

**ALBANIA DEMOGRAPHIC AND HEALTH SURVEY
2017
MAN 15 - 59 QUESTIONNAIRE**

NATIONAL INSTITUTE OF STATISTICS (INSTAT) AND INSTITUTE FOR PUBLIC HEALTH (IPH)

IDENTIFICATION														
PLACE NAME _____														
NAME OF HOUSEHOLD HEAD _____														
PREFECTURE				<table border="1" style="width: 100px; height: 100px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>										
PSU NUMBER														
HOUSEHOLD NUMBER														
NAME AND LINE NUMBER OF MAN _____														
INTERVIEWER VISITS														
	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> </table>										
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
RESULT*	_____	_____	_____	YEAR <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
NEXT VISIT: DATE	_____	_____		INT. N° <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
TIME	_____	_____		RESULT* <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td></tr> </table>										
				TOTAL NUMBER OF VISITS <table border="1" style="width: 50px; height: 20px; border-collapse: collapse;"> <tr><td> </td></tr> </table>										
<p>*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ SPECIFY 3 POSTPONED 6 INCAPACITATED</p>														
SUPERVISOR														
_____				<table border="1" style="width: 60px; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>										
NAME				NUMBER										

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Institute of Statistics and the Institute for Public Health. We are conducting a national survey that asks women and men about various health issues. We would very much appreciate your participation in this survey. As part of this survey, we are asking people throughout the country to have their blood pressure read. This information will help the government to plan health services. The survey usually takes between 30 and 60 minutes to complete. During the interview, I would like to measure your blood pressure. This will be done three times. This is a harmless procedure although you may feel a slight discomfort when the blood pressure cuff is applied to your arm. Your answers to the questions and the blood pressure measurements will be kept strictly confidential and will not be shared with anyone other than members of our survey team. 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; you can choose not to have your blood pressure taken; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. The results of this blood pressure measurement will be given to you orally and in writing after the interview with an explanation of the meaning of your blood pressure numbers. Elevated blood pressure is dangerous to your health, and it is important to know your numbers. Although we will give you the results of this test, we cannot provide you with any counseling, further testing or treatment if your blood pressure is elevated. At this time, do you want to ask me anything about the survey? May we take your blood pressure? May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END
 ↓
 RESPONDENT AGREES TO BLOOD PRESSURE 1 RESPONDENT DOES NOT AGREE TO BLOOD PRESURE 2

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
101A	CHECK CONSENT STATEMENT: RESPONDENT AGREES TO BLOOD PRESSURE YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 102								
101B	Before taking your blood pressure, I will ask a few questions about things that may affect these measurements. When is the last time: You had something to eat? You had coffee, tea, cola or other drink with caffeine? You smoked any tobacco product?	LESS THAN 30 MINUTES AGO 30 OR MORE MINUTES AGO EAT 1 2 CAFFEINE 1 2 TOBACCO 1 2									
101C	May I measure your blood pressure at this time? MEASURE BLOOD PRESSURE ON RIGHT ARM AND RECORD RESULTS	SYSTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> DIASTOLIC <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> REFUSED 994 BLOOD PRESSURE NOT MEASURED DUE TO TECHNICAL PROBLEMS 995 OTHER 996 (SPECIFY)									
102	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ALWAYS 95 VISITOR 96			→ 105						
103	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3									

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	Before you moved here, which district did you move from?	BERAT 01 BULQIZË 02 DELVINË 03 DEVOLL 04 DIBËR 05 DURRËS 06 ELBASAN 07 FIER 08 GJIROKASTËR 09 GRAMSH 10 HAS 11 KAVAJË 12 KOLONJË 13 KORÇË 14 KRUIË 15 KUÇOVË 16 KUKËS 17 KURBIN 18 LEZHË 19 LIBRAZHD 20 LUSHNJË 21 MALËSI E MADHE 22 MALLAKASTËR 23 MAT 24 MIRDITË 25 PEQIN 26 PËRMET 27 POGRADEC 28 PUKË 29 SARANDË 30 SHKODËR 31 SKRAPAR 32 TEPELENË 33 TIRANA 34 TROPOJË 35 VLORË 36 OUTSIDE ALBANIA 96	
105	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	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 111
108	What is the highest level of school you attended primary 4-year, 8-year, generic secondary, professional, technical, university, post university-graduate?	PRIMARY 4 YEAR 1 PRIMARY 8 YEAR 2 GENERIC SECONDARY 3 PROFESSIONAL 4 TECHNICAL 5 UNIVERSITY 6 POST UNIVERSITY / GRADUATE 7	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	What is the highest class you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	CLASS <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY OR <input type="checkbox"/> SECONDARY ↓	HIGHER <input type="checkbox"/> → 113	→ 113
111	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 PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
112	CHECK 111: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> → 114	→ 114
113	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
114	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
115	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you have a mobile telephone?	YES 1 NO 2	→ 118
118	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	
119	Do you use the internet at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	→ 121
120	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 122
121	What is your main source of information for issues related to health? IF MORE THAN A SOURCE IS MENTIONNED PROBE TO DETERMINE THE ONE USED MOST OFTEN	NEWSPAPERS 01 RADIO 02 TELEVISION 03 INTERNET / SOCIAL MEDIA 04 HEALTH PROVIDERS 05 SCHOOLS 06 FRIENDS / RELATIVES 07 OTHER 08 (SPECIFY)	
122	What is your religion?	MUSLIM 1 ORTHODOX 2 CATHOLIC 3 BEKTASHI 4 OTHER 5 (SPECIFY) ATHEIST 6	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	To what ethnic group do you belong?	ALBANIAN 01 EGYPTIAN 02 GREEK 03 MACEDONIAN 04 MONTENEGRIN 05 ROMA 06 VLACH 07 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	#REF!	YES 1 NO 2 DON'T KNOW 8	→ 206
202	#REF!	YES 1 NO 2	→ 204
203	a) #REF! b) #REF! IF NONE, RECORD '00'.	a) SONS AT HOME <input type="text"/> <input type="text"/> b) DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	#REF!	YES 1 NO 2	→ 206
205	a) #REF! b) #REF! IF NONE, RECORD '00'.	a) SONS ELSEWHERE <input type="text"/> <input type="text"/> b) DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	#REF!	YES 1 NO 2 DON'T KNOW 8	→ 208
207	a) #REF! b) #REF! IF NONE, RECORD '00'.	a) BOYS DEAD <input type="text"/> <input type="text"/> b) GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/> <input type="text"/>	
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> </div>		→ 211 → 301
210	#REF!	YES 1 NO 2	
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> a) #REF! b) #REF!	AGE IN YEARS <input type="text"/> <input type="text"/>	
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE LIVING CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> </div> </div>		→ 301

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD <input type="checkbox"/> a) #REF! ONLY ONE LIVING CHILD <input type="checkbox"/> b) #REF!	AGE IN YEARS <input type="text"/> <input type="text"/>	
214	CHECK 213: (YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/> (YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/>	→ 301	
215	CHECK 203 AND 205: MORE THAN ONE LIVING CHILD <input type="checkbox"/> a) #REF! ONLY ONE LIVING CHILD <input type="checkbox"/> b) #REF!	_____ (NAME OF (YOUNGEST) CHILD)	
216	#REF!	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 218
217	#REF!	PRESENT 1 NOT PRESENT 2	
218	#REF!	HOSPITAL / HEALTH FACILITY 1 OTHER 2	
219	#REF!	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. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more	YES 1 NO 2	
04	Injectables. PROBE: 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. PROBE: Women can have one or more 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. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2	
09	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	Lactational Amenorrhea Method (LAM). PROBE: Up to six months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2	
11	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
12	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone?	<table> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	
	YES	NO																
a) RADIO	1	2																
b) TELEVISION	1	2																
c) NEWSPAPER OR MAGAZINE	1	2																
d) MOBILE PHONE	1	2																
303	In the last few months, have you discussed family planning with a health worker or health professional?	<table> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2												
YES	1																	
NO	2																	
304	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 when she has sexual relations?	<table> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→ 306									
YES	1																	
NO	2																	
DON'T KNOW	8																	
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<table> <tr> <td>JUST BEFORE HER PERIOD BEGINS!</td> <td align="right">1</td> </tr> <tr> <td>DURING HER PERIOD</td> <td align="right">2</td> </tr> <tr> <td>RIGHT AFTER HER PERIOD HAS ENDED</td> <td align="right">3</td> </tr> <tr> <td>HALFWAY BETWEEN TWO PERIOD</td> <td align="right">4</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	JUST BEFORE HER PERIOD BEGINS!	1	DURING HER PERIOD	2	RIGHT AFTER HER PERIOD HAS ENDED	3	HALFWAY BETWEEN TWO PERIOD	4	OTHER _____	6	(SPECIFY)		DON'T KNOW	8		
JUST BEFORE HER PERIOD BEGINS!	1																	
DURING HER PERIOD	2																	
RIGHT AFTER HER PERIOD HAS ENDED	3																	
HALFWAY BETWEEN TWO PERIOD	4																	
OTHER _____	6																	
(SPECIFY)																		
DON'T KNOW	8																	
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	<table> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8										
YES	1																	
NO	2																	
DON'T KNOW	8																	
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's concern and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<table> <tr> <td></td> <td align="right">AGREE</td> <td align="right">DIS- AGREE</td> <td align="right">DK</td> </tr> <tr> <td>a) CONTRACEPTION WOMAN'S CONCERN</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) WOMEN MAY BECOME PROMISCUOUS</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		AGREE	DIS- AGREE	DK	a) CONTRACEPTION WOMAN'S CONCERN	1	2	8	b) WOMEN MAY BECOME PROMISCUOUS	1	2	8				
	AGREE	DIS- AGREE	DK															
a) CONTRACEPTION WOMAN'S CONCERN	1	2	8															
b) WOMEN MAY BECOME PROMISCUOUS	1	2	8															

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	→ 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	→ 412
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 409
404	Is your (wife / partner) living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
405	RECORD THE WIFE'S / PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
409	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
410	CHECK 409: MARRIED / LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> ↓ a) In what month and year did you start living with your (wife / partner)? MARRIED / LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> ↓ b) Now I would like to ask about your first (wife / partner). In what month and year did you start living with her?	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	→ 412
411	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
412	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
413	Now I would like to ask 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 SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/>	→ 731
414	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 416 → 427

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
415	When was the last time you had sexual intercourse with this person?		DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/>
416	The last time you had sexual intercourse with this person, was a condom used?	YES 1 NO 2 (SKIP TO 418) ←	YES 1 NO 2 (SKIP TO 418) ←	YES 1 NO 2 (SKIP TO 418) ←
417	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
418	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE .. 4 CLIENT/SEX WORKER .. 5 OTHER 6 (SPECIFY)
419	How long ago did you first have sexual intercourse with this person?	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>	DAYS AGO .. 1 <input type="text"/> <input type="text"/> WEEKS AGO .. 2 <input type="text"/> <input type="text"/> MONTHS AGO .. 3 <input type="text"/> <input type="text"/> YEARS AGO .. 4 <input type="text"/> <input type="text"/>
420	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, RECORD '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
421	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
422	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 415 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	YES 1 (GO BACK TO 415 IN NEXT COLUMN) ← NO 2 (SKIP TO 425) ←	
423	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 95 OR MORE, RECORD '95'.			NUMBER OF PARTNERS LAST 12 MONTHS .. <input type="text"/> <input type="text"/> DON'T KNOW 98

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 418 (ALL COLUMNS): AT LEAST ONE PARTNER <input type="checkbox"/> IS A SEX WORKER ↓	NO PARTNERS <input type="checkbox"/> ARE SEX WORKERS →	427
426	CHECK 418 AND 416 (ALL COLUMNS): CONDOM USED WITH <input type="checkbox"/> EVERY SEX WORKER →	OTHER <input type="checkbox"/> →	430 431
427	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 429
428	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 431
429	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 431
430	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	
431	In the past 12 months have you given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	→ 433
432	Have you ever given any gifts or other goods in order to have sex or to become sexually involved with anyone?	YES 1 NO 2	
433	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 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
434	CHECK 417: MOST RECENT PARTNER (FIRST COLUMN) CONDOM <input type="checkbox"/> USED ↓	NOT ASKED <input type="checkbox"/> → NO CONDOM <input type="checkbox"/> USED →	438 438
435	You told me that a condom was used the last time you had sex. What is the brand name of the condom used at that time? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	BUMPER 01 DUO 02 DUREX 03 FOR YOU 04 PLAYBOY 05 SICO 06 UNITY 07 VITALIS 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL / MATERNITY 11</p> <p>PUBLIC HEALTH CENTER 12</p> <p>WOMEN'S CONSULTING CENTRE /</p> <p>FAMILY PLANNING CLINIC 13</p> <p>HEALTH POST 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND / RELATIVE 33</p> <p>HUSBAND / PARTNER 34</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
437	<p>The last time you had sex did you or your partner use any method other than a condom to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 439</p> <p>→ 440</p>
438	<p>The last time you had sex did you or your partner use any method to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 440</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>LACTATIONAL AMENORRHEA METHOD J</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 501</p>
440	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
441	<p>CHECK 101A: RESPONDENT AGREES TO BLOOD PRESSURE</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>→ 501</p>
442	<p>May I measure your blood pressure again at this time?</p> <p>MEASURE BLOOD PRESSURE ON RIGHT ARM AND RECORD RESULTS</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>REFUSED 994</p> <p>BLOOD PRESSURE NOT MEASURED DUE TO TECHNICAL PROBLEMS 995</p> <p>OTHER _____ 996</p> <p align="center">(SPECIFY)</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) 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?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
515	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER . . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	→ 607
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ 	
605	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	
606	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	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 OTHER _____ 6 (SPECIFY)	
610	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/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY .. 3 SOMEONE ELSE 4 OTHER 6	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 615
613	Do you have a title deed for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615
614	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	
615	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	→ 618
616	Do you have a title deed for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 618
617	Is your name on the title deed?	YES 1 NO 2 DON'T KNOW 8	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		
	a) If she goes out without telling him?	YES NO DK a) GOES OUT 1 2 8	
	b) If she neglects the children?	b) NEGLECTS CHILDREN .. 1 2 8	
	c) If she argues with him?	c) ARGUES 1 2 8	
	d) If she refuses to have sex with him?	d) REFUSES SEX 1 2 8	
	e) If she burns the food?	e) BURNS FOOD 1 2 8	

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 HIV or AIDS?	YES 1 NO 2	→ 727																
702	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get HIV from shaking hands with or hugging a person infected with HIV?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
708	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) DURING PREGNANCY ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) DURING DELIVERY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) DURING PREGNANCY ..	1	2	8	b) DURING DELIVERY	1	2	8	c) BREASTFEEDING	1	2	8	
	YES	NO	DK																
a) DURING PREGNANCY ..	1	2	8																
b) DURING DELIVERY	1	2	8																
c) BREASTFEEDING	1	2	8																
709	CHECK 708: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST <input type="checkbox"/> ONE 'YES' ↓ </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> → 711 </div> </div>																		
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> TWO OR MORE YEARS 95																	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<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 SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL 11</p> <p>PUBLIC HEALTH CENTER / INSTITUTIO 12</p> <p>STAND ALONE VCT CENTER 13</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC / PRIVATE DOCTOR 21</p> <p>OTHER PRIVATE MEDICAL</p> <p>_____ 26</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 718</p>
716	<p>Do you know of a place where people can go to get an HIV test?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 718</p>
717	<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 SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p align="center">(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL A</p> <p>PUBLIC HEALTH CENTER / INSTITUTIO B</p> <p>STAND ALONE VCT CENTER C</p> <p>OTHER PUBLIC SECTOR D</p> <p>_____ E</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC / PRIVATE DOCTOR F</p> <p>OTHER PRIVATE MEDICAL G</p> <p>_____ H</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE H</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
718	<p>Have you heard of test kits people can use to test themselves for HIV?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 720</p>
719	<p>Have you ever tested yourself for HIV using a self-test kit?</p>	<p>YES 1</p> <p>NO 2</p>	
720	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>	
721	<p>Do you think children living with HIV should be allowed to attend school with children who do not have HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>	
722	<p>Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE/DEPENDS 8</p>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
723	Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	Do you agree or disagree with the following statement: I would be ashamed if someone in my family had HIV.	AGREE 1 DISAGREE 2 DON'T KNOW/NOT SURE/DEPENDS 8	
726	Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES 1 NO 2 SAYS HE HAS HIV 3 DON'T KNOW/NOT SURE/DEPENDS 8	
727	CHECK 701: HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ NOT HEARD ABOUT <input type="checkbox"/> HIV OR AIDS ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
728	CHECK 414: HAS HAD SEXUAL <input type="checkbox"/> INTERCOURSE ↓ NEVER HAD SEXUAL <input type="checkbox"/> INTERCOURSE →		736
729	CHECK 727: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> ↓ NO <input type="checkbox"/> →		731
730	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	
731	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	
732	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
733	CHECK 730, 731 AND 732: HAS HAD AN <input type="checkbox"/> INFECTION (ANY 'YES') ↓ HAS NOT HAD AN <input type="checkbox"/> INFECTION OR DOES NOT KNOW →		736
734	The last time you had (PROBLEM FROM 730/731/732), did you seek any kind of advice or treatment?	YES 1 NO 2	736

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	<p>Where did you go?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL A</p> <p>PUBLIC HEALTH CENTER / INSTITUTION B</p> <p>STAND ALONE VCT CENTER C</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC / PRIVATE DOCTOR G</p> <p>OTHER PRIVATE MEDICAL</p> <p>_____ J</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	
736	<p>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?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
737	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 803
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW / DON'T REMEMBER 98	
803	How is your health currently: very good, good, fair, poor, very poor?	VERY GOOD 1 GOOD 2 FAIR 3 POOR 4 VERY POOR 5	
804	Compared with 12 months ago, would you say that your health is now much better, somewhat better, about the same, somewhat worse, or much worse?	MUCH BETTER NOW 1 SOMEWHAT BETTER 2 ABOUT THE SAME 3 SOMEWHAT WORSE 4 MUCH WORSE NOW 5	
805	Do you suffer from a chronic illness that has lasted more than 3 months, including depression?	YES 1 NO 2	→ 807
806	What type of chronic illness do you have? RECORD ALL MENTIONED _____ IF UNABLE TO CLASSIFY THE DISEASE, WRITE THE DESCRIPTION AS EXPLAINED BY RESPONDENTS	ARTHRITIS A ASTHMA B AUTONOMIC DISREGULATION C BONE AND LIGAMENT DISEASES D BRONCHO-PNEUMONIA E CANCER F CHRONIC FATIGUE G CROHN'S DISEASE H DEPRESSION I DIABETES J DISEASES OF THE BLOOD (HEMOPHILIA, TALASEMIA, LEUKEMIA, ETC.) K EPILEPSY L HEART DISEASE M HYPERTENSION, HYPOTENSION N INFECTIOUS DISEASES O LUPUS P MULTIPLE SCLEROSIS Q PARKINSON'S DISEASE R PROBLEMS OF THE STOMACH (ULCERS, GASTRITIS, ETC.) S SCLERODERMA T SLEEP APNEA U THYROID PROBLEMS V URINARY INFECTIONS Y OTHER ILLNESS _____ X (SPECIFY)	
807	Do you suffer from a chronic disability?	YES 1 NO 2	→ 809
808	What type of chronic disability do you have? RECORD ALL MENTIONED	DEFORMITIES AT BIRTH A HEARING DISABILITIES B MANIPULATION DISABILITIES C MOBILITY PROBLEMS D POLIO E PROBLEMS OF SPEAKING F SEEING DISABILITIES G OTHER DISABILITY _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	During the last two weeks have you had any sudden illness or injury, such as flu, diarrhea, cuts, bone fracture, etc.?	YES 1 NO 2	→ 829
810	What was the most serious illness or injury that you had in the past two weeks? IF MORE THAN ONE, REFER TO THE MOST SERIOUS	BROKEN BONE 01 CUT 02 COLD / FLU 03 DIARRHEA 04 EAR / NOSE / THROAT 05 HEADACHES 06 HEART 07 KIDNEY PROBLEMS 08 LIVER PROBLEMS 09 LUNG 10 SEXUALLY TRANSMITTED INFECTION / DISEASE 12 SKIN ILLNESS 13 STOMACH PROBLEMS 14 OTHER TRAUMA 95 (SPECIFY) OTHER ILLNESS 96 (SPECIFY)	
811	Did you get medical treatment or advice when you were sick / injured at that time?	YES 1 NO 2	→ 829
812	Where did you go for treatment or advice?	PUBLIC SECTOR PUBLIC HOSPITAL 11 PUBLIC HEALTH CENTRE 12 HEALTH POST 13 POLYCLINIC 15 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 RECEIVED HOME VISIT 24 OTHER PRIVATE 26 (SPECIFY) OTHER 96 (SPECIFY) DON'T REMEMBER 98	
813	How did you get to that facility that time?	ON FOOT 1 BUS / MINI-BUS 2 TAXI 3 PRIVATE CAR 4 ANIMAL, CART 5 OTHER 6 (SPECIFY)	
814	How long did it take to get to the facility by that means of transport?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> 90 MINUTES OR MORE 90 DON'T KNOW / DON'T REMEMBER 998	
815	How would you rate the thoroughness and carefulness of the examination and treatment you received at that time: very good, good, fair, poor, very poor?	VERY GOOD 1 GOOD 2 FAIR 3 POOR 4 VERY POOR 5 UNSURE / NO OPINION 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816	CHECK 812 : PUBLIC SECTOR <input type="checkbox"/> (11-16)	OTHER FACILITY <input type="checkbox"/>	→ 829
817	The last time you visited (HEALTH FACILITY IN 808) did a health worker suggest you give him or her an informal payment for the consultation, visit, medical examination or other services?	YES 1 NO 2 REFUSE TO ANSWER 3 DON'T KNOW 8	→ 829
818	Did you receive an invoice for your payment?	YES 1 NO 2 REFUSE TO ANSWER 3 DON'T KNOW 8	
819	Did you receive any pharmaceutical drugs or medication as a result of (CONDITION DESCRIBED IN 806)?	YES 1 NO 2	→ 829
820	What medication did you get? IF RESPONDENT DOESN'T KNOW May I see it if you still have it?	_____ _____ <input type="checkbox"/> <input type="checkbox"/> _____ UNSURE / DON'T KNOW 98	
821	Did you receive this medication at the health facility or did buy it in a pharmacy?	RECEIVED IN HEALTH FACILITY 1 PURCHASED IN PHARMACY 2	→ 823
822	Did you present a prescription written by a doctor to purchased this medication?	YES 1 NO 2 DON'T KNOW 8	
823	How much did you pay for this medication? IF RESPONDENT DOESN'T RECALL EXACT AMOUNT, PROBE TO OBTAIN AN APPROXIMATE AMOUNT	LEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OBTAINED IT FOR FREE 00000 10,000 OR MORE 10000 DON'T KNOW / DON'T RECALL 99998	
824	Did you receive any other pharmaceutical drug or medication in addition to (DRUG MENTIONNED IN 816)?	YES 1 NO 2	→ 829
825	What medication did you get? IF RESPONDENT DOESN'T KNOW May I see it if you still have it?	_____ _____ <input type="checkbox"/> <input type="checkbox"/> _____ UNSURE / DON'T KNOW 98	
826	Did you receive this medication at the health facility or did buy it in a pharmacy?	RECEIVED IN HEALTH FACILITY 1 PURCHASED IN PHARMACY 2	→ 828
827	Did you present a prescription written by a doctor to purchased this medication?	YES 1 NO 2 DON'T KNOW 8	
828	How much did you pay for this medication? IF RESPONDENT DOESN'T RECALL EXACT AMOUNT, PROBE TO OBTAIN AN APPROXIMATE AMOUNT	LEK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OBTAINED IT FOR FREE 00000 10,000 OR MORE 10000 DON'T KNOW / DON'T RECALL 99998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
829	<p>We are interested in getting information on whether people pay for medical care or whether they get it for free from the public health system.</p> <p>In the last 12 months, have you ever directly paid for medical care, excluding drugs and dental care, that you could have obtained free of charge or at lower cost from the public health system?</p> <p>IF NO REGISTER "0" IF YES: How often did you pay directly?</p>	<p>NEVER 0</p> <p>RARELY 1</p> <p>OFTEN 2</p> <p>ALWAYS 3</p> <p>REFUSE TO ANSWER 4</p> <p>DON'T KNOW 8</p>	<p>→ 832</p> <p>→ 832</p>
830	<p>The last time you paid directly for medical care, what was the main reason you decided to pay?</p>	<p>HAD NO OTHER ALTERNATIVE FOR THE SERVICES 1</p> <p>TO HAVE THE SERVICES AS QUICKLY AS POSSIBLE 2</p> <p>TO HAVE BETTER QUALITY SERVICES 3</p> <p>TO CHOOSE THE DOCTOR OR HEALTH FACILITY 4</p> <p>DID NOT KNOW HEALTH SERVICE COULD PROVIDE FOR FREE ... 5</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	
831	<p>Did you receive an invoice for your payment?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSE TO ANSWER 3</p> <p>DON'T KNOW 8</p>	
832	<p>During the last 12 months, have you ever deprived yourself of medical care because you could not pay for those services?</p> <p>IF NO REGISTER "0" IF YES: How often?</p>	<p>NEVER 0</p> <p>RARELY 1</p> <p>OFTEN 2</p> <p>DID NOT NEED MEDICAL SERVICES 3</p> <p>DON'T KNOW 8</p>	
833	<p>Do you believe that during the last 12 months your health has declined due to problems in paying for medical care?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 835</p>
834	<p>Did your health decline very much, some, or a little?</p>	<p>VERY MUCH 1</p> <p>SOME 2</p> <p>A LITTLE 3</p> <p>UNSURE / DON'T KNOW 8</p>	
835	<p>Now I would like to ask you about procedures that are used to screen for cancer or to prevent illnesses. Mammograms use X-rays to create a picture of the breast to detect cancer.</p> <p>Have you ever heard of a mammogram or breast cancer screening?</p>	<p>YES 1</p> <p>NO 2</p>	
836	<p>Another diagnostic procedure is a pap-smear, in which a doctor or nurse scrapes cells from inside the vagina for examination under a microscope. It is used to detect cancer and changes that may lead to cancer.</p> <p>Have you ever heard of a pap-smear?</p>	<p>YES 1</p> <p>NO 2</p>	
837	<p>Now I would like some questions about your mood and how you have felt about yourself during the past two weeks.</p> <p>In the past two weeks did you feel discouraged and sad never, some of the time, a lot of the time or all of the time?</p>	<p>NEVER 0</p> <p>SOME OF THE TIME 1</p> <p>A LOT OF THE TIME 2</p> <p>ALL OF THE TIME 3</p> <p>UNSURE / DON'T KNOW 8</p>	
838	<p>In the past two weeks did you feel depressed to the point that you didn't feel like doing the things you usually do, never, some of the time, a lot of the time or all of the time?</p>	<p>NEVER 0</p> <p>SOME OF THE TIME 1</p> <p>A LOT OF THE TIME 2</p> <p>ALL OF THE TIME 3</p> <p>UNSURE / DON'T KNOW 8</p>	
839	<p>Have you ever been told by a doctor or a health professional that you have depression?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 901</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
840	Has a doctor or health professional ever prescribed you a medication against depression?	YES 1 NO 2	→ 901
841	What medication did he / she prescribe? IF RESPONDENT DOESN'T KNOW May I see it if you still have it?	_____ _____ _____ UNSURE / DON'T KNOW 98	
842	Did a doctor or health professional prescribed any other medication in addition to (DRUG MENTIONNED IN 841)?	YES 1 NO 2	→ 901
843	What other medication did he or she prescribed? IF RESPONDENT DOESN'T KNOW May I see it if you still have it?	_____ _____ _____ UNSURE / DON'T KNOW 98	

SECTION 9. LIFESTYLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Do you currently smoke cigarettes?	YES 1 NO 2	→ 903
902	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
903	Do you currently smoke or use any other type of tobacco?	YES 1 NO 2	→ 908
904	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CIGARS B OTHER _____ X (SPECIFY)	
905	CHECK 901 AND 903 AT LEAST <input type="checkbox"/> ONE 'YES' ↓	BOTH 'NO' <input type="checkbox"/>	→ 908
906	At what age did you start smoking (or using other tobacco) regularly? IF AGE NOT KNOWN, PROBE FOR APPROXIMATE AGE.	AGE STARTED SMOKING ... <input type="text"/> <input type="text"/>	
907	Have you tried to stop smoking in the past 12 months?	YES 1 NO 2	
908	Do you believe that smoking causes serious health problems only minor health problems or no health problems at all?	SERIOUS HEALTH PROBLEMS 1 MINOR HEALTH PROBLEMS 2 NO HEALTH PROBLEMS AT ALL 3 DON'T KNOW / NO OPINION 8	↙ 910
909	In what ways do you believe smoking can cause health problems? PROBE: Any others? RECORD ALL MENTIONED.	ASTHMA A CHRONIC BRONCHITIS B COMPLICATIONS IN PREGNANCY ... C HEART DISEASE D IMPOTENCY IN MEN E LUNG CANCER F PROBLEMS IN THE VOCAL CHORDS OR LARYNX G STROKE H THROAT OR LARYNX CANCER I OTHER _____ X (SPECIFY) DON'T KNOW Z	
910	Did you any drink that contains alcohol such as beer, wine, raki, or other spirits in the last 12 months?	YES 1 NO 2	→ 913
911	In the last 12 months, how frequently have you had at least one drink?	5 OR MORE DAYS PER WEEK ... 1 1-4 DAYS PER WEEK 2 1-3 DAYS PER MONTH 3 LESS THAN ONCE A MONTH 4	
912	In the days that you do drink alcohol, how many drinks do you usually have on average?	DRINKS <input type="text"/> <input type="text"/> UNSURE / DON'T KNOW 98	
913	Do you drink sugary sodas or juices, such as Coca Cola, Fanta, Amita, Bravo, etc.?	YES 1 NO 2	→ 915
914	In the last seven days, how many glasses of these sodas or juices did you have, approximately?	7 OR MORE 1 5 OR 6 2 3 OR 4 3 1 OR 2 4 DON'T REMEMBER / UNSURE 8	
915	Now I would like to ask you about some foods that you had yesterday during the day or at night. I would like to know if you had these foods even if it was combined with other foods. How many servings of fruit did you have yesterday during the day or at night?	NUMBER OF SERVINGS <input type="text"/> <input type="text"/> NONE 00 DON'T KNOW / UNSURE 98	

916	How many servings of vegetables did you have yesterday during the day or at night?	NUMBER OF SERVINGS <input type="text"/> <input type="text"/> NONE 00 DON'T KNOW / UNSURE 98																
917	What type of oil or fat is most often used for cooking or baking in your household? IF MORE THAN ONE TYPE IS MENTIONED, PROBE TO DETERMINE WHAT TYPE IS USED MORE OFTEN	VEGETABLE OIL 1 LARD / SUET 2 BUTTER / GHEE 3 MARGARINE 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8																
918	Are salt or salty sauces such as ketchup, soy sauce or adjika used to prepare meals in your household always, sometimes, rarely or never?	ALWAYS 1 SOMETIMES 2 RARELY 3 NEVER 4 DON'T KNOW 8																
919	Yesterday during the day or at night, did you add salt or salty sauces such as ketchup, soy sauce or adjika to all, to some or to none of your meals?	ALL OF THE MEALS 1 SOME OF THE MEALS 2 NONE OF THE MEALS 3	→ 921															
920	When you added salt or salty sauces, did you add a little, a moderate amount or a lot of it?	A LITTLE 1 A MODERATE AMOUNT 2 A LOT 3																
921	Does the work that you do every day require a lot of physical activity, a little amount of physical activity or almost no physical activity?	A LOT OF PHYSICAL ACTIVITY 1 A LITTLE PHYSICAL ACTIVITY 2 NO PHYSICAL ACTIVITY 3 DON'T WORK 8	→ 924															
922	How do you usually go to work every day, walking, riding a bicycle or by other mean of transportation?	WALKING 1 RIDING BICYCLE 2 OTHER MEAN OF TRANSPORT 3	→ 924															
923	Normally how long does it take you to go to work (walking / bicycling) everyday? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE AMOUNT OF TIME	MINUTES <input type="text"/> <input type="text"/> 60 MINUTES OR MORE 60 DON'T KNOW / UNSURE 98																
924	In an usual week, do you do activities such as walking, bicycling, jogging or other things that increase your breathing and heart rate?	YES 1 NO 2																
925	On the days when you engage in these activities, how much time in total do you usually spend doing these activities? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE AMOUNT OF TIME	MINUTES <input type="text"/> <input type="text"/> 60 MINUTES OR MORE 60 DON'T KNOW / UNSURE 98																
926	How many days per week do you do these activities?	1 - 2 DAYS 1 3 - 4 DAYS 2 5 - 6 DAYS 3 EVERY DAY 4																
927	Have you ever been told by a doctor or other health professional that you have hypertension or high blood pressure?	YES 1 NO 2 DON'T KNOW / DON'T RECALL 8	→ 931															
928	Were you told by a doctor or other health professional that you had hypertension or high blood pressure only on one occasion or in more than one occasion?	ONLY ONE OCCASION 1 MORE THAN ONE OCCASION 2 DON'T RECALL 8																
929	Are you now taking any medication or doing something to lower your hypertension or blood pressure?	YES 1 NO 2 DON'T KNOW 8																
930	To lower your hypertension or high blood pressure, are you now: a. Controlling your weight or losing weight? b. Cutting down on salt in your diet? c. Exercising? d. Stopping smoking?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CONTROL WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>CUT DOWN SALT</td> <td>1</td> <td>2</td> </tr> <tr> <td>EXERCISE</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOP SMOKING</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CONTROL WEIGHT	1	2	CUT DOWN SALT	1	2	EXERCISE	1	2	STOP SMOKING	1	2	
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931	<p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, only a small problem or no problem at all?</p> <p>Getting permission to go? Getting money needed for treatment? The distance to the health facility? Having to take transport? Not wanting to go alone? Concern that there may not be a female health provider? Concern that there may not be any health provider? Concern that there may be no drugs available? Concern that there may be no supplies or equipment available?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">BIG PROBLEM</td> <td style="text-align: center;">SMALL PROBLEM</td> <td style="text-align: center;">NO PROBLEM</td> </tr> <tr> <td>PERMISSION TO GO</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>GETTING MONEY</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>DISTANCE</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>TAKING TRANSPORT</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>GO ALONE</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>NO FEMALE PROV.</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>NO PROVIDER</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>NO DRUGS</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>NO SUPPLIES/EQUIPM.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>		BIG PROBLEM	SMALL PROBLEM	NO PROBLEM	PERMISSION TO GO	1	2	3	GETTING MONEY	1	2	3	DISTANCE	1	2	3	TAKING TRANSPORT	1	2	3	GO ALONE	1	2	3	NO FEMALE PROV.	1	2	3	NO PROVIDER	1	2	3	NO DRUGS	1	2	3	NO SUPPLIES/EQUIPM.	1	2	3	
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932	Are you covered by any health insurance?	YES 1 NO 2	→ 934																																								
933	What type of health insurance? RECORD ALL MENTIONED. _____ IF UNSURE OF TYPE, WRITE THE NAME OF INSURANCE	STATE HEALTH INSURANCE A STATE SOCIAL INSURANCE B VOLUNTARY HEALTH INSURANCE C PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE. D OTHER _____ X (SPECIFY)																																									
934	CHECK 111X: HOUSEHOLD SELECTED FOR MALE SURVEY YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 939																																								
935	CHECK 101A: RESPONDENT AGREES TO BLOOD PRESSURE YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 939																																								
936	May I measure your blood pressure again at this time? MEASURE BLOOD PRESSURE ON RIGHT ARM AND RECORD RESULTS	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 BLOOD PRESSURE NOT MEASURED DUE TO TECHNICAL PROBLEMS 995 OTHER _____ 996 (SPECIFY)																																									
937	REGISTER THE MEAN VALUE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM 442 AND 936.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>																																									

938	BLOOD PRESSURE CHART CIRCLE AVERAGE VALUES FOR THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE IN THE TABLE ABOVE READ THE STATEMENTS BELOW, CORRESPONDING TO THE RESPONDENT'S BLOOD PRESSURE LEVEL <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">SYSTOLIC</th> <th style="text-align: center;">AND</th> <th style="text-align: left;">DIASTOLIC</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><120</td> <td></td> <td><80</td> <td>OPTIMAL</td> <td>1</td> <td rowspan="2">} → A</td> </tr> <tr> <td>120-129</td> <td>OR</td> <td>80-84</td> <td>NORMAL</td> <td>2</td> </tr> <tr> <td>130-139</td> <td>OR</td> <td>85-89</td> <td>PRE-HYPERTENSION / HIGH NORMAL</td> <td>3</td> <td>→ B</td> </tr> <tr> <td>140-159</td> <td>OR</td> <td>90-99</td> <td>STAGE 1 HYPERTENSION</td> <td>4</td> <td rowspan="2">} → C</td> </tr> <tr> <td>160-179</td> <td>OR</td> <td>100-109</td> <td>STAGE 2 HYPERTENSION</td> <td>5</td> </tr> <tr> <td>≥180</td> <td>OR</td> <td>≥110</td> <td>STAGE 3 HYPERTENSION</td> <td>6</td> <td>→ D</td> </tr> </tbody> </table>		SYSTOLIC	AND	DIASTOLIC				<120		<80	OPTIMAL	1	} → A	120-129	OR	80-84	NORMAL	2	130-139	OR	85-89	PRE-HYPERTENSION / HIGH NORMAL	3	→ B	140-159	OR	90-99	STAGE 1 HYPERTENSION	4	} → C	160-179	OR	100-109	STAGE 2 HYPERTENSION	5	≥180	OR	≥110	STAGE 3 HYPERTENSION	6	→ D
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A	Your blood pressure is normal.																																									
B	CHECK 1104, CODE N: THE RESPONDENT REPORTS SUFFERING FROM HYPERTENSION You have mentioned that you suffer from hypertension and our results indicate that your blood pressure is bit high at this moment . Make sure you take your medications as prescribed. Also, in cases like yours, it is recommended to exercise more, to reduce the amount of salt you take and to eat less foods that have high oil and	THE RESPONDENT DOES NOT REPORT SUFFERING FROM HYPERTENSION Your blood pressure is a bit high. In cases like yours, it is recommended to exercise more, to reduce the amount of salt you take and to eat less foods that have high oil and fat content.																																								
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939	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><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></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><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></tr></table>																																								

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

EDITOR'S OBSERVATIONS
