QUESTIONNAIRES

22 August 2014

2014 GHANA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

MINISTRY OF HEALTH, GHANA   GHANA STATISTICAL SERVICE

IDENTIFICATION

LOCALITY NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

STRUCTURE NUMBER . . . .

HOUSEHOLD NUMBER . . . .

REGION . . . .

DISTRICT . . . .

URBAN/RURAL (URBAN = 1; RURAL = 2) . . . .

NAME AND LINE NUMBER OF MAN _____

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ▢▢
				MONTH ▢▢
				YEAR 2 0 1 4
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER ▢▢
RESULT*	_____	_____	_____	RESULT ▢
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS ▢
TIME	_____	_____		

*RESULT CODES:
1 COMPLETED   4 REFUSED
2 NOT AT HOME   5 PARTLY COMPLETED   7 OTHER _____
3 POSTPONED   6 INCAPACITATED   (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: **1**   LANGUAGE OF INTERVIEW: ▢   LANGUAGE OF RESPONDENT: ▢   TRANSLATOR USED: (YES = 1, NO = 2) ▢

LANGUAGE OF QUESTIONNAIRE: **English**

LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6, OTHER = 7 (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____ ▢▢▢	DATE _____ ▢▢▢	▢▢	▢▢

<u>SECTION 1. RESPONDENT'S BACKGROUND</u>

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with Ghana Statistical Service and the Ministry of Health. We are conducting a survey about health all over Ghana. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you 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.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	
101A	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. 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. 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. 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. Would you allow me to proceed to take your blood pressure measurement at this time? Signature of interviewer: _____ Date: _____ RESPONDENT AGREES . . . . 1 RESPONDENT DOES NOT AGREE . . . . 2 → 102		
101B	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product? d) Conducted any vigorous physical activity or exercises?	YES NO EATEN . . . . 1 2 HAD CAFFEINATED DRINK . 1 2 SMOKED . . . . 1 2 EXERCISES 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	May I begin the process of measuring your blood pressure? 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.	ARM CIRCUMFERENCE (IN CENTIMETRES) . . . . ☐☐	
101D	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.	**MODEL 767** SMALL: 16 CM – 23 CM . . . . 1 MEDIUM: 24 CM – 35 CM . . . . 2 LARGE: 36 CM – 41 CM . . . . 3 **MODEL 789** EXTRA LARGE: 42 CM – 60 CM 4	
101E	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.102 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . .994 TECHNICAL PROBLEMS . . . . 995 OTHER 996	
102	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, middle/JSS/JHS, secondary/SSS/SHS, or higher?	PRIMARY . . . . 1 MIDDLE . . . . 2 JSS/JHS . . . . 3 SECONDARY . . . . 4 SSS/SHS . . . . 5 HIGHER 6	
106	What is the highest (grade) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . . . ☐☐	
106A	CHECK 103: AGE 24 OR YOUNGER ☐ AGE 25 OR OLDER ☐ ───────────→ ↓		107
106B	At what age did you enroll in primary school?	AGE IN COMPLETED YEARS ☐☐	
106C	Are you currently attending school at any level?	YES . . . . 1 NO 2	→ 107

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106D	Why did you stop attending school?	HAD TO WORK . . . . 01 MOVED . . . . 02 NO MONEY TO COVER COSTS . . . . . 03 HAD BAD GRADES . . . . 04 HEALTH REASONS . . . . 05 GOT MARRIED/ FAMILY REASONS . . 06 COMPLETED DESIRED LEVEL . . . . . 07 NO DESIRE TO CONTINUE . . . . 08 OTHER _____ 96 SPECIFY	
107	CHECK 105: PRIMARY/MIDDLE/ ☐ SECONDARY/ ☐ JSS/JHS ↓ SSS/SHS OR HIGHER ──────────→		110
108	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 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' CODE '1' OR '5' ☐ OR '4' ☐ CIRCLED ──────────→ CIRCLED ↓		111
110	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	
111	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	
112	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	
113	What is your religion?	CATHOLIC . . . . 01 ANGLICAN . . . . 02 METHODIST . . . . 03 PRESBYTERIAN . . . . 04 PENTECOSTAL/CHARISMATIC . . . . . 05 OTHER CHRISTIAN . . . . 06 ISLAM . . . . 07 TRADITIONAL/SPIRITUALIST . . . . 08 NO RELIGION . . . . 09 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	To which ethnic group do you belong?	AKAN . . . . 01 GA/DANGME . . . . 02 EWE . . . . 03 GUAN . . . . 04 MOLE-DAGBANI . . . . 05 GRUSSI . . . . 06 GRUMA . . . . 07 MANDE . . . . 08 OTHER _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES. . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . 1 NO 2	

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	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . ☐☐ DAUGHTERS AT HOME . . . . . ☐☐	
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	→ 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 . . . . ☐☐ DAUGHTERS ELSEWHERE . ☐☐	
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	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . ☐☐	
209	CHECK 208: HAS HAD MORE THAN ONE CHILD ☐↓ HAS HAD ONLY ONE CHILD ☐ HAS NOT HAD ANY CHILDREN ☐		→ 212 → 301
210	Did all of the children you have fathered have the same biological mother?	YES . . . . 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . ☐☐	
212	How old were you when your (first) child was born?	AGE IN YEARS . . . . ☐☐	
213	CHECK 203 AND 205: AT LEAST ONE LIVING CHILD ☐↓ NO LIVING CHILDREN ☐		→ 301
214	How old is your (youngest) child?	AGE IN YEARS . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD ☐ OTHER ☐ IS AGE 0-2 YEARS ↓		→ 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 FACILITY . . . . . . 1 OTHER 2	→ 220
219A	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COSTS TOO MUCH . . . . 01 FACILITY NOT OPEN . . . . 02 TOO FAR/NO TRANSPORTATION . . . . 03 DON'T TRUST FACILITY/POOR QUALITY SERVICE . . . . 04 NO FEMALE PROVIDER AT FACILITY . 05 NOT THE FIRST CHILD . . . . 06 CHILD'S MOTHER DID NOT THINK IT WAS NECESSARY . . . . . . 07 HE DID NOT THINK IT WAS NECESSARY . . . . 08 FAMILY DID NOT THINK NECESSARY . . . . 09 FAMILY/HUSBAND DID NOT ALLOW 10 NOT CUSTOMARY . . . . 11 S/HE DID NOT KNOW WHERE TO GO . . . . 12 HE COULD NOT ACCOMPANY HER . . 13 INCONVENIENT SERVICE HOUR . . . 14 LONG WAITING TIME . . . . 15 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL . . . . 1 ABOUT THE SAME . . . . 2 LESS THAN USUAL . . . . 3 NOTHING TO DRINK . . . . 4 DON'T KNOW 8	

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.	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	Male 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	Lactational Amenorrhea Method (LAM).	YES . . . . 1 NO 2	
10	Rhythm (Calendar) 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	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
12	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	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

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?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE . . . 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	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?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 306

305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER
		   PERIOD BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER
		   PERIOD HAS ENDED 3
		HALFWAY BETWEEN
		   TWO PERIODS 4
		OTHER_____ 6
		                (SPECIFY)
		DON'T KNOW 8	

306	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 business and a man should not have to worry about it.
	b) Women who use contraception may become promiscuous.
		DIS-
		          AGREE AGREE DK
		
		CONTRACEPTION
		  WOMAN'S BUSINESS . 1 2 8
		WOMEN MAY BECOME
		   PROMISCUOUS . . . 1 2 8	

307	CHECK 301 (07): KNOWS MALE CONDOM YES ☐ NO ☐		→ 311
308	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 311

| 309 | Where is that?

Any other place?

PROBE TO IDENTIFY EACH TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.

_____
(NAME OF PLACE(S)) | PUBLIC SECTOR
  GOVT. HOSPITAL/POLYCLINIC   . A
  GOVT. HEALTH CENTER .... B
  GOVT. HEALTH POST/CHPS ... C
  FAMILY PLANNING CLINIC ..... D
  MOBILE CLINIC .... E
  FIELDWORKER/OUTREACH/
    PEER EDUCATOR .... F
  OTHER PUBLIC _____ G
               (SPECIFY)

PRIVATE MEDICAL SECTOR
  PRIVATE HOSPITAL/CLINIC ... H
  PRIVATE DOCTOR I
  PHARMACY .... J
  CHEMICAL/DRUG STORE ..... K
  FP/PPAG CLINIC L
  MATERNITY HOME .... M
  OTHER PRIVATE
    MEDICAL _____ N
             (SPECIFY)
OTHER SOURCE
  SHOP/MARKET .... O
  CHURCH .... P
  COMMUNITY VOLUNTEER ..... Q
  FRIEND/RELATIVE .... R

OTHER _____ X
          (SPECIFY) | |
| 310 | If you wanted to, could you yourself get a condom? | YES 1
NO .... 2 | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	CHECK 301 (08): KNOWS FEMALE CONDOM YES ☐ NO ☐		→ 401
312	Do you know of a place where a person can get female condoms?	YES . . . . 1 NO 2	→ 401

313	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL/POLYCLINIC . A
		  GOVT. HEALTH CENTER . . . . B
		  GOVT. HEALTH POST/CHPS . . . C
		  FAMILY PLANNING CLINIC . . . . . D
		  MOBILE CLINIC . . . . E
		  FIELDWORKER/OUTREACH/
		    PEER EDUCATOR . . . . F
		  OTHER PUBLIC _____ G
		              (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . H
		  PRIVATE DOCTOR I
		  PHARMACY . . . . J
		  CHEMICAL/DRUG STORE . . . . . K
		  FP/PPAG CLINIC L
		  MATERNITY HOME . . . . M
		  OTHER PRIVATE
		    MEDICAL_____ N
		              (SPECIFY)
		OTHER SOURCE
		  SHOP/MARKET . . . . O
		  CHURCH . . . . P
		  COMMUNITY VOLUNTEER . . . . Q
		  FRIEND/RELATIVE . . . . R
		
		OTHER _____ X
		              (SPECIFY)	

314	If you wanted to, could you yourself get a female condom?	YES . . . . 1 NO 2	

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
401A	Was bridewealth negotiated in your current union?	YES . . . . 1 NO 2	→ 401C

401B	Why was the bridewealth not negotiated?	FAMILY DID NOT AGREE . . . . A
		BRIDEWEALTH NOT NEGOTIABLE . . . B
		HUSBAND NOT GIVEN OPPORTUNITY TO
		    NEGOTIATE C
		FAMILY TIES . . . . D
		I DID NOT AGREE . . . . E
		NO NEED . . . . F
		PRESTIGE . . . . G
		DETECTED WIFE WAS PREGNANT . . . H
		OTHER _____ X
		               (SPECIFY)
			→ 404

401C	What is the status of the bridewealth in your current union?	PAID IN FULL . . . . 1 PARTLY PAID . . . . 2 NOT PAID AT ALL . . . . 3 OTHER _____ 6 (SPECIFY)	→ 404

401D	Why was the bridewealth not completely paid?	IT WAS EXPENSIVE . . . . A
		AGREED TO PAY IN INSTALMENTS . B
		INTENTIONALLY C
		DETECTED WIFE WAS PREGNA . . . . . D
		FINANCIAL CONSTRAINT . . . . E
		PART OF BRIDEWEALTH USED FOR
		    OTHER PURPOSES . . . . F
		FAMILY TIES . . . . G
		CUSTOMARY DEMANDS . . . . H
		OTHER _____ X
		               (SPECIFY)
			→ 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	→ 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 other wives or do you live with other women as if married?	YES (MORE THAN ONE) . . . . 1 NO (ONLY ONE) 2	→ 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
407	CHECK 405: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐ a) Please tell me the name of (your wife/the woman you are living with as if married). b) Please tell me the name of each of your wives or each woman you are living with as if married. RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER. IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	**408** How old was (NAME) on her last birthday? NAME LINE NUMBER AGE _____ ☐☐ ☐☐ _____ ☐☐ ☐☐ _____ ☐☐ ☐☐ _____ ☐☐ ☐☐	
408	ASK 408 FOR EACH PERSON.		
409	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐		→ 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	In what month and year did you start living with your (wife/partner)?	MONTH . . . . ☐☐	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	DON'T KNOW MONTH . . . . .98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.
	
	How old were you when you had sexual intercourse for the very first time?
		NEVER HAD SEXUAL
		   INTERCOURSE 00
		
		AGE IN YEARS . . . . ☐☐
		
		FIRST TIME WHEN STARTED
		   LIVING WITH (FIRST)
		   WIFE/PARTNER 95
			→ 500

415	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.		
416	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 ☐☐	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO . 1 WEEKS AGO . 2 MONTHS AGO . 3	DAYS AGO . 1 WEEKS AGO . 2 MONTHS AGO . 3
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 420) ◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 420) ◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 420) ◄——┘
419	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

420	What was your relationship to this 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
		  RESPONDEN˙ . . . . . . 3 ┐
		CASUAL
		  ACQUAINTANCE . . . . 4 ┤
		CLIENT/PROSTITUTE . 5 ┤
		OTHER _____ 6 ┤
		(SPECIFY)
		(SKIP TO 423) ◄——┘
			WIFE 1
			LIVE-IN PARTNER 2
			GIRLFRIEND NOT
			  LIVING WITH
			  RESPONDEN˙ . . . . . . 3 ┐
			CASUAL
			  ACQUAINTANCE . . . . 4 ┤
			CLIENT/PROSTITUTE . 5 ┤
			OTHER _____ 6 ┤
			(SPECIFY)
			(SKIP TO 423) ◄——┘
				WIFE 1
				LIVE-IN PARTNER 2
				GIRLFRIEND NOT
				  LIVING WITH
				  RESPONDEN˙ . . . . . . 3 ┐
				CASUAL
				  ACQUAINTANCE . . . . 4 ┤
				CLIENT/PROSTITUTE . 5 ┤
				OTHER _____ 6 ┤
				(SPECIFY)
				(SKIP TO 423) ◄——┘

421	CHECK 410:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ◄	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ◄	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ◄
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 424) ◄	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 424) ◄	FIRST TIME WHEN STARTED LIVING WITH OTHER FIRST WIFE (SKIP TO 424) ◄

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO . . 1 ▯▯ WEEKS AGO . . 2 ▯▯ MONTHS AGO . . 3 ▯▯ YEARS AGO . . 4 ▯▯	DAYS AGO . . 1 ▯▯ WEEKS AGO . . 2 ▯▯ MONTHS AGO . . 3 ▯▯ YEARS AGO . . 4 ▯▯	DAYS AGO . . 1 ▯▯ WEEKS AGO . . 2 ▯▯ MONTHS AGO . . 3 ▯▯ YEARS AGO . . 4 ▯▯
424	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, WRITE '95'.	NUMBER OF TIMES . . . . ▯▯	NUMBER OF TIMES . . . . ▯▯	NUMBER OF TIMES . . . . ▯▯
425	How old is this person?	AGE OF PARTNER . ▯▯ DON'T KNOW 98	AGE OF PARTNER . ▯▯ DON'T KNOW 98	AGE OF PARTNER . ▯▯ DON'T KNOW 98
426	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 417 ↵ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428) ↵	YES . . . . 1 (GO BACK TO 417 ↵ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428) ↵	
427	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, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ▯▯ DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐		→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ OTHER ☐		→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	⌐→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . 1 NO 2	→ 434
433	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	
434	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, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): NOT ASKED ☐ CONDOM USED ☐ NO CONDOM USED ☐		→ 438 → 438
436	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.	CHAMPION . . . . 01 GOLD CYCLE . . . . 02 PANTHER . . . . 03 BAZOOKA . . . . 04 BE SAFE NO LOGO . . . . 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

437	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/POLYCLINIC ... 11
		  GOVT. HEALTH CENTER 12
		  GOVT. HEALTH POST/CHPS 13
		  FAMILY PLANNING CLINIC 14
		  MOBILE CLINIC 15
		  FIELDWORKER/OUTREACH/
		    PEER EDUCATOR 16
		  OTHER PUBLIC _____ 17
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PRIVATE DOCTOR 22
		  PHARMACY 23
		  CHEMICAL/DRUG STORE 24
		  FP/PPAG CLINIC 25
		  MATERNITY HOME 26
		  OTHER PRIVATE
		    MEDICAL_____ 27
		           (SPECIFY)
		OTHER SOURCE
		  SHOP/MARKET 31
		  CHURCH 32
		  COMMUNITY VOLUNTEER 33
		  FRIEND/RELATIVE 34
		
		OTHER _____ 96
		        (SPECIFY)	

438	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	500
439	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 IUD .... C INJECTABLES .... D IMPLANTS .... E PILL........................... F FEMALE CONDOM .... G DIAPHRAGM .... H FOAM/JELLY .... I LAM........................... J RHYTHM METHOD .... K WITHDRAWAL................... L OTHER MODERN METHOD .... X OTHER TRADITIONAL METHOD ..... Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
500	CHECK 101A: AGREED TO MEASUREMENT ☐ DID NOT AGREE TO MEASUREMENT ☐		→ 501
500A	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	
500B	May I measure your blood pressure at this time? INTERVIEWR SIGNATURE _____ DATE _____	YES, RESPONDENT AGREES . . . . 1 NO, RESPONDENT DOES NOT AGREE 2	→ 501
500C	TAKE THE BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.501 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	SYSTOLIC . . . . ☐☐☐ DIASTOLIC . . . . ☐☐☐ REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996	
501	CHECK 401: CURRENTLY MARRIED OR ☐ NOT CURRENTLY MARRIED ☐ LIVING WITH A PARTNER AND NOT LIVING WITH A PARTNER		→ 509
502	CHECK 439: MAN NOT ☐ MAN ☐ STERILIZED STERILIZED		→ 509
503	Is your (wife/partner)/Are any of your (wives/partners) currently pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509

505	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?	HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS COUPLE
		    CAN'T GET PREGNANT 3
		WIFE (WIVES)/PARTNER(S)
		     STERILIZED 4
		UNDECIDED/DON'T KNOW 8
			→ 509

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐		→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ↓ WIFE/PARTNER PREGNANT ↓ a) How long would you like to wait from now before the birth of (a/another) child? b) 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 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 COUPLE INFECUND . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	
509	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ 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? b) 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 . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 601 → 601
510	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?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

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 ⬛ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ⬛		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED ⬛ OTHER ⬛		→ 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
		         (SPECIFY)	

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
		         (SPECIFY)	

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	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . 3 DOES NOT OWN 4	
614	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? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES NO DK GOES OUT . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . 1 2 8 REFUSES SEX . . . . . 1 2 8 BURNS FOOD 1 2 8	

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	→ 723
702	Can people reduce their chance 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 get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	
709	CHECK 708: AT LEAST ☐ OTHER ☐ ONE 'YES' ↓		→ 710A
710	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	
710A	Have you heard about special antiretroviral drugs (e.g. ARV, Nevirapine, zidovudine, lamivudine) 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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 to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . ☐☐ 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	

715	Where was the test done?
	
	PROBE TO IDENTIFY THE 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/POLYCLINIC . . . 11
		   GOVT. HEALTH CENTER 12
		   GOVT. HEALTH POST/CHPS 13
		   STAND-ALONE VCT CENTER 14
		   FAMILY PLANNING CLINIC 15
		   MOBILE CLINIC 16
		   FIELDWORKER/OUTREACH/
		      PEER EDUCATOR 17
		   OTHER PUBLIC _____ 18
		                     (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC/
		      PRIVATE DOCTOR 21
		   STAND-ALONE VCT CENTER 22
		   PHARMACY 23
		   CHEMICAL/DRUG STORE 24
		   FP/PPAG CLINIC 25
		   MATERNITY HOME 26
		
		   OTHER PRIVATE
		      MEDICAL SECTOR
		                               27
		      _____
		                (SPECIFY)
		OTHER SOURCE
		   HOME 31
		   CORRECTIONAL FACILITY 32
		
		OTHER _____ 96
		               (SPECIFY)
			→ 718

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 718

717	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL/POLYCLINIC ... A
		  GOVT. HEALTH CENTER .... B
		  GOVT. HEALTH POST/CHPS C
		  STAND-ALONE VCT CENTER ..... D
		  FAMILY PLANNING CLINIC .... E
		  MOBILE CLINIC .... F
		  FIELDWORKER/OUTREACH/
		    PEER EDUCATOR .... G
		  OTHER PUBLIC _____ H
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR I
		  STAND-ALONE VCT CENTER ..... J
		  PHARMACY .... K
		  CHEMICAL/DRUG STORE L
		  FP/PPAG CLINIC .... M
		  MATERNITY HOME .... N
		
		  OTHER PRIVATE
		    MEDICAL SECTOR
		    _____ O
		        (SPECIFY)
		
		OTHER SOURCE
		  HOME .... P
		  CORRECTIONAL FACILITY .... Q
		
		OTHER _____ X
		      (SPECIFY)	

718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
721	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?	SHOULD BE ALLOWED .... 1 SHOULD NOT BE ALLOWED .... 2 DK/NOT SURE/DEPENDS 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES .... 1 NO .... 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ABOUT AIDS a) Apart from AIDS, 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	
724	CHECK 414: HAS HAD SEXUAL ☐ NEVER HAD SEXUAL ☐ INTERCOURSE INTERCOURSE →		732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐ →		727
726	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	
727	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	
728	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
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW		732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 732

731	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL/POLYCLINIC ... A
		  GOVT. HEALTH CENTER .... B
		  GOVT. HEALTH POST/CHPS C
		  STAND-ALONE VCT CENTER ... D
		  FAMILY PLANNING CLINIC .... E
		  MOBILE CLINIC .... F
		  FIELDWORKER/OUTREACH/
		    PEER EDUCATOR .... G
		  OTHER PUBLIC _____ H
		             (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC/
		    PRIVATE DOCTOR I
		  STAND-ALONE VCT CENTER ... J
		  PHARMACY .... K
		  CHEMICAL/DRUG STORE L
		  FP/PPAG CLINIC .... M
		  MATERNITY HOME .... N
		  OTHER PRIVATE
		    MEDICAL_____ O
		            (SPECIFY)
		
		OTHER SOURCE
		  HOME .... P
		  CORRECTIONAL FACILITY .... Q
		
		OTHER _____ X
		        (SPECIFY)	

732	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	
733	Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

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	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS . . . . [ ][ ] DURING CHILDHOOD (<5 YEARS) . . . 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND . . . . 1 HEALTH WORKER/PROFESSIONAL 2 OTHER . . . . 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY . . . . 1 HOME OF A HEALTH WORKER/ PROFESSIONAL . . . . 2 CIRCUMCISION DONE AT HOME . . . 3 RITUAL SITE . . . . 4 OTHER HOME/PLACE . . . . 5 DON'T KNOW 8	
805	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? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . [ ][ ]	
810	Do you currently smoke or use any (other) type of tobacco?	YES . . . . 1 NO 2	→ 812
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 813
812A	Are you registered with the National Health Insurance Scheme (NHIS)?	YES . . . . 1 NO 2	→ 819 → 816

813	What type of health insurance are you (covered/registered) by?
	
	 RECORD ALL MENTIONED.
		NATIONAL /DISTRICT HEALTH
		   INSURANCE(NHIS) . . . . A
		 HEALTH INSURANCE THROUGH
		   EMPLOYER . . . . B
		 MUTUAL HEALTH ORGANIZATION/
		   COMMUNITY-BASED HEALTH
		   INSURANCE C
		 OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE. D
		 OTHER _____ X
		            (SPECIFY)	

814	Does your insurance cover any of the following maternity benefits: a) Antenatal health care? b) Childbirth health care in a health facility? c) Postnatal health care for the mother? d) Postnatal health care for the child? e) Cash benefits during maternity leave? f) Other?	YES NO DK ANTENATAL . . . . 1 2 8 CHILDBIRTH . . . . 1 2 8 PNC MOTHER . . . . 1 2 8 PNC CHILD . . . . 1 2 8 CASH BENEFITS . . . . . 1 2 8 OTHER 1 2 8	
815	CHECK 813: CODE 'A' FOR [ ] CODE 'A' FOR [ ] NHIS <u>NOT</u> CIRCLED ↓ NHIS CIRCLED		→ 817

816	Why have you not registered with the National Health Insurance Scheme (NHIS)?
	
	 RECORD ALL MENTIONED
		NOT HEARD OF NHIS . . . . A
		 CANNOT AFFORD PREMIUM B
		 DO NOT TRUST C
		 DON'T NEED HEALTH INSURANCE D
		 NHIS DOES NOT COVER
		    HEALTH SERVICES I NEED . . . . . E
		 DON'T UNDERSTANDS SCHEME . . . F
		 DON'T KNOW WHERE TO REGISTER. G
		 NO EASY ACCESS TO A HEALTH
		    FACILITY . . . . H
		 DO NOT LIKE THE ATTITUDE OF
		    STAFF IN AHEALTH FACILITY . . . I
		 THOSE WITH INSURANCE ARE GIVEN
		    SUBSTANDARD SERVICES AND
		    MEDICINE . . . . J
		
		 OTHER _____ X
		            (SPECIFY)
			→ 828

817	Did you pay your NHIS membership yourself?	YES, PAID MYSELF . . . . 1 YES, PAID BY A RELATIVE/FRIEND . . . 2 YES, PAID BY EMPLOYER/SSNIT . . . 3 NO, EXEMPT AS ELDERLY . . . . 4 NO, EXEMPT AS PENSIONER . . . . 5 NO, EXEMPT AS INDIGENT . . . . 7 NO, OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
818	Do you hold a valid National Health Insurance Scheme (NHIS) card? IF ANSWER IS 'YES', REQUEST TO SEE THE CARD	YES, CARD SEEN . . . . 1 YES, CARD NOT SEEN . . . . 2 NO 3	→ 820

819	Why do you not have a valid NHIS card?	REGISTERED, NOT PAID FULLY 1
		REGISTERED, CARD NOT
		   RECEIVED 2
		REGISTERED, WAITING PERIOD 3
		NOT RENEWED REGISTRATION 4
		LOST NHIS CARD 5
		OTHER _____ 6
		          (SPECIFY)
			→ 823
			
			→ 821
			
			→ 823

820	How many weeks did it take you to obtain your NHIS card?	NUMBER OF WEEKS [ ][ ] DON'T KNOW 98	→ 823
821	Do you plan to renew the NHIS card?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE 8	→ 823 → 823

822	Why do you not want to renew the NHIS card?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		HAVE NOT BEEN SICK . . . . A
		PREMIUM EXPENSIVE . . . . B
		STILL PAY OUT OF POCKET C
		POOR QUALITY CARE WITH CARD . D
		WAITING TIME FOR CARD LONG . . . E
		USED SERVICES NOT COVERED . . . F
		DID NOT USE ANY HEALTH SERVICES G
		USE CLINICS OR TRADITIONAL
		  PRACTITIONERS WHO ARE NOT
		  COVERED . . . . H
		OTHER _____ X
		        (SPECIFY)	

823	Do you have to pay out of pocket for drugs and services?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE 8	
824	Are there any services that you need from a health provider that are not covered by NHIS?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE 8	→ 826

825	What are these services?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		FAMILY PLANNING . . . . A
		LABORATORY INVESTIGATIONS . . . . . B
		ANTENATAL CARE C
		POSTNATAL CARE . . . . D
		CARE FOR NEWBORN FOR UP TO
		  3 MONTHS . . . . E
		OTHER _____ X
		        (SPECIFY)	

826	In your opinion, do NHIS card holders get better, the same, or worse servce than others?	BETTER . . . . 1 SAME . . . . 2 WORSE . . . . 3 DON'T KNOW/NOT SURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

827	In your opinion, did you receive good service last time you were treated at a clinic or hospital?
	
	IF NO, PROBE: "What was the main problem?"
		YES 1
		NO, WAITING TIMES TOO LONG 2
		NO, STAFF NOT POLITE 3
		NO, DID NOT RECEIVE ENOUGH
		  INFORMATION ABOUT ILLNESS
		   AND TREATMENT 4
		
		OTHER _____ 6
		      (SPECIFY)	

828	Are you aware of any programme that help pregnant women accessing health services?	YES . . . . 1 NO 2	→ 830

829	Which ones?
	
	    RECORD ALL MENTIONED.
		FREE NHIS PREMIUM FOR
		   PREGNANT WOMEN . . . . A
		
		OTHER _____ X
		      (SPECIFY)	

830	Are you aware of any programme that help children under age 18 accessing health services?	YES . . . . 1 NO 2	→ 832

831	Which ones?
	
	    RECORD ALL MENTIONED.
		FREE NHIS PREMIUM FOR
		CHILDREN UNDER THE AGE OF 18 . A
		
		OTHER _____ X
		      (SPECIFY)	

832	Next questions are about common health problems in Ghana. Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 836

833	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 FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		
		OTHER _____ X
		      (SPECIFY)
		DON'T KNOW . . . . Z	

834	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
835	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	
836	These next questions are about blood pressure. Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 839

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
837	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
838	To lower your hypertension or high 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? f) Stopping smoking?	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	
839	Have you ever heard about iodized salt?	YES . . . . 1 NO 2	→ 842
840	Can you mention benefits for consuming iodized salt? PROBE: Any other benefits? RECORD ALL MENTIONED.	IMPROVE INTELLIGENCE . . . . A PROVIDES ENERGY . . . . B PREVENTS STILL BIRTH . . . . C PREVENTS MENTAL RETARDATION . . D PREVENTS MISCARRIAGES . . . . E PREVENTS GOITER . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
841	How can you tell iodized salt from non-iodized salt? RECORD ALL MENTIONED.	TESTING SALT . . . . A IODIZED SALT LOGO . . . . B FINE POWDERED SALT . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
842	During the last 7 days, on how many days did you eat fruits, for example, mangoes, pawpaw, banana, orange, avocados, tomatoes, passion fruit, etc?	NUMBER OF DAYS . . . . [ ] NONE . . . . 0 DON'T KNOW/NOT SURE 8	
844	During the last 7 days, on how many days did you eat vegetables, for example carrots, cabbage, dark green, leafy vegetables (e.g. kontomire), pumpkin, squash, etc?	NUMBER OF DAYS . . . . [ ] NONE . . . . 0 DON'T KNOW/NOT SURE 8	
846	In the last 6 months, did you visit a health facility?	YES . . . . 1 NO 2	→ 859

847	What type of facility did you visit during your most recent visit?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	          (NAME OF PLACE)
		PUBLIC/GOVERNMENT 1
		PRIVATE 2
		OTHER _____ 6
		              (SPECIFY)
		DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
848	What type of service did you receive during this most recent visit?	OUTPATIENT FAMILY PLANNING . . . . 01 ANC/DELIVERY/PNC . . . . 02 NEWBORN CARE . . . . 03 MALARIA . . . . 04 FEVER . . . . 05 DIARRHOEA . . . . 06 HIV/AIDS/STI . . . . 07 HIGH BLOOD PRESSURE . . . . 08 EAR/NOSE/THROAT INFECTION . . . 09 DIABETES . . . . 10 EYE INFECTION . . . . 11 CHECKUP/PREVENTIVE CARE . . . 12 ACCIDENT/INJURY . . . . 13 OTHER OUTPT. _____ 14 (SPECIFY) INPATIENT PREGNANCY/DELIVERY . . . . 15 CHILD ILLNESS . . . . 16 HER OWN ILLNESS . . . . 17 ACCIDENT/INJURY . . . . 18 OTHER INPT. _____ 19 (SPECIFY) OTHER _____ 96 (SPECIFY)	
849	How did you pay for the service during this most recent visit?	CASH . . . . 1 NATIONAL HEALTH INSURANCE . . . 2 OTHER INSURANCE . . . . 3 COMBINATION OF ANY OF THE ABOVE . . . . 4 OTHER _____ 6 (SPECIFY)	
850	Now I want to ask you about the ease of getting care. In your opinion, was it very easy, easy, fairly easy, difficult, or very difficult to see the health provider?	VERY EASY . . . . 1 EASY . . . . 2 FAIRLY EASY . . . . 3 DIFFICULT . . . . 4 VERY DIFFICULT 5	
851	Is the location of the health facility very convenient, conveniant, fairly convenient, not convenient, or very inconvenient for you?	VERY CONVENIENT . . . . 1 CONVENIENT . . . . 2 FAIRLY CONVENIENT . . . . 3 NOT CONVENIENT . . . . 4 VERY INCONVENIENT 5	
852	Are the hours the health facility open during the day very good, good, fair, poor, or very poor for you?	VERY GOOD . . . . 1 GOOD . . . . 2 FAIR . . . . 3 POOR . . . . 4 VERY POOR 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
853	Now I want to talk about waiting time at the health facility. Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied about:	VERY SATISFIED = 1 SATISFIED = 2 FAIRLY SATISFIED = 3 NOT SATISFIED = 4 VERY DISSATISFIED = 5 NOT APPLICABLE = 6	
	a) Time to wait for your turn?	1 2 3 4 5 6	
	b) Time spent in consulting/examination room?	1 2 3 4 5 6	
	c) Time to wait for tests to be performed?	1 2 3 4 5 6	
	d) Time to wait for test results?	1 2 3 4 5 6	
	e) Time at pharmacy/dispensary?	1 2 3 4 5 6	
854	Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied with the staff at the health facility when they:	VERY SATISFIED = 1 SATISFIED = 2 FAIRLY SATISFIED = 3 NOT SATISFIED = 4 VERY DISSATISFIED = 5	
	a) Listened to you?	1 2 3 4 5	
	b) Explained what you wanted to you?	1 2 3 4 5	
	c) Gave advice and information on options for treatment?	1 2 3 4 5	
855	In your opinion, did the health provider spend enough time with you?	YES . . . . 1 NO 2	
856	Did the health provider seek your consent before providing treatment?	YES . . . . 1 NO 2	
857	Was the health provider friendly to you?	YES . . . . 1 NO 2	
858	Now I want to ask you about the condition of the health facility. Were you very satisfied, satisfied, fairly satisfied, not satisfied, or very dissatisfied with:	VERY SATISFIED = 1 SATISFIED = 2 FAIRLY SATISFIED = 3 NOT SATISFIED = 4 VERY DISSATISFIED = 5	
	a) The cleanliness of the facility?	1 2 3 4 5	
	b) Ease of finding where to go?	1 2 3 4 5	
	c) Comfort and safety while waiting?	1 2 3 4 5	
	d) Privacy during examination?	1 2 3 4 5	
	e) Confidentiality and protection of personal information?	1 2 3 4 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
859	CHECK 101A: AGREED TO MEASUREMENT ↓ DID NOT AGREE TO MEASUREMENT		→ 901
860	RECORD THE TIME.	HOUR . . . . MINUTES	
861	May I measure your blood pressure at this time? INTERVIEWR SIGNATURE DATE _____ _____	YES, RESPONDENT AGREES . . . . 1 NO, RESPONDENT DOES NOT AGREE 2	→ 901
862	TAKE THE BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE. THEN PROCEED TO Q.901 IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	SYSTOLIC . . . . DIASTOLIC . . . . REFUSED . . . . 994 TECHNICAL PROBLEMS . . . . 995 OTHER 996	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK Q500C AND Q862: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q500C AND Q862 ☐	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE MEASURES NOT RECORDED IN BOTH Q500C AND Q862 ☐	→ 907
902	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q500C AND Q862.		
903	BLOOD PRESSURE MEASUREMENTS FROM Q500C	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
904	BLOOD PRESSURE MEASUREMENTS FROM Q862	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
905	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC ☐☐☐ SUM DIASTOLIC ☐☐☐	
906	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY DIVIDING THE SUM IN Q905 BY 2.	AVERAGE SYSTOLIC ☐☐☐ AVERAGE DIASTOLIC ☐☐☐	→ 911
907	CHECK Q862: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q862 ☐	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q862 ☐	→ 910
908	CHECK Q500C: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q500C ☐	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q500C ☐	→ 910
909	CHECK Q101E: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q101E ☐	BOTH SYSTOLIC AND DIASTOLIC BLOOD PRESSURE **NOT** RECORDED IN Q101E ☐	913
910	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	

| | 911 | 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 Q906 OR Q910 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q906 OR Q910 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q912.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100-109	110-119	$\geq$ 120
≤129	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
$\geq$ 210	6	6	6	6	6	6

RECORD THE NUMBER YOU CIRCLED IN Q911 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 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**

The "912" label appears to the left for the second table.

| 913 | Thank you for taking the time to answer these questions. RECORD THE TIME. | HOUR . . . .

MINUTES . . . . |

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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<u>SUPERVISOR'S OBSERVATIONS</u>

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NAME OF SUPERVISOR: _____ DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

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NAME OF EDITOR: _____ DATE: _____