



CONFIDENTIAL

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LANGUAGE: ENGLISH

DEMOGRAPHIC AND HEALTH SURVEYS
MODEL MAN'S QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS AND OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

IDENTIFICATION																
REGION	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>															
DISTRICT																
WARD																
URBAN = 1 RURAL = 2																
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>															
CLUSTER NUMBER																
HOUSEHOLD NUMBER																
NAME AND LINE NUMBER OF MAN _____																
INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY												
INTERVIEWER'S NAME	_____	_____	_____	MONTH												
RESULT*	_____	_____	_____	YEAR												
NEXT VISIT: DATE	_____	_____		INT. NO.												
TIME	_____	_____		RESULT*												
				TOTAL NUMBER OF VISITS												

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

LANGUAGE OF QUESTIONNAIRE** **0** **1** LANGUAGE OF INTERVIEW** TRANSLATOR USED (YES = 1, NO = 2)

LANGUAGE OF QUESTIONNAIRE** **ENGLISH** **LANGUAGE CODES:
01 ENGLISH
02 KISWAHILI

TEAM <input type="text"/> <input type="text"/> NUMBER	TEAM SUPERVISOR _____ NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NUMBER	CAPI SUPERVISOR (2) _____ NAME <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NUMBER
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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. 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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
101	RECORD THE TIME.	HOURS 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>																				
101A	<p>During the interview I would like to measure your blood pressure to see if you have high blood pressure. If you agree, we will take a measurement three times during the interview.</p> <p>We will use an automated digital device operated by 6 AA-size batteries. The procedure is harmless, but you may feel discomfort while the measuring cuff squeezes your arm. If high blood pressure is not treated, it may eventually cause serious damage to the heart and blood vessels in the brain.</p> <p>You will receive the results of the blood pressure measurement at the end of our interview, with an explanation of the numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me.</p> <p>You can say yes or no to having your blood pressure measured. You can also decide at anytime during the interview not to have your blood pressure measured.</p>	<p>CIRCLE THE CODE AND SIGN YOUR NAME</p> <p>GRANTED 1</p> <p align="center">_____ (SIGNATURE OF INTERVIEWER)</p> <p>REFUSED 2 (GO TO 102)</p>																					
101B	<p>Before measuring I would like to ask a few questions about things that may affect blood pressure.</p> <p>Have you done any of the following within the past 30 minutes:</p> <p>a) Eaten anything? b) Had coffee, tea, cola or other drink that has c) Smoked any tobacco product? d) Conducted any physical activity or exercises that made you breathe harder than usual?</p>	<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) EATEN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) CAFFEINE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) SMOKED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) EXERCISED</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) EATEN	1	2	8	b) CAFFEINE	1	2	8	c) SMOKED	1	2	8	d) EXERCISED	1	2	8	
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a) EATEN	1	2	8																				
b) CAFFEINE	1	2	8																				
c) SMOKED	1	2	8																				
d) EXERCISED	1	2	8																				

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	<p>Now we will measure your blood pressure.</p> <p>BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER RECORD THE MEASUREMENT IN CENTIMETERS.</p>	<p>ARM CIRCUMFERENCE (IN CENTIMETERS) <input type="text"/> <input type="text"/></p>	
101D	<p>USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.</p>	<p>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</p>	
101E	<p>TAKE THE FIRST BLOOD PRESSURE READING.</p> <p>RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE.</p> <p>IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.</p>	<p>BLOOD PRESSURE READINGS</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>TECHNICAL PROBLEMS 995 OTHER 996</p>	
102	<p>What region were you born in?</p>	<p>DODOMA 01 ARUSHA 02 KILIMANJARO 03 TANGA 04 MOROGORO 05 PWANI 06 DAR ES SALAAM 07 LINDI 08 MTWARA 09 RUVUMA 10 IRINGA 11 MBEYA 12 SINGIDA 13 TABORA 14 RUKWA 15 KIGOMA 16 SHINYANGA 17 KAGERA 18 MWANZA 19 MARA 20 MANYARA 21 NJOMBE 22 KATAVI 23 SIMIYU 24 GEITA 25 SONGWE 26 KASKAZIN UNGUJA 27 KUSINI UNGUJA 28 MJINI MAGHARIBI 29 KASKAZINI PEMBA 30 KUSINI PEMBA 31 OUTSIDE OF TANZANIA 96</p>	<p align="right">→104</p>
103	<p>What country were you born in?</p>	<p>COUNTRY _____ <input type="text"/> <input type="text"/></p>	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PART OF THE SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE 3</p> <p>NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE)</p> <p>BLIND/VISUALLY IMPAIRED 5</p>	
118	<p>CHECK 117:</p> <p align="center">CODE '2', '3' <input type="checkbox"/> OR '4' CIRCLED ↓</p> <p align="center">CODE '1' OR '5' <input type="checkbox"/> → 120</p>		→ 120
119	<p>Do you read a newspaper or magazine at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
120	<p>Do you listen to the radio at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
121	<p>Do you watch television at least once a week, less than once a week or not at all?</p>	<p>AT LEAST ONCE A WEEK 1</p> <p>LESS THAN ONCE A WEEK 2</p> <p>NOT AT ALL 3</p>	
122	<p>Do you own a mobile phone?</p>	<p>YES 1</p> <p>NO 2</p>	→ 124
123	<p>Is your mobile phone a smart phone?</p>	<p>YES 1</p> <p>NO 2</p>	→ 127
124	<p>In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?</p>	<p>YES 1</p> <p>NO 2</p>	
125	<p>Do you have an account in a bank or other financial institution that you yourself use?</p>	<p>YES 1</p> <p>NO 2</p>	→ 127
126	<p>Did you yourself put money in or take money out of this account in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	
127	<p>Have you ever used the Internet from any location on any device?</p>	<p>YES 1</p> <p>NO 2</p>	→ 201
128	<p>In the last 12 months, have you used the Internet?</p> <p>IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.</p>	<p>YES 1</p> <p>NO 2</p>	→ 201
129	<p>During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?</p>	<p>ALMOST EVERY DAY 1</p> <p>AT LEAST ONCE A WEEK 2</p> <p>LESS THAN ONCE A WEEK 3</p> <p>NOT AT ALL 4</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" data-bbox="1209 454 1348 510"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" data-bbox="1209 517 1348 573"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" data-bbox="1209 703 1348 759"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" data-bbox="1209 766 1348 822"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" data-bbox="1209 1059 1348 1115"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" data-bbox="1209 1122 1348 1178"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" data-bbox="1209 1223 1348 1279"><tr><td> </td><td> </td></tr></table>									
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 NOT HAD ANY CHILDREN <input type="checkbox"/> </div> </div>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div>	→ 211 → 301								
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
211	<p>CHECK 208:</p> <p>HAS HAD MORE THAN ONE CHILD <input type="checkbox"/></p> <p>HAS HAD ONLY ONE CHILD <input type="checkbox"/></p> <p>a) How old were you when your first child was born?</p> <p>b) How old were you when your child was born?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
212	<p>CHECK 203 AND 205:</p> <p>AT LEAST ONE LIVING CHILD <input type="checkbox"/></p>	<p>NO LIVING CHILDREN <input type="checkbox"/></p>	<p>→ 301</p>
213	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>a) How old is your youngest child?</p> <p>b) How old is your child?</p>	<p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	
214	<p>CHECK 213:</p> <p>(YOUNGEST) CHILD IS AGE 0-2 YEARS <input type="checkbox"/></p> <p>(YOUNGEST) CHILD IS AGE 3 YEARS OR OLDER <input type="checkbox"/></p>		<p>→ 301</p>
215	<p>CHECK 203 AND 205:</p> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>a) What is the name of your youngest child?</p> <p>b) What is the name of your child?</p>	<p>_____</p> <p>(NAME OF (YOUNGEST) CHILD)</p>	
216	<p>When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 218</p>
217	<p>Were you ever present during any of those antenatal check-ups?</p>	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	<p>Was (NAME) born in a hospital or health facility?</p>	<p>HOSPITAL/HEALTH FACILITY 1</p> <p>OTHER 2</p>	<p>→ 301</p>
219	<p>Did you go with (NAME)'s mother to the hospital or health facility where she gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p>	

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 years.	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 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	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
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2
14	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 12 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? e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events? i) Heard anything about family planning from community health worker		YES	NO	
		a) RADIO	1	2	
		b) TELEVISION	1	2	
		c) NEWSPAPER OR MAGAZINE	1	2	
		d) MOBILE PHONE	1	2	
		e) FACEBOOK/TWITTER/ INSTAGRAM	1	2	
		f) POSTER/LEAFLET/ BROCHURE	1	2	
		g) OUTDOOR SIGN/BILLBOARD ..	1	2	
		h) COMMUNITY MEETINGS/ EVENTS	1	2	
		i) CHW	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 _____ (SPECIFY)		6	
		DON'T KNOW		8	
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	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.		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	→ 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 WIFE) 1 NO (ONLY ONE WIFE) 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/>																
407	<p>CHECK 405:</p> <p align="center"> <input type="checkbox"/> ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER </p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>b) Please tell me the name of your (first/next) wife or woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<table border="1"> <thead> <tr> <th data-bbox="805 981 975 1003">NAME</th> <th data-bbox="1007 958 1145 1003">LINE NUMBER</th> <th data-bbox="1257 981 1305 1003">AGE</th> </tr> </thead> <tbody> <tr> <td data-bbox="805 1025 975 1093">_____</td> <td data-bbox="1007 1032 1145 1093"><input type="text"/> <input type="text"/></td> <td data-bbox="1209 1032 1348 1093"><input type="text"/> <input type="text"/></td> </tr> <tr> <td data-bbox="805 1137 975 1205">_____</td> <td data-bbox="1007 1144 1145 1205"><input type="text"/> <input type="text"/></td> <td data-bbox="1209 1144 1348 1205"><input type="text"/> <input type="text"/></td> </tr> <tr> <td data-bbox="805 1249 975 1317">_____</td> <td data-bbox="1007 1256 1145 1317"><input type="text"/> <input type="text"/></td> <td data-bbox="1209 1256 1348 1317"><input type="text"/> <input type="text"/></td> </tr> <tr> <td data-bbox="805 1361 975 1429">_____</td> <td data-bbox="1007 1368 1145 1429"><input type="text"/> <input type="text"/></td> <td data-bbox="1209 1368 1348 1429"><input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<p>408</p> <p>How old was (NAME/this wife or partner) on her last birthday?</p>
NAME	LINE NUMBER	AGE																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
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_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																
408	ASK 408 FOR EACH PERSON.																	
409	<p>CHECK 407:</p> <p align="center"> <input type="checkbox"/> ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER </p>		→ 411															

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE 1 ONLY ONCE 2	
411	CHECK 405 AND 410: BOTH ARE <input type="checkbox"/> CODE '2' OTHER <input type="checkbox"/> a) In what month and year did you start living with your (wife/partner)? 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	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	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"/>	→ 501
415	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	→ 429
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	YES 1 NO 2 DON'T KNOW 8	→ 418
417	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 419

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
418	What method did you or your partner use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 420
419	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→ 422
420	What was the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	SALAMA 01 DUME 02 ROUGH RIDER 03 FAMILIA 04 CARE 05 LADY PEPETA 06 ZANA 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
421	<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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP . . . 11</p> <p>REGIONAL REFERRAL HOSPITAL 12</p> <p>REGIONAL HOSPITAL 13</p> <p>DISTRICT HOSPITAL 14</p> <p>HEALTH CENTRE 15</p> <p>DISPENSARY 16</p> <p>CLINIC 17</p> <p>OTHER 18</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>REFERRAL/SPECIALISED HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>OTHER HOSPITAL 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY 25</p> <p>CLINIC 26</p> <p>OTHER 27</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 31</p> <p>OTHER HOSPITAL 32</p> <p>HEALTH CENTRE 33</p> <p>DISPENSARY 34</p> <p>CLINIC 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY 41</p> <p>ACREDITED DRUG DISPENSING OUTLET (ADDO) 42</p> <p>NGO 43</p> <p>SHOP/KIOSK 44</p> <p>BAR 45</p> <p>FRIEND RELATIVES 46</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
422	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p>	<p>WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
423	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 429

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
424	The last time you had sexual intercourse with this second person, was a condom used?	YES 1 NO 2	
425	What was your relationship to this second person with whom you had sexual intercourse? IF GIRLFRIEND: 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)	
426	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 429
427	The last time you had sexual intercourse with this third person, was a condom used?	YES 1 NO 2	
428	What was your relationship to this third person with whom you had sexual intercourse? IF GIRLFRIEND: 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)	
429	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	
455	CHECK 101A: AGREED TO MEASUREMENT <input type="checkbox"/>	DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>	→ 501
456	RECORD TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
457	May I measure your blood pressure? CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED 1 _____ (SIGNATURE OF INTERVIEWER) _____ REFUSED 2 (GO TO 501)	
458	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> TECHNICAL PROBLEMS 995 OTHER 996	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 514								
502	CHECK 418: MAN NOT STERILIZED OR QUESTION NOT ASKED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 514								
503	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 509								
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
507	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/>	HAS NOT FATHERED CHILDREN <input type="checkbox"/> HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/>	HAS NOT FATHERED CHILDREN <input type="checkbox"/> MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
601	Have you done any work in the last 7 days?	YES 1 NO 2	→ 604		
602	Although you did not work in the last 7 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?	_____ _____ _____	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		
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 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			

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 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 615																								
613	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615																								
614	Is your name on this document?	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 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 618																								
616	Do you have a title deed or other government recognized document for any land you own?	YES 1 NO 2 DON'T KNOW 8	→ 618																								
617	Is your name on this document?	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? 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?	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> <th align="center">DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) NEGLECTS CHILDREN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>c) ARGUES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGLECTS CHILDREN	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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d) REFUSES SEX	1	2	8																								
e) BURNS FOOD	1	2	8																								
619	As far as you know did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8																									

SECTION 7. HIV AND AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
702	CHECK 111: AGE 15-24 YEARS <input type="checkbox"/> ↓ 25 YEARS OR OLDER <input type="checkbox"/>		→ 708
703	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	
704	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
705	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	
706	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	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
709	Are there any special medicines that a doctor or a nurse can give to a pregnant woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 712
711	Do you agree of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Have you ever been tested for HIV?	YES 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	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	

SECTION 7. HIV AND 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, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>NATIONAL/ZONAL/SPECIALISED HOSP . . . 11</p> <p>REGIONAL REFERRAL HOSPITAL 12</p> <p>REGIONAL HOSPITAL 13</p> <p>DISTRICT HOSPITAL 14</p> <p>HEALTH CENTRE 15</p> <p>DISPENSARY 16</p> <p>CLINIC 17</p> <p>OTHER 18</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>REFERRAL/SPECIALISED HOSPITAL 21</p> <p>DISTRICT HOSPITAL 22</p> <p>OTHER HOSPITAL 23</p> <p>HEALTH CENTRE 24</p> <p>DISPENSARY 25</p> <p>CLINIC 26</p> <p>OTHER 27</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>SPECIALISED HOSPITAL 31</p> <p>OTHER HOSPITAL 32</p> <p>HEALTH CENTRE 33</p> <p>DISPENSARY 34</p> <p>CLINIC 35</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY 41</p> <p>ACREDITED DRUG DISPENSING OUTLET (ADDO) 42</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
716	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 720
717	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p> <p>DID NOT RECEIVE TEST RESULT 5</p>	→ 720
718	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST 95</p>	

SECTION 7. HIV AND AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
721	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 723
722	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
725	CHECK 717: <div style="text-align: center;">CODE '1' <input type="checkbox"/> CIRCLED ↓</div>	<div style="text-align: center;">OTHER <input type="checkbox"/></div>	→ 729
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2	
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:		
			YES NO
	a) People have talked badly about me because of my HIV status.	a) PEOPLE TALK BADLY 1	2
	b) Someone else disclosed my HIV status without my permission.	b) DISCLOSED STATUS 1	2
	c) I have been verbally insulted, harassed, or threatened because of my HIV status.	c) VERBALLY INSULTED 1	2
	d) Healthcare workers talked badly about me because of my HIV status.	d) HEALTHCARE WORKERS TALKED BADLY 1	2
	e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	e) HEALTHCARE WORKERS VERBALLY ABUSED 1	2

SECTION 7. HIV AND AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
730	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 735
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 733
732	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	
733	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	
734	Sometimes men have a sore or ulcer on or 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	
735	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	
736	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 806																								
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 804																								
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98																									
804	Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 806																								
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98																									
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 809 → 808																								
807	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 810																								
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811																								
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Kreteks? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? f) Number of water pipe sessions? g) Any others? _____ (SPECIFY)	<table border="0"> <tr> <td></td> <td align="center">NUMBER DAILY</td> <td></td> </tr> <tr> <td>a) MANUFACTURED CIGARETTES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>b) HAND-ROLLED CIGARETTES</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>c) KRETEKS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>d) PIPES FULL OF TOBACCO</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>e) CIGARS, CHEROOTS, OR CIGARILLOS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>f) NUMBER OF WATER PIPE SESSIONS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>g) OTHERS</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		NUMBER DAILY		a) MANUFACTURED CIGARETTES	<input type="text"/>	<input type="text"/>	b) HAND-ROLLED CIGARETTES	<input type="text"/>	<input type="text"/>	c) KRETEKS	<input type="text"/>	<input type="text"/>	d) PIPES FULL OF TOBACCO	<input type="text"/>	<input type="text"/>	e) CIGARS, CHEROOTS, OR CIGARILLOS	<input type="text"/>	<input type="text"/>	f) NUMBER OF WATER PIPE SESSIONS	<input type="text"/>	<input type="text"/>	g) OTHERS	<input type="text"/>	<input type="text"/>	→ 811
	NUMBER DAILY																										
a) MANUFACTURED CIGARETTES	<input type="text"/>	<input type="text"/>																									
b) HAND-ROLLED CIGARETTES	<input type="text"/>	<input type="text"/>																									
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g) OTHERS	<input type="text"/>	<input type="text"/>																									

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Kreteks?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of water pipe sessions?</p> <p>g) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) KRETEKS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
811	<p>Do you currently use smokeless tobacco every day, some days, or not at all?</p>	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 813</p> <p>→ 814</p>
812	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="right">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>→ 814</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco?</p> <p>e) Any others? _____</p> <p align="center">(SPECIFY)</p>	<p align="center">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
814	<p>Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or [ADD OTHER LOCAL EXAMPLES]?</p>	<p>YES 1</p> <p>NO 2</p>	→ 817
815	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, or one shot of spirits. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK 00</p> <p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p>	→ 817
816	<p>In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p>	
817	<p>Are you covered by any health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	→ 819
818	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<p>NHIF A</p> <p>NSSF (SHIB-Social Health Insurance Benefit) .. B</p> <p>AAR C</p> <p>STRATEGY D</p> <p>JUBILEE E</p> <p>CHF Improved F</p> <p>TIKA (Tiba kwa Kadi) G</p> <p>OTHER EMPLOYED BASED H</p> <p>OTHER COMMUNITY BASED/MUTUAL (eg. UMIASITA, VIBINDO) I</p> <p>PRIVATELY PURCHASED (eg. Phoenix) J</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	<p>Now I would like to talk to you about TB.</p> <p>Have you ever heard or read information/messages of an illness called Tuberculosis (TB) from radio, television, friends and relatives, magazines and posters?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
820	<p>Do you know that TB spread from one person to another through air when infected person coughs, laughs, talks or sneezes?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
821	<p>There are 5 main signs of TB. Can you mention at least one of them?</p>	<p>COUGHING A</p> <p>COUGHING BLOOD SPOOT B</p> <p>REDUCE WEIGHT C</p> <p>FEVER D</p> <p>SWEATING AT NIGHT E</p> <p>DON'T KNOW Z</p>	
822	<p>Can TB be treated and cured?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
823	<p>If a member of your family get TB, would you be in position to disclose his/her illness for the purpose of helping him/her?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
824	<p>Do you know which illnesses can facilitate a person to contract TB?</p>	<p>HIV/ AIDS A</p> <p>CANCER B</p> <p>DIABETES C</p> <p>MALNUTRITION D</p> <p>OTHERS _____ X</p> <p align="center">SPECIFY</p> <p>DON'T KNOW E</p>	
825	<p>If happen you feel signs of TB where will you go first to seek treatment?</p>	<p>HEALTH FACILITY 1</p> <p>PHARMACY 2</p> <p>OTC/ DUKA LA DAWA 3</p> <p>TRADITIONAL HEALER 4</p> <p>OTHERS _____ 5</p> <p align="center">SPECIFY</p> <p>DON'T KNOW 9</p>	
826	<p>Heard anything on television or radio about anti-inflammatory medicine like Prednisolone or Citrizine doesn't cure TB?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 9. NCD 01-05 AND THIRD BLOOD PRESSURE MEASUREMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
901	These next questions are about blood pressure. Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8									
902	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ 906								
903	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2									
904	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES 1 NO 2									
905	Are you taking medication to control your blood pressure?	YES 1 NO 2									
906	CHECK 101A: AGREED TO MEASUREMENT <input type="checkbox"/>	DID NOT AGREE TO MEASUREMENT <input type="checkbox"/>	→ 1101								
907	RECORD TIME.	HOUR <table border="1" data-bbox="1182 904 1310 965"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES <table border="1" data-bbox="1182 965 1310 1025"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
908	May I measure your blood pressure now? CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED 1 _____ (SIGNATURE OF INTERVIEWER) REFUSED 2 (GO TO 1001)									
909	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	BLOOD PRESSURE READINGS SYSTOLIC <table border="1" data-bbox="1118 1294 1310 1355"> <tr><td> </td><td> </td><td> </td></tr> </table> DIASTOLIC <table border="1" data-bbox="1118 1377 1310 1438"> <tr><td> </td><td> </td><td> </td></tr> </table> TECHNICAL PROBLEMS 995 OTHER 996									

SECTION 10. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	CHECK 458 AND 909: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH 458 AND 909 <input type="checkbox"/>	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BOTH 458 AND 909 <input type="checkbox"/>	1007
1002	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM 458 AND 909:		
1003	BLOOD PRESSURE FROM 458:	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1004	BLOOD PRESSURE FROM 909:	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1005	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
1006	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN 1005 BY 2.	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	1011
1007	CHECK 909: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 909 <input type="checkbox"/>	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 909 <input type="checkbox"/>	1010
1008	CHECK 458: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 458 <input type="checkbox"/>	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 458 <input type="checkbox"/>	1010
1009	CHECK 101E: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN 101E <input type="checkbox"/>	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED IN 101E <input type="checkbox"/>	1101
1010	RECORD SYSTOLIC AND DIASTOLIC BLOOD PRESSURE.	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	

SECTION 10. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																								
1011	<p>USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM:</p> <p>CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN 1006 OR 1010.</p> <p>THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN 1006 OR 1010.</p> <p>THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING</p> <table border="1" data-bbox="268 479 1350 801"> <thead> <tr> <th data-bbox="268 479 533 584">AVERAGE SYSTOLIC PRESSURE</th> <th colspan="6" data-bbox="533 479 1350 533">AVERAGE DIASTOLIC PRESSURE</th> </tr> <tr> <td></td> <th data-bbox="533 533 624 584">< 84</th> <th data-bbox="624 533 735 584">85 - 89</th> <th data-bbox="735 533 847 584">90 - 99</th> <th data-bbox="847 533 959 584">100 - 109</th> <th data-bbox="959 533 1070 584">110 - 119</th> <th data-bbox="1070 533 1350 584">> = 120</th> </tr> </thead> <tbody> <tr> <td data-bbox="268 584 533 636">< 129</td> <td data-bbox="533 584 624 636">1</td> <td data-bbox="624 584 735 636">2</td> <td data-bbox="735 584 847 636">3</td> <td data-bbox="847 584 959 636">4</td> <td data-bbox="959 584 1070 636">5</td> <td data-bbox="1070 584 1350 636">6</td> </tr> <tr> <td data-bbox="268 636 533 687">130 - 139</td> <td data-bbox="533 636 624 687">2</td> <td data-bbox="624 636 735 687">2</td> <td data-bbox="735 636 847 687">3</td> <td data-bbox="847 636 959 687">4</td> <td data-bbox="959 636 1070 687">5</td> <td data-bbox="1070 636 1350 687">6</td> </tr> <tr> <td data-bbox="268 687 533 739">140 - 159</td> <td data-bbox="533 687 624 739">3</td> <td data-bbox="624 687 735 739">3</td> <td data-bbox="735 687 847 739">3</td> <td data-bbox="847 687 959 739">4</td> <td data-bbox="959 687 1070 739">5</td> <td data-bbox="1070 687 1350 739">6</td> </tr> <tr> <td data-bbox="268 739 533 790">160 - 179</td> <td data-bbox="533 739 624 790">4</td> <td data-bbox="624 739 735 790">4</td> <td data-bbox="735 739 847 790">4</td> <td data-bbox="847 739 959 790">4</td> <td data-bbox="959 739 1070 790">5</td> <td data-bbox="1070 739 1350 790">6</td> </tr> <tr> <td data-bbox="268 790 533 842">180 - 209</td> <td data-bbox="533 790 624 842">5</td> <td data-bbox="624 790 735 842">5</td> <td data-bbox="735 790 847 842">5</td> <td data-bbox="847 790 959 842">5</td> <td data-bbox="959 790 1070 842">5</td> <td data-bbox="1070 790 1350 842">6</td> </tr> <tr> <td data-bbox="268 842 533 893">> = 210</td> <td data-bbox="533 842 624 893">6</td> <td data-bbox="624 842 735 893">6</td> <td data-bbox="735 842 847 893">6</td> <td data-bbox="847 842 959 893">6</td> <td data-bbox="959 842 1070 893">6</td> <td data-bbox="1070 842 1350 893">6</td> </tr> </tbody> </table>	AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE							< 84	85 - 89	90 - 99	100 - 109	110 - 119	> = 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	> = 210	6	6	6	6	6	6		
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160 - 179	4	4	4	4	5	6																																																					
180 - 209	5	5	5	5	5	6																																																					
> = 210	6	6	6	6	6	6																																																					
1012	<p>CIRCLE THE VALUE FROM 1011 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.</p> <table border="1" data-bbox="236 965 1350 1406"> <thead> <tr> <th data-bbox="236 965 400 1048">VALUE FROM 1011:</th> <th data-bbox="400 965 783 1048">RESPONDENT'S BLOOD PRESSURE CATEGORY:</th> <th colspan="2" data-bbox="783 965 1350 1048">CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:</th> </tr> </thead> <tbody> <tr> <td data-bbox="236 1048 400 1099">1</td> <td data-bbox="400 1048 783 1099">ACCEPTABLE RANGE</td> <td colspan="2" data-bbox="783 1048 1350 1099">24 MONTHS</td> </tr> <tr> <td data-bbox="236 1099 400 1182">2</td> <td data-bbox="400 1099 783 1182">AT THE HIGH END OF THE ACCEPTABLE RANGE</td> <td colspan="2" data-bbox="783 1099 1350 1182">12 MONTHS</td> </tr> <tr> <td data-bbox="236 1182 400 1234">3</td> <td data-bbox="400 1182 783 1234">ABOVE ACCEPTABLE RANGE</td> <td data-bbox="783 1182 927 1234">2 MONTHS</td> <td data-bbox="927 1182 1350 1234">PROVIDE COUNCELLING</td> </tr> <tr> <td data-bbox="236 1234 400 1285">4</td> <td data-bbox="400 1234 783 1285">MODERATELY HIGH</td> <td data-bbox="783 1234 927 1285">1 MONTH</td> <td data-bbox="927 1234 1350 1285">PROVIDE COUNCELLING</td> </tr> <tr> <td data-bbox="236 1285 400 1337">5</td> <td data-bbox="400 1285 783 1337">HIGH</td> <td data-bbox="783 1285 927 1337">7 DAYS</td> <td data-bbox="927 1285 1350 1337">REFER</td> </tr> <tr> <td data-bbox="236 1337 400 1406">6</td> <td data-bbox="400 1337 783 1406">VERY HIGH</td> <td data-bbox="783 1337 927 1406">TODAY</td> <td data-bbox="927 1337 1350 1406">REFER</td> </tr> </tbody> </table>	VALUE FROM 1011:	RESPONDENT'S BLOOD PRESSURE CATEGORY:	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:		1	ACCEPTABLE RANGE	24 MONTHS		2	AT THE HIGH END OF THE ACCEPTABLE RANGE	12 MONTHS		3	ABOVE ACCEPTABLE RANGE	2 MONTHS	PROVIDE COUNCELLING	4	MODERATELY HIGH	1 MONTH	PROVIDE COUNCELLING	5	HIGH	7 DAYS	REFER	6	VERY HIGH	TODAY	REFER																														
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6	VERY HIGH	TODAY	REFER																																																								
1013	<p>CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS</p>	<p>REPORTING FORM RECEIVED..... 1 NOT RECEIVED..... 2</p>																																																									

FEMALE GENITAL CIRCUMCISION FOR MAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ 1103
1102	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1200
1103	Do you believe that female circumcision is required by your religion?	YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
1104	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	

SECTION 12. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1200	In your opinion, what is the most serious health problem in your community?	HIV/AIDS 01 TUBERCULOSIS 02 MALARIA 03 MALNUTRITION 04 DIABETES 05 CANCER 06 FLU 07 ROAD TRAFFIC ACCIDENTS 08 DIARRHEA 09 HEART DISEASE 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
1201A	LOCATION OF INTERVIEW: MAINLAND <input type="checkbox"/> TANZANIA ↓	ZANZIBAR <input type="checkbox"/> → 1201	
1201B	In the last year, have you ever heard or seen the phrase "ZIRO MALARIA INAANZA NA MIMI"?	YES 1 NO 2	
1201	In the last six months, have you seen or heard any messages about malaria?	YES 1 NO 2	→ 1203
1202	Where did you see or hear these messages? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO A TELEVISION B POSTER/BILLBOARD C NEWSPAPER/MAGAZINE D LEAFLET/BROCHURE E HEALTHCARE PROVIDER F COMMUNITY HEALTH WORKER G SOCIAL MEDIA H OTHER _____ X (SPECIFY) DON'T REMEMBER Z	
1203	Are there ways to avoid getting malaria?	YES 1 NO 2	→ 1204A

SECTION 12. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1204	<p>What are the things that people can do to prevent themselves from getting malaria?</p> <p>RECORD ALL MENTIONED.</p>	<p>SLEEP UNDER A MOSQUITO NET A</p> <p>SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET B</p> <p>USE MOSQUITO REPELLENT C</p> <p>TAKE PREVENTATIVE MEDICATIONS D</p> <p>SPRAY HOUSE WITH INSECTICIDE E</p> <p>FILL IN STAGNANT WATERS (PUDDLES) F</p> <p>KEEP SURROUNDINGS CLEAN G</p> <p>PUT MOSQUITO SCREEN ON WINDOWS H</p> <p>PUT MOSQUITO SCREEN ON DOORS I</p> <p>CUT THE GRASS J</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1204A	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1204B	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?	<p>YES 1</p> <p>NO 2</p>	
1205	<p>Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know.</p> <p>People in this community only get malaria during the rainy season. Do you agree or disagree?</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/UNCERTAIN 8</p>	
1206	<p>When a child has a fever, you almost always worry it might be malaria.</p> <p>Do you agree or disagree?</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/UNCERTAIN 8</p>	
1207	<p>Getting malaria is not a problem because it can be easily treated.</p> <p>Do you agree or disagree?</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/UNCERTAIN 8</p>	
1208	<p>Only weak children can die from malaria.</p> <p>Do you agree or disagree?</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/UNCERTAIN 8</p>	
1209	<p>You can sleep under a mosquito net for the entire night when there are lots of mosquitoes.</p> <p>Do you agree or disagree?</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/UNCERTAIN 8</p>	
1210	<p>You can sleep under a mosquito net for the entire night when there are few mosquitoes</p> <p>Do you agree or disagree?</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/UNCERTAIN 8</p>	
1211	<p>You do not like sleeping under a mosquito net when the weather is too warm.</p> <p>Do you agree or disagree?</p>	<p>AGREE 1</p> <p>DISAGREE 2</p> <p>DON'T KNOW/UNCERTAIN 8</p>	

SECTION 12. MALARIA KNOWLEDGE AND BELIEFS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1212	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
1212A	You can easily protect myself and my children from malaria Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
1212B	It is important to sleep under a net every single night Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
1212C	Pregnant women are at high risk of getting malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
1212D	You can easily get treatment if my child gets malaria. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
1212E	The only way to be sure someone has malaria is to test their blood. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
1212F	It is important to take the entire course of malaria medicine to make sure the disease will be fully cured. Do you agree or disagree?	AGREE 1 DISAGREE 2 DON'T KNOW/UNCERTAIN 8									
1213	People in your community usually take their children to a health care provider on the same day or day after they develop a fever. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8									
1214	People in your community who have a mosquito net usually sleep under a mosquito net every night. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF 1 DISAGREE/LESS THAN HALF 2 DON'T KNOW/UNCERTAIN 8									
1215	RECORD THE TIME.	HOURS <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
