

2009 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

IDENTIFICATION																									
PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																								
NAME OF HOUSEHOLD HEAD _____																									
EA NUMBER																									
HOUSEHOLD NUMBER																									
LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)																									
DISTRICT ¹																									
URBAN/RURAL (URBAN = 1, RURAL= 2)																									
NAME AND LINE NUMBER OF MAN _____																									
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY _____																					
INTERVIEWER'S NAME	_____	_____	_____	MONTH _____																					
RESULT*	_____	_____	_____	YEAR _____																					
NEXT VISIT: DATE	_____	_____		INT. NUMBER _____																					
TIME	_____	_____		RESULT _____																					
				TOTAL NUMBER OF VISITS _____																					
<p>*RESULT CODES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 COMPLETED</td> <td style="width: 50%;">4 REFUSED</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> </tr> <tr> <td></td> <td>7 OTHER _____ (SPECIFY)</td> </tr> </table>					1 COMPLETED	4 REFUSED	2 NOT AT HOME	5 PARTLY COMPLETED	3 POSTPONED	6 INCAPACITATED		7 OTHER _____ (SPECIFY)													
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3 POSTPONED	6 INCAPACITATED																								
	7 OTHER _____ (SPECIFY)																								
LANGUAGE OF QUESTIONNAIRE: ENGLISH LANGUAGE OF INTERVIEW *** _____ HOME LANGUAGE OF RESPONDENT*** _____ WAS A TRANSLATOR USED? (YES=1, NO=2) *** LANGUAGE CODES: 1 ENGLISH 2 SESOTHO 6 OTHER _____ (SPECIFY)				<table border="1" style="width: 20px; height: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>	1																				
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SUPERVISOR NAME _____	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>				FIELD EDITOR NAME _____	<table border="1" style="width: 30px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr> </table>																			
DATE _____			DATE _____																						

¹ 01=BUTHA-BUTHE; 02=LERIBE; 03=BEREA; 04=MASERU; 05=MAFETENG; 06=MOHALE'S HOEK; 07=QUTHING; 08=QASHA'S NEK; 09=MOKHOTLONG; 10=THABA-TSEKA

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

<p>INFORMED CONSENT</p> <p>Hello. My name is _____ and I am working with the Ministry of Health and Social Welfare. We are conducting a national survey that asks men and women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p> <p align="center">↓</p>														
101	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr></table></p>												
102	<p>During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart.</p> <p>The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.</p> <p>Would you allow me to proceed to take your blood pressure measurement at this time?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES 1 RESPONDENT DOES NOT AGREE 2 → 103</p> <p align="center">↓</p>													
102A	<p>Before taking your blood pressure , I would to ask a few questions about things that may affect these measurements.</p> <p>Have you done any of the following within the past 30 minutes:</p> <p style="padding-left: 20px;">Eaten anything?</p> <p style="padding-left: 20px;">Had coffee, tea, cola or other drink that has caffeine?</p> <p style="padding-left: 20px;">Smoked any tobacco product?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align:center;">YES</th> <th style="width:10%; text-align:center;">NO</th> </tr> </thead> <tbody> <tr> <td>EATEN</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> <tr> <td>SMOKED</td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> </tr> </tbody> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED	1	2
	YES	NO												
EATEN	1	2												
HAD CAFFEINATED DRINK	1	2												
SMOKED	1	2												
102B	<p>May I begin the process of measuring your blood pressure?</p> <p>BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.</p>	<p>ARM CIRCUMFERENCE (IN CENTIMETERS) <table border="1" style="display:inline-table; border-collapse: collapse; width:40px; height:20px; vertical-align: middle;"><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr><tr><td style="width:15px; height:15px;"></td><td style="width:15px; height:15px;"></td></tr></table></p>												
102C	<p>USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.</p>	<p>MODEL 789</p> <p>SMALL: 17 CM – 22 CM 1</p> <p>MEDIUM: 22 CM – 32 CM 2</p> <p>LARGE: 32 CM – 42 CM 3</p>												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102D	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.103. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q.102E.	BLOOD PRESSURE MEASURED SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
102E	RECORD REASON BLOOD PRESSURE NOT MEASURED.	REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS 9995 OTHER 9996	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 104
103A	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
104	In the last 12 months, how many times have you been away from your home community for one or more nights?	NUMBER OF TRIPS <input type="text"/> <input type="text"/> NONE 00	→ 106
105	In the last 12 months, have you been away from your home community for more than one month at a time?	YES 1 NO 2	
106	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
108	Have you ever attended school?	YES 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY 2 SECONDARY/HIGH 3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH ... 4 COLLEGE 5 GRADUATE/POST GRADUATE ... 6	
110	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'	STND/FORM/YEAR <input type="text"/> <input type="text"/>	
111	CHECK 109: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		→ 115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3 NO CARD WITH REQUIRED LANGUAGE 4 BLIND/VISUALLY IMPAIRED 5	
113	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
114	CHECK 112: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 116
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 116
115A	What kind of newspaper or magazine do you read: Lesotho newspaper/magazine, RSA newspaper/magazine or any other? RECORD ALL MENTIONED.	LESOTHO NEWSPAPER/ MAGAZINE A RSA NEWSPAPER/ MAGAZINE B OTHER X	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 117
116A	What kind of radio do you listen to: Lesotho radio, RSA radio, or any other? RECORD ALL MENTIONED.	LESOTHO RADIO A RSA RADIO B OTHER X	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	→ 118
117A	What kind of TV do you watch: Lesotho TV, RSA TV, or any other? RECORD ALL MENTIONED.	LESOTHO TV A RSA TV B OTHER X	
118	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH ... 01 LESOTHO EVANG. CHURCH ... 02 METHODIST 03 ANGLICAN CHURCH 04 SEVENTH DAY ADVENTIST 05 PENTECOSTAL 06 OTHER CHRISTIAN 07 ISLAM 08 HINDU 09 NONE 10 OTHER RELIGION 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	<input type="checkbox"/> → 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	<input type="checkbox"/> → 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		<input type="checkbox"/> → 212 <input type="checkbox"/> → 301								
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2	<input type="checkbox"/> → 212								
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD <input type="checkbox"/>	NO LIVING CHILDREN <input type="checkbox"/>	→ 301
214	How many years old is your (youngest) child?	AGE IN YEARS <input type="text"/>	
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES 1 NO 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH CENTRE 1 OTHER 2	→ 221
220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01 FACILITY CLOSED 02 TOO FAR/NO TRANSPORTATION 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE 04 NO FEMALE PROVIDER 05 NOT THE FIRST CHILD 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY 07 RESPONDENT DID NOT THINK IT WAS NECESSARY 08 FAMILY DID NOT THINK IT WAS NECESSARY 09 OTHER 96 DON'T KNOW 98	
221	Now I want to ask you about something else. When a child has diarrhoea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL 1 ABOUT THE SAME 2 LESS THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2
04	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2
11	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																												
303	In the last three months have you: Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine? Read about family planning on billboards, posters, pamphlets?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BILLBRDS/POSTERS/PAMPH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	BILLBRDS/POSTERS/PAMPH	1	2																														
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305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 307																																						
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306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>JUST BEFORE HER PERIOD BEGINS</td> <td style="text-align: center;">1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIODS</td> <td style="text-align: center;">4</td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">6</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	JUST BEFORE HER PERIOD BEGINS	1	DURING HER PERIOD	2	RIGHT AFTER HER PERIOD HAS ENDED	3	HALFWAY BETWEEN TWO PERIODS	4	OTHER	6	DON'T KNOW	8																																	
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307	Do you think that a woman who is breastfeeding her baby can become pregnant?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DEPENDS</td> <td style="text-align: center;">3</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES	1	NO	2	DEPENDS	3	DON'T KNOW	8																																					
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308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous. c) A woman is the one who gets pregnant so she should be the one to use contraception d) A woman who uses contraception might have a problem getting pregnant	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DIS- AGREE</th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>CONTRACEPTION WOMAN'S BUSINESS .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WOMAN MAY BECOME PROMISCUOUS ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WOMAN TO USE CONTRACEPTION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PROBLEM GETTING PREGNANT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		DIS- AGREE	AGREE	DK	CONTRACEPTION WOMAN'S BUSINESS .	1	2	8	WOMAN MAY BECOME PROMISCUOUS ...	1	2	8	WOMAN TO USE CONTRACEPTION	1	2	8	PROBLEM GETTING PREGNANT	1	2	8																									
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WOMAN MAY BECOME PROMISCUOUS ...	1	2	8																																												
WOMAN TO USE CONTRACEPTION	1	2	8																																												
PROBLEM GETTING PREGNANT	1	2	8																																												
309	CHECK 301 (07) KNOWS MALE CONDOM <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		→ 313																																												
310	Do you know of a place where a person can get male condoms?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	YES	1	NO	2	→ 313																																								
YES	1																																														
NO	2																																														
311	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>PUBLIC SECTOR</td> <td></td> </tr> <tr> <td>GOVERNMENT HOSPITAL</td> <td style="text-align: center;">A</td> </tr> <tr> <td>GOVT. HEALTH CENTER</td> <td style="text-align: center;">B</td> </tr> <tr> <td>OTHER PUBLIC SECTOR</td> <td style="text-align: center;">C</td> </tr> <tr> <td>PRIVATE MEDICAL SECTOR</td> <td></td> </tr> <tr> <td>PRIVATE HOSPITAL/CLINIC</td> <td style="text-align: center;">D</td> </tr> <tr> <td>LPPA</td> <td style="text-align: center;">E</td> </tr> <tr> <td>PHARMACY</td> <td style="text-align: center;">F</td> </tr> <tr> <td>PRIVATE DOCTOR</td> <td style="text-align: center;">G</td> </tr> <tr> <td>OTHER MEDICAL SECTOR</td> <td style="text-align: center;">H</td> </tr> <tr> <td>CHAL</td> <td></td> </tr> <tr> <td>CHAL HOSPITAL</td> <td style="text-align: center;">I</td> </tr> <tr> <td>CHAL HEALTH CENTER</td> <td style="text-align: center;">J</td> </tr> <tr> <td>CHAL HEALTH POST</td> <td style="text-align: center;">K</td> </tr> <tr> <td>CBD</td> <td style="text-align: center;">L</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER/ SUPPORT GROUPS</td> <td style="text-align: center;">M</td> </tr> <tr> <td>OTHER SOURCE</td> <td></td> </tr> <tr> <td>SHOP</td> <td style="text-align: center;">N</td> </tr> <tr> <td>CHURCH</td> <td style="text-align: center;">O</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td style="text-align: center;">P</td> </tr> <tr> <td>PEER EDUCATORS</td> <td style="text-align: center;">Q</td> </tr> <tr> <td>OTHER</td> <td style="text-align: center;">X</td> </tr> </tbody> </table>	PUBLIC SECTOR		GOVERNMENT HOSPITAL	A	GOVT. HEALTH CENTER	B	OTHER PUBLIC SECTOR	C	PRIVATE MEDICAL SECTOR		PRIVATE HOSPITAL/CLINIC	D	LPPA	E	PHARMACY	F	PRIVATE DOCTOR	G	OTHER MEDICAL SECTOR	H	CHAL		CHAL HOSPITAL	I	CHAL HEALTH CENTER	J	CHAL HEALTH POST	K	CBD	L	COMMUNITY HEALTH WORKER/ SUPPORT GROUPS	M	OTHER SOURCE		SHOP	N	CHURCH	O	FRIENDS/RELATIVES	P	PEER EDUCATORS	Q	OTHER	X	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	If you wanted to, could you yourself get a male condom?	YES 1 NO 2	
313	CHECK 301 (08) KNOWS FEMALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/> → 401		
314	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 401
315	Where is that? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B OTHER PUBLIC SECTOR C PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC D LPPA E PHARMACY F PRIVATE DOCTOR G OTHER MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J CHAL HEALTH POST K CBD L COMMUNITY HEALTH WORKER/ SUPPORT GROUPS M OTHER SOURCE SHOP N CHURCH O FRIENDS/RELATIVES P PEER EDUCATORS Q OTHER X	
316	If you wanted to, could you yourself get a female condom?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410															
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2																
405	Do you have more than one wife or woman you live with as if married?	YES, MORE THAN ONE 1 NO, ONLY ONE 2	→ 407															
406	Altogether, how many wives do you have or other partners you are living with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>Please tell me the name of your wife (the woman you are living with as if married).</p> <p>Please tell me the name of each of your wives (or each woman you are living with as if married).</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<table border="1"> <thead> <tr> <th data-bbox="917 976 1063 997">NAME</th> <th data-bbox="1079 955 1177 997">LINE NUMBER</th> <th data-bbox="1242 976 1307 997">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="917 1060 1063 1081">_____</td> <td data-bbox="1079 1018 1177 1081"><input type="text"/></td> <td data-bbox="1242 1018 1307 1081"><input type="text"/></td> </tr> <tr> <td data-bbox="917 1144 1063 1165">_____</td> <td data-bbox="1079 1123 1177 1186"><input type="text"/></td> <td data-bbox="1242 1123 1307 1186"><input type="text"/></td> </tr> <tr> <td data-bbox="917 1249 1063 1270">_____</td> <td data-bbox="1079 1228 1177 1291"><input type="text"/></td> <td data-bbox="1242 1228 1307 1291"><input type="text"/></td> </tr> <tr> <td data-bbox="917 1354 1063 1375">_____</td> <td data-bbox="1079 1333 1177 1396"><input type="text"/></td> <td data-bbox="1242 1333 1307 1396"><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	<p>408 How old was (NAME) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A															
411	<p>In what month and year did you start living with your (wife/partner)?</p> <p>Now I would like to ask about your first wife/partner. In what month and year did you start living with her?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 413															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	<p>CHECK FOR THE PRESENCE OF OTHERS.</p> <p>BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.</p>		
414	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95</p>	→ 501
419	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS.</p> <p>IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	Now I would like to ask you some questions about your recent sexual activity. 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. →SKIP TO 422			
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/>
422	The last time you had sexual intercourse (with this second/third person), was a male or female condom used?	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←	YES 1 NO 2 (SKIP TO 424) ←
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 SKIP TO 425A ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 SKIP TO 425A ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 PROSTITUTE 5 OTHER 6 SKIP TO 425A ←
424A	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> SKIP TO 425A ↓	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> SKIP TO 425A ↓	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> SKIP TO 425A ↓
424B	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 428 ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 428 ↓	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> SKIP TO 428 ↓
425A	How long ago did you first have sexual intercourse with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
425B	How many times during the last 12 months did you have sexual intercourse with this person?	NUMBER OF TIMES <input type="text"/> <input type="text"/> RECORD 95 IF 95 OR MORE	NUMBER OF TIMES <input type="text"/> <input type="text"/> RECORD 95 IF 95 OR MORE	NUMBER OF TIMES <input type="text"/> <input type="text"/> RECORD 95 IF 95 OR MORE
425C	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 428) ←	YES 1 NO 2 (SKIP TO 429) ←
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY ... 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO 2 (SKIP TO 429A) ←	YES 1 (GO BACK TO 421 IN NEXT COLUMN) ← NO 2 (SKIP TO 429A) ←	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
429A	CHECK 422: ALL FIRST COLUMNS			
	CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/>		→ 429C
		NO CONDOM USED <input type="checkbox"/>		→ 429C
429B	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.		DIFFICULT TO DISPOSE OF A DIFFICULT TO PUT ON/TAKE OFF B SPOILS THE MOOD C DIMINISHES PLEASURE D WIFE PARTNER OBJECTS/DOES NOT LIKE E WIFE/PARTNER GOT PREGNANT F INCONVENIENT TO USE/MESSY ... G CONDOM BROKE H OTHER X NO PROBLEM Y	
429C	I will now read you some statements about male condom use. Please tell me if you agree or disagree with each.		AGREE AGREE DK	
	a. Male condoms diminish a man's sexual pleasure.		a. DIMINISH 1 2 3	
	b. A male condom is very inconvenient to use.		b. INCONVENIENT 1 2 3	
	c. A male condom can be reused.		c. CAN BE REUSED 1 2 3	
	d. A male condom protects against sexually transmitted infection.		d. PROTECTS STI 1 2 3	
	e. Buying male condoms is embarrassing.		e. EMBARRASSING 1 2 3	
	f. A woman has no right to ask a man to use a male condom.		f. NO RIGHT 1 2 3	
	g. A male condom has the AIDS virus		g. AIDS VIRUS 1 2 3	
	h. A male condom is the best way to prevent unwanted pregnancy		h. PREVENTS PREGNANCY 1 2 3	
	i. People who use the male condom are not faithful since they might have the AIDS virus or other sexually transmitted infections.		i. NOT FAITHFUL 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 432
431	CHECK 424 AND 422 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 434 → 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 433
432A	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a male condom or female condom used?	YES 1 NO 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>		→ 443 → 443
441	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR 13 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 LPPA 22 PHARMACY 23 PRIVATE DOCTOR 24 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 CHAL HEALTH POST 33 CBD 41 COMMUNITY HEALTH WORKER ... 42 SUPPORT GROUPS 43 OTHER SOURCE SHOP 51 CHURCH 52 PEER EDUCATORS 53 FRIEND/RELATIVE 54 OTHER 96	
443	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 501
444	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B IUCD C INJECTABLES D IMPLANTS E PILL F FEMALE CONDOM G RHYTHM METHOD H WITHDRAWAL I OTHER MODERN METHOD X OTHER TRAD. METHOD Y	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE WIVES/PARTNERS <input type="checkbox"/>	QUESTION NOT ASKED <input type="checkbox"/>	→ 508
502	CHECK 444+E67: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→ 508
503	(Is your wife (partner)/Are any of your wives (partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? WIFE(WIVES)/PARTNER(S) PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 COUPLE CAN'T GET PREGNANT ... 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 508
505	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT <input type="checkbox"/> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 COUPLE CAN'T GET PREGNANT 994 OTHER 996 DON'T KNOW 998	→ 508
507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER 996 DON'T KNOW 998	
508	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96	→ 601A → 601A
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	CHECK 102D: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>		601
601B	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE _____ DATE _____ RESPONDENT AGREES <input type="checkbox"/> RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT. RESPONDENT DOES NOT AGREE <input type="checkbox"/> RECORD 9994.	BLOOD PRESSURE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REASON BLOOD PRESSURE NOT MEASURED REFUSED 9994 TECHNICAL PROBLEMS ... 9995 OTHER 9996	
601	Have you done any work in the last seven days?	YES 1 NO 2	604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	604
603	Have you done any work in the last 12 months?	YES 1 NO 2	613
603A	During the last 12 months, how many months did you work?	NUMBER OF MONTHS WORKED <input type="text"/> <input type="text"/>	
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
605	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
607	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
608	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4																																				
610	CHECK 407: ONE OR MORE <input type="checkbox"/> WIVES/PARTNERS ↓ QUESTION <input type="checkbox"/> NOT ASKED →		613																																			
611	CHECK 609: CODE 1 OR 2 <input type="checkbox"/> CIRCLED ↓ OTHER <input type="checkbox"/> →		613																																			
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT 1 WIFE(WIVES)/PARTNER(S) 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY 3 OTHER 6																																				
613	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally: a) making major household purchases? b) making purchases for daily household needs? c) deciding about visits to the wife's family or relatives? d) deciding what to do with the money she earns for her work? e) deciding how many children to have? f) deciding on using contraception?	<table border="1"> <thead> <tr> <th></th> <th>HUS- BAND</th> <th>WIFE</th> <th>BOTH EQUALLY</th> <th>DON'T KNOW/ DEPENDS</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> <tr> <td>f)</td> <td>1</td> <td>2</td> <td>3</td> <td>8</td> </tr> </tbody> </table>		HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	a)	1	2	3	8	b)	1	2	3	8	c)	1	2	3	8	d)	1	2	3	8	e)	1	2	3	8	f)	1	2	3	8	
	HUS- BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS																																		
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c)	1	2	3	8																																		
d)	1	2	3	8																																		
e)	1	2	3	8																																		
f)	1	2	3	8																																		
613A	Who usually makes decisions about health care for yourself: you, your wife/partner, you and your wife/partner jointly, or someone else?	RESPONDENT =1 WIFE(WIVES)/PARTNER(S) = 2 RESPONDENT & WIFE/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6																																				
613B	Who usually makes decisions about making major household purchases?	1 2 3 4 6																																				
613C	Do you personally own this or any other house?	YES 1 NO 2	→ 613E																																			
613D	Do you own this or any other house either alone or jointly with someone else?	ALONE 1 JOINTLY WITH WIFE 2 JOINTLY WITH SOMEONE 3 BOTH ALONE AND JOINTLY 4																																				
613E	Do you personally own any land?	YES 1 NO 2	→ 614																																			
613F	Do you own the land either alone or jointly with someone else?	ALONE 1 JOINTLY WITH WIFE 2 JOINTLY WITH SOMEONE 3 BOTH ALONE AND JOINTLY 4																																				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	<p>I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.</p> <p>a) Childbearing is a woman's concern and there is no need for the father to get involved.</p> <p>b) Assistance from a doctor or nurse to a woman at delivery is crucial for the mother's and child's health.</p>	<p style="text-align: right;">DIS- AGREE AGREE DK</p> <p>CHILDBEARING WOMAN'S CONCERN 1 2 8</p> <p>DOCTOR/NURSE'S ASSISTANCE CRUCIAL 1 2 8</p>	
615	<p>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:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p> <p>If she is unfaithful and has sex with other men?</p>	<p style="text-align: right;">YES NO DK</p> <p>GOES OUT 1 2 8</p> <p>NEGL. CHILDREN . . . 1 2 8</p> <p>ARGUES 1 2 8</p> <p>REFUSES SEX 1 2 8</p> <p>BURNS FOOD 1 2 8</p> <p>UNFAITHFUL 1 2 8</p>	
616	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>Get angry and reprimand her?</p> <p>Refuse to give her money or other means of support?</p> <p>Use force and have sex with her even if she doesn't want to?</p> <p>Go ahead and have sex with another woman?</p>	<p style="text-align: right;">YES NO DK/DE- PENDS</p> <p>ANGRY AND REPRIMAND . . . 1 2 8</p> <p>REFUSE SUPPORT 1 2 8</p> <p>FORCED SEX 1 2 8</p> <p>HAVE SEX WITH ANOTHER WOMAN 1 2 8</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 733																
702	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8																	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
708	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
709	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>DURING PREG.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	DURING PREG.	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
DURING PREG.	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING ...	1	2	8																
710	CHECK 709: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 712																
711	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
712	Have you heard about special antiretroviral drugs (ART) that people infected with the AIDS virus can get from a doctor or a nurse to help them live longer?	YES 1 NO 2 DON'T KNOW 8																	
712A	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
713	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 718																
714	When was the last time you were tested?	LESS THAN 12 MONTHS AGO 1 12 - 23 MONTHS AGO 2 2 OR MORE YEARS AGO 3																	
715	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST 1 OFFERED AND ACCEPTED 2 REQUIRED 3																	
716	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>LPPA 22</p> <p>PHARMACY 23</p> <p>PVT DOCTOR 24</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>COMMUNITY HEALTH WORKER/SUPPORT GROUPS 41</p> <p>OTHER 96</p>	<p>→ 720</p>
718	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 720</p>
719	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>OTHER PUBLIC SECTOR C</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC D</p> <p>LPPA E</p> <p>PHARMACY F</p> <p>PVT DOCTOR G</p> <p>OTHER PRIVATE MEDICAL SECTOR H</p> <p>CHAL</p> <p>CHAL HOSPITAL I</p> <p>CHAL HEALTH CENTER J</p> <p>COMMUNITY HEALTH WORKER/SUPPORT GROUPS K</p> <p>OTHER X</p>	
720	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
721	<p>If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
722	<p>If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
723	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
723A	<p>In your opinion, if a male teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	Do you personally know someone who has been denied health services in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2 DK ANYONE WITH AIDS 3	→ 729
725	Do you personally know someone who has been denied involvement in social events, religious services, or community events in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
726	Do you personally know someone who has been verbally abused or teased in the last 12 months because he or she has or is suspected to have the AIDS virus?	YES 1 NO 2	
729	Do you agree or disagree with the following statement: People with the AIDS virus should be ashamed of themselves.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
730	Do you agree or disagree with the following statement: People with the AIDS virus should be blamed for bringing the disease into the community.	AGREE 1 DISAGREE 2 DON'T KNOW/NO OPINION 8	
731	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
733	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
734	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 742
735	CHECK 733: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 737
736	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
737	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
738	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
739	CHECK 736, 737, AND 738: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 742
740	The last time you had (PROBLEM FROM 736/737/738), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 742
741	Where did you go? Any other place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B FAMILY PLANNING CLINIC C OTHER PUBLIC SECTOR D PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY F PRIVATE DOCTOR G OTHER PRIVATE MEDICAL SECTOR H CHAL CHAL HOSPITAL I CHAL HEALTH CENTER J COMMUNITY HEALTH WORKER/ SUPPORT GROUPS L OTHER SOURCE SHOP M CHURCH N FRIEND/RELATIVE O TRADITIONAL HEALER P OTHER X	
741A	When you had (PROBLEM FROM 736/737/738), did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED ... 3	→ 742
741B	When you had (PROBLEM FROM 736/737/738), did you inform your sexual aptner(s) about it?	YES 1 SOME/NOT ALL 2 NO 3 DID NOT HAVE A PARTNER 4	→ 742
741C	What did you do to avoid infecting your partners? Did you Use medicine? Stop having sex? Use a condom when having sex?	YES NO USE MEDICINE 1 2 STOP SEX 1 2 USE CONDOM 1 2	
742	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in refusing to have sex with him?	YES 1 NO 2 DON'T KNOW 8	
743	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
744	Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood?	YES 1 NO 2 DON'T KNOW 8	
745	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
801A	<p>Now I would like to ask you about something else.</p> <p>Since age 15, have you ever had the following symptoms:</p> <p>Cough for two weeks or more? Fever for two weeks or more? Chest or back pain? Coughing up blood? Sweating at night?</p>	<table> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>COUGH 2+ WEEKS</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>FEVER 2+ MORE</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>CHEST/BACK PAIN</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>BLOOD IN SPUTUM</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>NIGHT SWEATING</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	COUGH 2+ WEEKS	1	2	FEVER 2+ MORE	1	2	CHEST/BACK PAIN	1	2	BLOOD IN SPUTUM	1	2	NIGHT SWEATING	1	2	
	YES	NO																			
COUGH 2+ WEEKS	1	2																			
FEVER 2+ MORE	1	2																			
CHEST/BACK PAIN	1	2																			
BLOOD IN SPUTUM	1	2																			
NIGHT SWEATING	1	2																			
801B	<p>CHECK 801A:</p> <p align="center"> AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> YES' YES' </p> <p align="right">→ 802</p>																				
801C	<p>Did you seek consultation or treatment for the symptoms?</p>	<p>YES 1</p> <p>NO 2</p>	→ 801E																		
801D	<p>What is the main reason you did not seek treatment for the symptoms?</p>	<p>SYMPTOMS HARMLESS 1</p> <p>COST 2</p> <p>DISTANCE 3</p> <p>EMBARASSED 4</p> <p>LONG QUEUE 5</p> <p>OTHER 6</p>	→ 802																		
801E	<p>The last time you had such symptoms, where did you first go for advice or treatment?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE.</p> <p align="center">_____</p> <p align="center">(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PVT DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIENDS/RELATIVES 53</p> <p>TRADITIONAL HEALER 54</p> <p>OTHER 96</p>																			
801F	<p>How soon after the symptom(s) did you first seek consultation or treatment?</p>	<p>DAYS 1</p> <p>WEEKS 2</p> <p>MONTHS 3</p> <p>DON'T KNOW 998</p>																			
801G	<p>During that first visit, were you told by a doctor or a nurse health professional that you had tuberculosis?</p>	<p>YES 1</p> <p>NO 2</p>	→ 802																		
801H	<p>Were you given any medicine to treat TB?</p>	<p>YES 1</p> <p>NO 2</p>	→ 802																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801I	How long were you told to take the medicine?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DK/DON'T REMEMBER 9998	
801J	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES 1 NO 2	→ 802
801K	Where did you go? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 OTHER PUBLIC SECTOR ... 13 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 PHARMACY 22 PVT DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 COMMUNITY HEALTH WORKER/ SUPPORT GROUPS 41 OTHER SOURCE SHOP 51 CHURCH 52 FRIENDS/RELATIVES 53 TRADITIONAL HEALER 54 OTHER 96	
802	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 805
802A	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X DON'T KNOW Z	
803	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
804A	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
804B	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHT SWEATING G PAIN IN CHEST OR BACK H TIREDNESS/FATIGUE I WEIGHT LOSS J OTHER X NO SYMPTOMS Y DON'T KNOW Z	
804C	<p>What do you think is the cause of tuberculosis?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED.</p>	MICROBES/GERMS/BACTERIA ... A INHERITED B LIFESTYLE C SMOKING D ALCOHOL DRINKING E EXPOSURE TO COLD TEMP..... F DUST/POLLUTION G OTHER X DON'T KNOW Z	
805	<p>Some men are circumcised. Are you circumcised?</p>	YES 1 NO 2	→ 806
805 A	<p>How old were you when circumcision occurred?</p>	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (< 5 YEARS) 96 DON'T KNOW 98	
805B	<p>Who did the circumcision?</p>	TRADITIONAL PRACTITIONER/ FAMILY/FRIENDS 1 HEALTH PROFESSIONAL 2 OTHER 3 DON'T KNOW 8	
805C	<p>Where did you go to be circumcised?</p>	HEALTH FACILITY 1 HOME OF A HEALTH WORKER ... 2 INITIATION SCHOOL 3 OTHER 4 DON'T KNOW 8	
806	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 810
807	<p>Among these injections, how many were administered by a doctor, a nurse, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 810

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
808	<p>The last time you had an injection given to you by a health worker, where did you go to get the injection?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>OTHER PUBLIC SECTOR 13</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PVT DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>OTHER 96</p>	
810	Do you currently smoke cigarettes?	<p>YES 1</p> <p>NO 2</p>	→ 813A
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
812	Do you currently smoke or use any other type of tobacco?	<p>YES 1</p> <p>NO 2</p>	→ 813A
813	<p>What (other) type of tobacco do you currently smoke or use?</p> <p>RECORD ALL MENTIONED.</p>	<p>PIPE A</p> <p>CHEWING TOBACCO B</p> <p>SNUFF C</p> <p>OTHER X</p>	
813A	Have you ever drunk an alcohol-containing beverage?	<p>YES 1</p> <p>NO 2</p>	→ 813F
813B	<p>In the last 3 months, on how many days did you drink an alcohol-containing beverage?</p> <p>IF EVERY DAY, RECORD '90'.</p>	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	
813C	Have you ever gotten drunk from drinking an alcohol-containing beverage?	<p>YES 1</p> <p>NO 2</p>	→ 813F
813D	<p>CHECK 813B:</p> <p>DRANK ALCOHOL ON <input type="checkbox"/> AT LEAST ONE DAY</p> <p>NONE <input type="checkbox"/></p>		→ 813F
813E	In the last 3 months, on how many occasions did you get drunk?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	
813F	<p>Now I want to talk about diabetes.</p> <p>Have you ever heard of an illness called diabetes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 813J
813G	Have you ever been told by a doctor that you have diabetes?	<p>YES 1</p> <p>NO 2</p>	→ 813J

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
813H	Are you taking medications for diabetes?	YES 1 NO 2																																	
813I	How do you take the medicine?	INJECTED 1 ORALLY 2																																	
813J	Now I want to talk about blood pressure. Before thios survey, has your blood pressure ever been checked?	YES 1 NO 2	→ 814																																
813K	Who took your blood pressure?	DOCTOR 1 NURSE 2 OTHER 6 DON'T KNOW 8																																	
813L	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 4 DON'T KNOW 8																																	
813M	Have you ever been told by a doctor or a nurse that you have high blood pressure?	YES 1 NO 2	→ 814																																
813N	To lower your blood pressure, are you now: a. taking prescribed medicine? b. controlling your weight or losing weight? c. cutting down on salt in your diet? d. exercising? e. cutting down on alcohol consumption? f. stopping smoking? g. taking traditional medicine/herbs	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>TAKE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CONTROL WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN SALT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>EXERCISE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>CUT DOWN ALCOHOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>STOP SMOKING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>TRAD. MED./HERBS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		YES	NO	N/A	TAKE MEDICINE	1	2	3	CONTROL WEIGHT	1	2	3	CUT DOWN SALT	1	2	3	EXERCISE	1	2	3	CUT DOWN ALCOHOL	1	2	3	STOP SMOKING	1	2	3	TRAD. MED./HERBS	1	2	3	
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TRAD. MED./HERBS	1	2	3																																
814	Are you covered by any health insurance?	YES 1 NO 2	→ 816																																
815	What type of health insurance? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. C OTHER X																																	
816	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-17 OTHER <input type="checkbox"/>		→ 818																																
817	Now I would like to ask you about your own child(ren) who (is/are) under the age of 18. Have you made arrangements for someone to care for (him/her/them) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8																																	
818	(Besides your own child/children), are you the primary caregiver for any children under the age of 18?	YES 1 NO 2	→ 901																																
819	Have you made arrangements for someone to care for (this child/these children) in the event that you fall sick or are unable to care for (him/her/them)?	YES 1 NO 2 UNSURE 8																																	

9. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
901	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		913												
902	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2													
903	In what month and year was (NAME OF CHILD) born?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>													
904	Is (NAME OF CHILD) still living?	YES 1 NO . AI117. AI117. AI117. AI117 2 DON'T KNOW 8	→ 906 → 906												
905	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 MONTHS 2 YEARS 3 DONT KNOW 998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												
906	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE RECORD '00' NAME OF CHILD'S MOTHER _____	LINE NUMBER IN HOUSEHOLD QUESTIONNAIRE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>													
907	CHECK 903: LAST CHILD BORN IN 2004 OR LATER <input type="checkbox"/> LAST CHILD BORN IN 2003 OR EARLIER <input type="checkbox"/>		913												
908	What is your relationship with (NAME OF CHILD'S MOTHER)?	CURRENT SPOUSE 1 FORMER SPOUSE 2 CURRENT LIVE-IN PARTNER 3 FORMER LIVE-IN PARTNER 4 REGULAR SEXUAL PARTNER 5 WOMAN IS GIRLFRIEND/FIANCÉE ... 6 OCCASIONAL SEXUAL PARTNER ... 7 FRIEND/ACQUAINTANCE 8													

909	ASK QUESTIONS 910-912 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH.			
		PREGNANCY	DELIVERY	SIX WEEKS AFTER DELIVERF
910	Now, think back to the time when (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD).	<p>910A: Did (NAME OF CHILD'S MOTHER) receive any antenatal care from a doctor or any health care provider when she was pregnant with (NAME OF CHILD)?</p> <p>YES 1 NO 2 (SKIP TO 912) ← DK 8 GO TO 910B ← IN NEXT COLUMN</p>	<p>910B: Did a doctor or any health care provider assist with the delivery of (NAME OF CHILD)?</p> <p>YES 1 NO 2 (SKIP TO 912) ← DK 8 GO TO 910C ← IN NEXT COLUMN</p>	<p>910C: Did (NAME OF CHILD'S MOTHER) receive any care for herself from a doctor or any health care provider during the six weeks after this delivery?</p> <p>YES 1 NO 2 (SKIP TO 912) ← DK 8 GO TO 913 ←</p>
911	Who mainly provided the money or goods or services to pay for this care?	<p>FREE 01 INSURANCE ... 02 RESPONDENT ... 03 CHILD'S MOTHER RESPONDENT 04 AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 08 GO TO 910B IN NEXT COLUMN</p>	<p>FREE 01 INSURANCE ... 02 RESPONDENT ... 03 CHILD'S MOTHER RESPONDENT 04 AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 08 GO TO 910C IN NEXT COLUMN</p>	<p>FREE 01 INSURANCE ... 02 RESPONDENT ... 03 CHILD'S MOTHER RESPONDENT 04 AND CHILD'S MOTHER 05 RESPONDENT'S FAMILY 06 CHILD'S MOTHER'S FAMILY 07 OTHER 08 SKIP TO 913</p>
912	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/ delivery/the six weeks after delivery)?	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY ... 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 08 GO TO 910B ← IN NEXT COLUMN</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY ... 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 08 GO TO 910C ← IN NEXT COLUMN</p>	<p>NOT NECESSARY 01 NOT CUSTOMARY 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY ... 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 08</p>
913	CHECK 601B: AGREED TO MEASUREMENT <input type="checkbox"/> DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>			915
914	<p>May I measure your blood pressure at this time?</p> <p>INTERVIEWER SIGNATURE _____ DATE _____</p> <p>RESPONDENT AGREES <input type="checkbox"/> RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT.</p> <p>RESPONDENT DOES NOT AGREE <input type="checkbox"/> RECORD 9994.</p>	<p>BLOOD PRESSURE</p> <p>SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REASON BLOOD PRESSURE NOT MEASURED</p> <p>REFUSED 9994 TECHNICAL PROBLEMS 9995 OTHER 9996</p>		
915	RECORD THE TIME.	<p>HOUR <input type="text"/> <input type="text"/></p> <p>MINUTES <input type="text"/> <input type="text"/></p>		

SECTION 10. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
1001	CHECK Q601B AND Q914: SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q601B AND Q914	SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH IN BOTH Q601B AND Q914 <input type="checkbox"/>	→ 1007	
1002	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q455 AND Q914.			
1003	BLOOD PRESSURE MEASUREMENTS FROM Q601B	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1004	BLOOD PRESSURE MEASUREMENTS FROM Q914	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1005	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1006	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY THE SUM IN Q1005 BY 2.	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	→ 1011
1007	CHECK Q914: SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q914	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q914 <input type="checkbox"/>		→ 1010
1008	CHECK Q601B: SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q601B	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE RECORDED IN Q601B <input type="checkbox"/>		→ 1010
1009	CHECK Q102D: SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE RECORDED IN Q102D	BOTH SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE <u>NOT</u> RECORDED IN Q102D <input type="checkbox"/>		→ 1013
1010	RECORD THE SYSTOLIC AND DIASTOLIC PRESUSRE.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	

1011

USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE **ROW** IN WHICH THE VALUE FOR THE **SYSTOLIC** BLOOD PRESSURE FROM Q1006 OR Q1010 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q1006 OR Q1010 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q1012.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100-109	110-119	> 120
<130	1	2	3	4	5	6
130-139	2	2	3	4	5	6
140-159	3	3	3	4	5	6
160-179	4	4	4	4	5	6
180-209	5	5	5	5	5	6
≥ 210	6	6	6	6	6	6

1012

RECORD THE NUMBER YOU CIRCLED IN Q1011 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE/SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE <u>WITHIN</u> :
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVE NORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	7 DAYS
6	EXTREMELY HIGH	TODAY

1013

CHECK THAT THE HOUSEHOLD HAS RECEIVED A BROCHURE ON BLOOD PRESSURE.

THANK THE RESPONDENT AND ADVISE THAT THE RESPONDENT OR OTHER MEMBERS OF THE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERVIEWS OR OTHER SURVEY ACTIVITIES IN THE FUTURE.

Thank you for taking the time to answer these questions.

We may return to interview you or other members of your household again or to ask you to participate in other survey activities in the future. We hope that you will agree at that time.