE BIRTH 95	95 ⇒ End
MWB9. Just before you moved here, did you live in a city, in a town, or in a rural area? <i>Probe to identify the type of place.</i> <i>If unable to determine whether the place is a city, a town or a rural area, write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.</i> _____ <i>(Name of place)</i>	CAPITAL CITY 1 AIMAG CENTER 2 SOUM CENTER 3 COUNTRYSIDE 4 UNABLE TO DETERMINE WHETHER CAPITAL CITY / AIMAG CENTER / SOUM CENTER/ COUNTRYSIDE 5 DO NOT KNOW / REMEMBER..... 8	
MWB10. Before you moved here, in which aimag did you live in?	AIMAG ARKHANGAI 65 BAYAN-ULGII 83 BAYANKHONGOR 64 BULGAN 63 GOVI-ALTAI 82 DORNOGOVI 44 DORNOD 21 DUNDGOVI 48 ZALKHAN 81 UVURKHANGAI 62 UMNUGOVI 46 SUKHBAATAR 22 SELENGE 43 TUV 41 UVS 85 KHOVD 84 KHUVSGUL 67 KHENTII 23 DANKHAN-UUL 45 ORKHON 61 GOVISUMBER 42 ULAANBAATAR 11 OUTSIDE OF MONGOLIA <i>(specify)</i> 96	

HEALTH INSURANCE		
MIN0. Check MWB4/HL6 : whether age is 15-17?	YES (MWB4/HL6=15-17) 1 NO (MWB4/HL6=18-49) 2	1 ⇒ End
MIN1. Are you covered by any health insurance?	YES 1 NO 2	2 ⇒ End

MIN2. What type of health insurance are you covered by? <i>Record all mentioned.</i>	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B SOCIAL SECURITY COMPULSORY C VOLUNTARY E GOVERNMENT RESPONSIBLE F OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER (<i>specify</i>) _____X	
---	---	--

EMPLOYMENT AND TRAINING		MNE
MNE1. Check WB4/HL6 : Age 15-24?	YES (MWB4/HL6=15-24) 1 NO (MWB4/HL6=25-49) 2	2 ⇒ End
MNE2. Check ED9: Currently attending school?	YES (ED9=1)..... 1 NO (ED9=2) 2	2 ⇒ MNE4
MNE3. In the past 4 weeks, that is, since (<i>date of interview minus 4 weeks</i>), did you attend school at any time? <i>If NO, and schools have currently been on break for more than 4 weeks, record 3, “No, full-time student on school break”.</i>	YES 1 NO 2 NO, FULL-TIME STUDENT ON SCHOOL BREAK 3	1 ⇒ End 3 ⇒ End
MNE4. In the past 4 weeks, that is, since (<i>date of interview minus 4 weeks</i>), did you participate in any unpaid apprenticeship, internship, or similar training in a workplace?	YES 1 NO 2	1 ⇒ End
MNE5. How about within the last one year, that is, since (<i>date of interview minus 1 year</i>)?	YES 1 NO 2	
MNE6. In the past 4 weeks, that is, since (<i>date of interview minus 4 weeks</i>), did you attend any courses, seminars, or other training to develop specific skills, for example languages, computer skills, or similar?	YES 1 NO 2	1 ⇒ End
MNE7. How about within the last one year, that is, since (<i>date of interview minus 1 year</i>)?	YES 1 NO 2	
MNE8. The next questions are about any work that you may have done during the last week. By last week, I mean from Monday to Sunday. Last week, did you do any work for someone else for pay, even if only for one hour?	YES 1 NO 2	1 ⇒ End
MNE9. Still thinking about last week, Monday to Sunday, did you run or do any kind of business, farming or other activity to generate income, even if only for one hour? <i>Probe:</i> Examples of activities include making things for sale, growing produce for sale, buying and reselling things, providing services for pay, raising animals, or catching fish for sale.	YES 1 NO 2	1 ⇒ MNE18
MNE10. Last week, Monday to Sunday, did you help in a family business or farm?	YES 1 NO 2	1 ⇒ MNE18
MNE11. Even though you did not work last week, did you have a paid job or a business? <i>Probe:</i> Absence could be due to leave, illness, seasonality of agricultural activities, strike, or similar.	YES 1 NO 2	2 ⇒ MNE20

MNE12. Was the reason for your absence last week any of the following?	YES NO	
[A] That you have shift work, flexi time, or similar nature of work?	SHIFT WORK 1 2	1 ⇨ MNE18
[B] That you were on vacation or holidays?	VACATION..... 1 2	1 ⇨ MNE18
[C] That you were sick, ill, or suffered an accident?	SICK 1 2	1 ⇨ MNE18
[D] That you were on paternity leave?	PATERNITY 1 2	1 ⇨ MNE18
MNE13. Was the reason for your absence last week that you are waiting to start new job or business?	YES..... 1 NO..... 2	1 ⇨ MNE20
MNE14. Was the reason for your absence last week that your paid job or business was in low or off-season?	YES..... 1 NO..... 2	2 ⇨ MNE16
MNE15. During the low or off-season, do you continue to do some work for that job or business?	YES..... 1 NO..... 2	1 ⇨ MNE18 2 ⇨ MNE20
MNE16. Including the time that you have been absent, will you return to that same job or business in 3 months or less?	YES..... 1 NO..... 2 DK..... 8	1 ⇨ MNE18
MNE17. Do you continue to receive an income from your job or business during this absence?	YES..... 1 NO..... 2 DK..... 8	2 ⇨ MNE20 8 ⇨ MNE20
MNE18. Was this work that you mentioned in:	YES NO	
[A1] Farming or rearing farm animals?	FARMING 1 2	
[A2] Potato, vegetable, and grain cropping?	CROPPING..... 1 2	
[B] Fishing and fish farming	FISHING..... 1 2	
[X] Another type of job or business?	OTHER 1 2	
<i>At least one 'yes' must be recorded in question [A], [B] or [X].</i>		
MNE19. Check MNE18: Is [X]=1?	YES (MNE18[X]=1)..... 1 NO (MNE18[X]=2) 2	1 ⇨ End 2 ⇨ MNE21
MNE20. Last week did you do any work in farming, rearing animals, cropping, fishing or fish farming?	YES..... 1 NO..... 2	2 ⇨ End
MNE21. Thinking about the products from (<i>farming and/or fishing</i>) you worked on, are they intended only for sale, mainly for sale, mainly for family use or only for family use?	ONLY FOR SALE..... 1 MAINLY FOR SALE..... 2 MAINLY FOR FAMILY USE 3 ONLY FOR FAMILY USE..... 4 DK..... 8	1 ⇨ End 2 ⇨ End 3 ⇨ MNE23 4 ⇨ MNE23
MNE22. In general, in the past have these products been only sold, mainly sold, mainly kept or only kept for family use?	ONLY SOLD 1 MAINLY SOLD 2 MAINLY KEPT FOR FAMILY USE 3 ONLY KEPT FOR FAMILY USE 4	1 ⇨ End 2 ⇨ End

MNE23. Where you hired by someone else to do this work?	YES..... 1 NO..... 2	
--	-------------------------	--

ICT USE		MIC
MIC1. Do you own a mobile phone?	YES 1 NO 2	2 ⇒ MIC3
MIC2. Do you own a smartphone?	YES 1 NO 2	
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? <i>Probe if necessary:</i> I mean have you communicated with someone using a mobile phone. <i>If 'At least once a week', probe:</i> Would you say this happens almost every day? <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
MIC4. Have you ever used a computer, such as a desktop, laptop, tablet, or similar?	YES 1 NO 2	2 ⇒ MIC6
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? <i>If 'At least once a week', probe:</i> Would you say this happened almost every day? <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	1 ⇒ MIC7 2 ⇒ MIC7 3 ⇒ MIC7
MIC6. Check MIC3: Is MIC3=0?	YES, MIC3=0..... 1 NO, MIC3=1, 2, OR 3 2	1 ⇒ MIC10

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: [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? [C] Send a message, for example by e-mail, messaging service, or SMS, with an attached file, for example a document, picture, or video? [D] Use a basic arithmetic formula in a spreadsheet? [E] Connect and install a new device, such as a modem, camera, or printer? [F] Find, download, install, and configure software? [G] Create an electronic presentation with presentation software, including text, images, sound, video, or charts? [H] Transfer a file or application between a computer and other device? [I] Set up effective security measures, for example strong passwords or log-in attempt notification, to protect devices and online accounts? [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? [K] Verify the reliability of information found online? [L] Write a computer program using a specialised programming language, including programming or coding in digital environments, for example computer software or app development?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>USE COPY/PASTE.....</td><td>1</td><td>2</td></tr> <tr> <td>SEND MESSAGE WITH ATTACHMENT</td><td>1</td><td>2</td></tr> <tr> <td>USE BASIC SPREADSHEET FORMULA.....</td><td>1</td><td>2</td></tr> <tr> <td>CONNECT DEVICE.....</td><td>1</td><td>2</td></tr> <tr> <td>INSTALL SOFTWARE</td><td>1</td><td>2</td></tr> <tr> <td>CREATE PRESENTATION</td><td>1</td><td>2</td></tr> <tr> <td>TRANSFER FILE</td><td>1</td><td>2</td></tr> <tr> <td>SET UP SECURITY MEASURES</td><td>1</td><td>2</td></tr> <tr> <td>CHANGE PRIVACY SETTINGS</td><td>1</td><td>2</td></tr> <tr> <td>VERIFY RELIABILITY OF INFO.....</td><td>1</td><td>2</td></tr> <tr> <td>PROGRAMMING.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	USE COPY/PASTE.....	1	2	SEND MESSAGE WITH ATTACHMENT	1	2	USE BASIC SPREADSHEET FORMULA.....	1	2	CONNECT DEVICE.....	1	2	INSTALL SOFTWARE	1	2	CREATE PRESENTATION	1	2	TRANSFER FILE	1	2	SET UP SECURITY MEASURES	1	2	CHANGE PRIVACY SETTINGS	1	2	VERIFY RELIABILITY OF INFO.....	1	2	PROGRAMMING.....	1	2	
	YES	NO																																				
USE COPY/PASTE.....	1	2																																				
SEND MESSAGE WITH ATTACHMENT	1	2																																				
USE BASIC SPREADSHEET FORMULA.....	1	2																																				
CONNECT DEVICE.....	1	2																																				
INSTALL SOFTWARE	1	2																																				
CREATE PRESENTATION	1	2																																				
TRANSFER FILE	1	2																																				
SET UP SECURITY MEASURES	1	2																																				
CHANGE PRIVACY SETTINGS	1	2																																				
VERIFY RELIABILITY OF INFO.....	1	2																																				
PROGRAMMING.....	1	2																																				
MIC8. Check MIC7[F]: Is 'Yes' recorded?	YES, MIC7[F]=1 1 NO, MIC7[F]=2 2	1 ⇒ MIC11																																				
MIC9. Check MIC7[K]: Is 'Yes' recorded?	YES, MIC7[K]=1 1 NO, MIC7[K]=2 2	1 ⇒ MIC11																																				
MIC10. Have you ever used the internet from any location and any device?	YES 1 NO 2	2 ⇒ End																																				

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? <i>If 'At least once a week', probe: Would you say this happens almost every day?</i> <i>If 'Yes' record 3, if 'No' record 2.</i>	NOT AT ALL..... 0 LESS THAN ONCE A WEEK 1 AT LEAST ONCE A WEEK 2 ALMOST EVERY DAY 3	
--	---	--

TIME USE										MTU
MTU1. Check MWB4: Respondent's age?					AGE 15-17.....1 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 bed 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 ⇨ <i>Next activity</i>	1 YES 2 NO	A ALONE (ONLINE / OFFLINE) B WITH FRIENDS IN PERSON (ONLINE / OFFLINE) C WITH FRIENDS ONLINE D WITH OTHERS ONLINE <i>Probe: Anyone else?</i> <i>Record all mentioned. Do not record C, D if MTU12=2</i> <i>Skip to next activity</i>	1 YES 2 NO <i>Skip to next activity</i>	1 YES 2 NO <i>Skip to next activity</i>
ORDER	ACTIVITY	START TIME	HOURS	MINUTES	END TIME		YES NO		YES NO	YES NO
001	_____				__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
002	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
003	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
004	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
005	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
006	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
007	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
008	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
009	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2
010	_____	__: __			__: __	1 2 3 4 5 6 7 8 9	1 2	A B C D E	1 2	1 2

TIME USE										TU
MTU6. <i>Activity order</i>	MTU16. Did you engage in this activity/ies online/over the internet?			MTU19. How were your lessons delivered?						
	1 YES 2 NO <i>Skip to next activity</i>			<i>Record all mentioned. Probe: Anything else?</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>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							
<i>Activity codes for MTU7</i>										
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 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 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)										
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 NO 2		1 ⇒ MTU7					

ATTITUDE TOWARDS DOMESTIC VIOLENCE				MDV
MDV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
[A]	If she goes out without telling him?	GOES OUT WITHOUT TELLING.....1	2	8
[B]	If she neglects the children?	NEGLECTS CHILDREN 1	2	8
[C]	If she argues with him?	ARGUES WITH HIM.....1	2	8
[D]	If she refuses to have sex with him?	REFUSES SEX 1	2	8
[E]	If she burns the food?	BURNS FOOD 1	2	8

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 Mongolia, do you feel that you <u>personally</u> experienced any form of discrimination or harassment during the last 3 years, that is, since <i>(year of interview minus 3)</i> , based on any of the following grounds? <i>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.</i>		YES	NO	DK
[A] Your sex, such as you are a man or a woman?	SEX	1	2 ☹ MVT23[B]	8 ☹ MVT23[B]
[A1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	SEX	1	2	8
[B] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your age, such as you are perceived to be too young or too old?	AGE	1	2 ☹ MVT23[C]	8 ☹ MVT23[C]
[B1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	AGE	1	2	8
[C] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> 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 ☹ MVT23[D]	8 ☹ MVT23[D]
[C1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	DISABILITY OR HEALTH STATUS.....	1	2	8
[D] <i>(Coming back to your experience since (year of interview minus 3), how about on grounds of)</i> Your ethnicity, colour, or language, such as skin colour or physical appearance, ethnic origin or way of dressing, culture, traditions, native language or accent?	ETHNICITY, COLOUR, OR LANGUAGE.....	1	2 ☹ MVT23[E]	8 ☹ MVT23[E]
[D1] How about since <i>(month of interview)</i> <i>(year of interview minus 1)</i> ?	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, country of birth, migrant status, being an undocumented migrant, or stateless person?	MIGRATION STATUS.....	1	2 ☹ MVT23[F]	8 ☹ 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?	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 a 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 ✖ VT23[X]	8 ✖ VT23[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 Mongolia?	OTHER REASON	1	2 ✖ End	8 ✖ End
[X1] On what ground? Recode if possible.	(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 ✖ End	8 ✖ End

MARRIAGE/UNION		MMA
MMA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION 3	3 ⇒ MMA5
MMA2. How old is your (<i>wife/partner</i>)? <i>Probe:</i> How old was your (<i>wife/partner</i>) on her last birthday?	AGE IN YEARS __ __ DK 98	⇒ MMA7 98 ⇒ MMA7
MMA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED 1 YES, FORMERLY LIVED WITH A PARTNER . 2 NO 3	3 ⇒ End
MMA6. What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
MMA7. Have you been married or lived with someone 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 (<i>wife/partner</i>)? <i>If respondent says that he is married but not yet living together with his wife, ask:</i> In what month and year did you get married to your wife? MMA8B. In what month and year did you start living with your <u>first</u> wife or partner? <i>If respondent says that he was married before but never lived with his first wife, ask:</i> In what month and year did you get married to your <u>first</u> wife?	DATE OF (FIRST) UNION YEAR __ __ __ __ DK YEAR 9998 MONTH __ __ DK MONTH 98	
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 (<i>wife/partner</i>)? <i>If respondent says that he is married but not yet living together with his wife, ask:</i> How old were you when you got married to your wife? MMA11B. How old were you when you started living with your <u>first</u> wife or partner? <i>If respondent says that he was married before but never lived with his first wife, ask:</i> How old were you when you got married to your <u>first</u> wife?	AGE IN YEARS __ __	

ADULT FUNCTIONING		MAF
MAF1. Check WB4: 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	

SEXUAL ACTIVITY		MSB
MSB1. <i>Check for the presence of others. Before continuing, make every effort to ensure privacy.</i> 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) HUSBAND / 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? <i>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.</i>	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? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'girlfriend', then ask: Were you living together as if married? If 'Yes', circle '2'. If 'No', circle '3'.</i>	WIFE 1 COHABITING PARTNER 2 GIRLFRIEND 3 CASUAL ACQUAINTANCE 4 CLIENT / SEX WORKER 5 OTHER (specify) 6	

HIV/AIDS		MHA
MHA1. Now I would like to talk with you about something else. Have you ever heard or read about HIV or AIDS?	YES..... 1 NO..... 2 	2 ⇒ End
MHA2. HIV is the virus that can lead to AIDS. Can people reduce their risk of getting the 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 the HIV by sharing food with a person who has HIV?	YES..... 1 NO..... 2 DK..... 8	
MHA7. Is it possible for a healthy-looking person to have HIV?	YES..... 1 NO..... 2 DK..... 8	

TOBACCO AND ALCOHOL USE		MTO
MTO1. The following questions are about the use of different types of tobacco products. I would first like to ask you some questions about cigarettes, both manufactured and hand rolled. Have you ever tried cigarette smoking, even one or two puffs?	YES 1 NO.....2	2 ⇒ MTO6
MTO2. How old were you when you smoked a whole cigarette for the first time?	NEVER SMOKED A WHOLE CIGARETTE.....00 AGE ____ ____	00 ⇒ MTO6
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 ⇒ MTO6
MTO4. On average, how many cigarettes do you smoke each day?	NUMBER OF CIGARETTES ____ ____	⇒ 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	
MTO6. Now I would like to ask about electronic cigarettes, which are also called e-cigarettes or vaping devices. These devices are battery powered and heat a liquid to produce vapor or aerosol instead of smoke. Examples of these products include MOTI, SNOWPLUS, WAK, WAKA. Have you ever heard of electronic cigarettes or vaping devices?	YES 1 NO.....2	2 ⇒ MTO9
MTO7. Do you currently use electronic cigarettes or any other vaping device every day, some days, or not at all?	EVERYDAY 1 SOME DAYS.....2 NEVER 3	1 ⇒ MTO14 3 ⇒ MTO9
MTO8. Have you used electronic cigarettes or any other vaping device at least once 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 ⇒ End
MTO15. We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of vodka, cognac, whiskey or rum. How old were you when you had your first drink of alcohol, other than a few sips?	NEVER HAD AT ALL.....00 AGE ____ ____	00 ⇒ End
MTO16. During the last one month, on how many days did you have at least one drink of alcohol? <i>If respondent did not drink, circle '00'.</i> <i>If less than 10 days, record the number of days.</i> <i>If 10 days or more but less than a month, circle '10'.</i> <i>If 'every day' or 'almost every day', circle '30'.</i>	DID NOT DRINK.....00 NUMBER OF DAYS..... <u>0</u> ____ 10 DAYS OR MORE BUT LESS THAN A MONTH.....10 EVERY DAY/ ALMOST EVERY DAY 30	00 ⇒ End
MTO17. In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS..... ____ ____	

MENTAL HEALTH		MMH
MMH0. Check MWB4: 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 the interview can be conducted with privacy and reschedule the interview.</i>	PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2	2⇒End
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. Let me assure you again that your answers are-confidential. This means that I will not share the answers you tell me with other people and 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. 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. 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. 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. <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.		
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, get angry, stressed and / 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 your hobby or things you used to like, such as playing sports, games, singing and dancing, spending time with friends, watching videos?	NEVER 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH6. During the past two weeks, how often have you felt hopeless?	NEVER 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH7. During the past two weeks, how often have you felt nervous, anxious, or on edge for no reason?	NEVER 0 SOMETIMES 1 OFTEN 2 ALWAYS 3	
MMH8. During the past two weeks, how often have you felt dissatisfied with yourself?	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 worried something bad will happen to you, your family or close people for no reason?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MMH11. During the past two weeks, how often have you worried too much about different things for no reason? For example, looking phone, not switching off iron etc.	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 or thinking over and over?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MMH13. Check MMH3-MMH6: Is any MMH3-MMH6=2 or 3?	YES, AT LEAST ONE MMH3-MMH6=2 OR 3 1 NO, NO MMH3-MMH6=2 OR 3 2	1 ⇒MMH15
MMH14. Check MMH7-MMH12: Is any MMH7-MMH12=2 or 3?	YES, AT LEAST ONE MMH7-MMH12=2 OR 3 1 NO, NO MMH7-MMH12=2 OR 3 2	1 ⇒MMH23 2 ⇒MMH36
MMH15. During the past two weeks, how often you experienced changes in your appetite either not wanted to eat or eating too much?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MMH16. During the past two weeks, how often have you had problems with sleeping? For example, problems falling asleep, 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 too tired, exhausted or did not have the energy?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MMH18. During the past two weeks, how often have you easily distracted when doing things such as doing homework, watching videos using social media, for example, Tik Tok, Facebook, 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 not meeting family expectations, losing their trust?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MMH21. During the past two weeks, how often have you had thoughts of hurting (injuring) yourself or thoughts that you do not want to live further due to dissatisfaction with 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, not having speed than before?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MMH23. During the past two weeks, how often have others said that you are restless, not stable 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 breath or you wanted to take breath over and over?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MMH25. During the past two weeks, how often have you felt dizzy or faint?	NEVER..... 0 SOMETIMES..... 1 OFTEN 2 ALWAYS 3	
MMH26. Check MMH7-MMH12: Is any MMH7-MMH12=2 or 3?	YES, AT LEAST ONE MMH7-MMH12=2 OR 3 1 NO, NO MMH7-MMH12=2 OR 3 2	2 ⇒ MMH31
MMH27. During the past two weeks, how often have you suddenly gotten scared for no reason or got anxious?	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 MMH3-MMH12: Is any MMH3-MMH12=2 or 3?	YES, AT LEAST ONE MMH3-MMH12=2 OR 3 1 NO, NO MMH3-MMH12=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 '7'.</i>	NEVER..... 0 SOMETIMES..... 1 OFTEN..... 2 ALWAYS..... 3 NOT APPLICABLE..... 7	
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? <i>If response is 'Never', probe: 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>	NEVER..... 0 SOMETIMES..... 1 OFTEN..... 2 ALWAYS..... 3	0 ⇒ MMH40
MMH37. In the past month, have you talked to anybody about these kinds of problems or worries? <i>If response is 'No', probe: 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?</i>	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 SOCIAL WORKER..... C FAMILY PARENT..... F OTHER RELATIVE (ADULT)..... G OTHER RELATIVE (<18)..... H OTHER PERSON TEACHER..... I FRIEND..... J OTHER (specify)..... X	

MMH40. <i>The following questions are 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 a few more questions. If I ask you any question you do not want to answer or if you wish to stop the interview at any moment, please let me know.		
MMH42. In the past 12 months, did you try to harm yourself with the intention or desire 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	
MMH43. In the past 2 weeks, have you thought about doing something to end your life?	YES..... 1 NO..... 2	2 ⇒ MMH46
MMH44. <i>Check if MMH42=1?</i>	YES, MMH42=1 1 NO 2	2 ⇒ MMH48
MMH45. <i>Initiate High Suicidal Risk Emergency 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. My supervisor can call a professional counsellor from the National Center of Mental Health with whom you can talk about anything that worries you, and who will be able to contact or visit you as soon as possible. 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 ⇒ MMH49A 2 ⇒ MMH49C
MMH46. <i>Add the responses to MMH3-MMH6 and MMH15-MMH25: Is the sum >17?</i>	YES, THE SUM OF MMH3-MMH6 AND MMH15-MMH25 IS >17..... 1 NO, THE SUM OF MMH3-MMH6 AND MMH15-MMH25 IS NOT >17 2	1 ⇒ MMH48
MMH47. <i>Add the responses to MMH7-MMH12, MMH24-MMH25 and MMH27-MMH30: Is the sum >19?</i>	YES, THE SUM OF MMH7-MMH12, MMH24-MMH25 AND MMH27-MMH30 IS >19..... 1 NO, THE SUM OF MMH7-MMH12, MMH24-MMH25 AND MMH27-MMH30 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. My supervisor can call a professional counsellor from the National center of Mental Health 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
MMH49A. 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	INFORMATION FOR REFERRAL TO SUPPORT SERVICE PROVIDER CASE ID _ _ _	⇒ MMH50

counsellor can safely meet you. We will not share any of the information you have shared with us during the interview with the counsellor. The National Statistical Office of Mongolia team will not keep your contact details. We will transfer them to the counsellor and ask the counsellor to contact you directly. Expect to hear from the counsellor within 24 hours. While you wait for the counsellor to reach you, 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. <i>Once you finish the interview, contact your supervisor <u>immediately</u> to alert them that the respondent needs a high-risk emergency referral. It is critical that the counsellor contacts the respondent immediately, and in any case <u>no later</u> than within 24 hours.</i> 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. We will not share any of the information you have shared with us during the interview with the counsellor. The National Statistical Office of Mongolia team will not keep your contact details. We will transfer them to the counsellor and ask the counsellor to contact you directly. Expect to hear from the counsellor within a few days. <i>The respondent can provide a phone number if he feels comfortable, or indicate a place where he can be safely reached (e.g. his home, a relative's or neighbour's home, a local school, church, health care or community center). If he prefers to be met in person, ask him to provide the address and other details that will allow the counsellor to find the location. Record all this information and reassure him that his information will be kept confidential and only used for the purpose of the referral.</i>	<table border="1"> <tr> <td colspan="2">REFERRAL TYPE</td> </tr> <tr> <td>HIGH RISK.....</td> <td>1</td> </tr> <tr> <td>LOW / MODERATE RISK</td> <td>2</td> </tr> <tr> <td colspan="2">NAME</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">SEX</td> </tr> <tr> <td>MALE</td> <td>1</td> </tr> <tr> <td>FEMALE</td> <td>2</td> </tr> <tr> <td colspan="2">AGE</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME / ANOTHER LOCATION):</td> </tr> <tr> <td>BY PHONE</td> <td>A</td> </tr> <tr> <td>IN PERSON</td> <td>B</td> </tr> <tr> <td>OTHER</td> <td>X</td> </tr> <tr> <td colspan="2">PHONE NUMBER (IF APPLICABLE):</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">MEET UP LOCATION (IF APPLICABLE)</td> </tr> <tr> <td colspan="2">REGION:.....</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">AIMAG / CAPITAL CITY</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">SOUM / DUUREG.....</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">BAG / KHOROO</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2">DESCRIPTION OF LOCATION</td> </tr> <tr> <td colspan="2">NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC)</td> </tr> <tr> <td colspan="2">TIME TO CONTRACT (IF APPLICABLE)</td> </tr> <tr> <td colspan="2">BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTRACT RESPONDENT</td> </tr> </table>	REFERRAL TYPE		HIGH RISK.....	1	LOW / MODERATE RISK	2	NAME		_____		SEX		MALE	1	FEMALE	2	AGE		_____		BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME / ANOTHER LOCATION):		BY PHONE	A	IN PERSON	B	OTHER	X	PHONE NUMBER (IF APPLICABLE):		_____		MEET UP LOCATION (IF APPLICABLE)		REGION:.....		_____		AIMAG / CAPITAL CITY		_____		SOUM / DUUREG.....		_____		BAG / KHOROO		_____		DESCRIPTION OF LOCATION		NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC)		TIME TO CONTRACT (IF APPLICABLE)		BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTRACT RESPONDENT		
REFERRAL TYPE																																																												
HIGH RISK.....	1																																																											
LOW / MODERATE RISK	2																																																											
NAME																																																												

SEX																																																												
MALE	1																																																											
FEMALE	2																																																											
AGE																																																												

BEST AND SAFEST WAY FOR COUNSELOR TO FIND RESPONDENT (E.G. BY PHONE, IN PERSON AT HOME / ANOTHER LOCATION):																																																												
BY PHONE	A																																																											
IN PERSON	B																																																											
OTHER	X																																																											
PHONE NUMBER (IF APPLICABLE):																																																												

MEET UP LOCATION (IF APPLICABLE)																																																												
REGION:.....																																																												

AIMAG / CAPITAL CITY																																																												

SOUM / DUUREG.....																																																												

BAG / KHOROO																																																												

DESCRIPTION OF LOCATION																																																												
NEARBY LANDMARK (E.G. CHURCH, SCHOOL, CLINIC)																																																												
TIME TO CONTRACT (IF APPLICABLE)																																																												
BEST WEEKDAY AND TIME OF DAY FOR COUNSELLOR TO CONTRACT RESPONDENT																																																												
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. <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> 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.	⇒MMH50																																																											

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. <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>		
MMH50. After thanking the respondent for her cooperation, reassure her about the confidentiality of her answers. Fill out question MMH51 below with reference to the Mental Health module only.		
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).		

MWM10. Record the time.	HOUR, 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.	MONGOLIAN 1 KAZAKH 2	
MWM13. Language of the Interview.	MONGOLIAN 1 KAZAKH 2	
MWM14. Native language of the Respondent.	MONGOLIAN 1 KAZAKH 2 OTHER LANGUAGE (specify) 6	
MWM15. Was a translator used for any parts of this questionnaire?	YES, THROUGHOUT INTERVIEW 1 YES, IN SOME PARTS 2 NO, NOT USED 3	
MWM15A. Check MWB4: Respondent's age?	AGE 15-17 1 AGE 18 OR ABOVE 2	1 ⇒ End
MWB15B. 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

MWM15CA. To have deeper and holistic analyses about the situation of children and household, I would like to ask your permission to access your data from other state institutions. Please know that we will remain strictly confidential and anonymous as per the Law on Personal Information Protection of Mongolia. No information about you will be made publicly available. We will only produce information about the general population.	YES, PERMISSION IS GIVEN..... 1 NO, PERMISSION IS NOT GIVEN 2	
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 National Statistics 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 National Statistics 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

MWM15I. You can share your home telephone number with us. But do not give a private phone number of any of your family members, or, another person (non-family member)'s phone. Please, provide us with a phone number to contact you other than the above one.

	[P1] THE MOST CORRECT NUMBER	[P2] 2ND NUMBER	[P3] 3RD NUMBER
MWM15J. Ask for and record phone number.	_____	_____	_____
MWM15K. Just to confirm, the number is (number recorded in MWM15J)? If no, return to MWM15J and correct entry.	YES 1 NO 2 ✕ MWM15J	YES 1 NO 2 ✕ MWM15J	YES 1 NO 2 ✕ 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 ✕ [P2] NO 2 ✕ MWM16	YES 1 ✕ [P3] NO 2 ✕ MWM16	YES 1 ✕ [P4] NO 2 ✕ MWM16
			Tick here if additional questionnaire used: ☐

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.

MWM17. Result of man's interview.	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

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONSThis image shows a completely blank white rectangular area enclosed within a thin black border. There are no markings, text, or illustrations present on the page.