

10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	DISABILITY AND CHRONIC ILLNESSES							
	(10.01)	(10.02)	(10.03)	(10.04)	(10.05)	(10.06)		
	ID CODE OF CAREGIVER (PERSON WHO RESPONDED ON BEHALF OF CHILD <15 yrs)	Currently, how is YOUR/[NAME]'s health in a normal day, would you say it is excellent, good, fair or poor?	Do YOU/Does [NAME] suffer from any disabilities or chronic illnesses?	What disabilities or chronic illnesses do YOU/[NAME] suffer from? DISABILITIES PHYSICAL DISABILITY 01 MENTAL DISABILITY 02 BLINDNESS 03 DEAFNESS/SUMBNESS 04 OTHER DISABILITY 05 CHRONIC ILLNESS HEART CONDITION 06 HYPERTENSION 07 DIABETES 08 EPILEPSY 09 ASTHMA 10 CANCER 11 HIV/AIDS 12 TUBERCULOSIS 13 MENTAL DISORDER 14 CONGENITAL 15 OTHER CHRONIC ILLNESS 16	Given YOUR/[NAME]'s current health, how are YOU/[NAME] currently able to do daily activities such as work, school, etc? EASILY 1 WITH SOME DIFFICULTY 2 WITH MUCH DIFFICULTY 3 UNABLE TO DO 4	In the last 2 weeks, have YOU/[NAME] been sick or suffering from any illness or injury, excluding disabilities or chronic illnesses?		
							EXCELLENT 1	YES 1
							GOOD 2	NO 2 ► (10.06)
							FAIR 3	
							POOR 4	
							ID CODE OF CAREGIVER	
	01							
	02							
	03							
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FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	ACUTE ILLNESS							
	(10.07)			(10.08)	(10.09)	(10.10)	(10.11)	
	What were YOU/[NAME] mainly suffering from?			How long ago did the illness start?	How long did the illness last?	In the last 2 weeks, how many days of work , school, playing, or other main activities did YOU/[NAME] miss due to poor health?	In the last 2 weeks, how many days was YOU/[NAME] confined to bed due to poor health?	
	MULTIPLE ANSWERS			INTERVIEWER: WRITE THE ANSWER IN NUMBER OF DAYS	INTERVIEWER: WRITE THE ANSWER IN NUMBER OF DAYS. IF STILL ILL TODAY, RECORD 00.			
	<u>DISEASES</u>		<u>SYMPTOMS</u>					
	MALARIA	01	FEVER					19
	MEASLES	02	ABDOMINAL PAIN					20
	ANEMIA	03	COUGH ONLY					21
	MALNUTRITION	04	COUGH WITH DIFFICULT, FAST BREATHING					22
	NERVOUS / PARALYSIS	05	FLU/COLD					23
EYE PROBLEM	06	DIARRHEA WITHOUT BLOOD	24					
EAR PROBLEM	07	DIARRHEA WITH BLOOD	25					
HEART DISEASE	08	DIARRHEA AND VOMITING	26					
CHEST INFECTION	09	VOMITING	27					
PNEUMONIA	10	HEADACHE	28					
OTHER RESPIRATORY	11	OTHER	96					
DIGESTIVE	12							
MUSCLE / BONE	13							
SKIN	14							
GENITO-URINARY	15							
PREGNANCY / CHILDBIRTH RELATED	16							
PERINATAL	17							
INJURY OR POISONING	18							
	1st	2nd	3rd	NUMBER OF DAYS	NUMBER OF DAYS	DAYS	DAYS	
01								
02								
03								
04								
05								
06								
07								
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FOR ALL HOUSEHOLD MEMBERS

RESPONDENT; SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	SEEKING CARE				SEEK OF CARE, PLACE	
	(10.12)	(10.13)	(10.14)	(10.15)		
	Did YOU/[NAME] go to any health facility, health personnel or traditional healer to seek care for this illness?	Why didn't YOU/[NAME] go to a health facility or health personnel for care?	How long after the illness started did YOU/[NAME] seek care?	Where did YOU/[NAME] seek care?		
	PROBE WHETHER PATIENT WENT TO CENTER BUT CENTER WAS CLOSED/NOT STAFFED - COUNT THIS AS A "YES"	TOO EXPENSIVE 01	WITHIN 24 HOURS 1 BETWEEN 24 AND 48 HOURS 2 SAME WEEK 3 WITHIN 2 WEEKS 4 WITHIN 3 WEEKS 5 OTHER, SPECIFY 96	CENTRAL DISTRICT HOSPITAL 01		
		TOO FAR 02		DISTRICT HEALTH CENTRE (DHC) 02		
		TOO BUSY (WORK, CHILDREN) 03		RURAL HEALTH CENTRE 03		
		WASN'T SICK ENOUGH 04		HEALTH HOUSE 04		
		FACILITY HAS POOR STRUCTURE 05		PRIVATE CLINIC 05		
		FACILITY POORLY STOCKED 06		TRADITIONAL HEALER 06		
		POOR STAFF ATTITUDE 07		OTHER, SPECIFY 96		
		POOR STAFF KNOWLEDGE 08				
		DON'T TRUST THE STAFF 09				
		STAFF USUALLY ABSENT 10				
		HEALTH FACILITY CLOSED 11				
		NO TRANSPORTATION 12				
		POOR QUALITY OF CARE 13				
		INCONVENIENT HOURS 14				
		LONG WAITING TIMES 15				
		PREFER HOME CARE 16				
		SHORTAGE OF HEALTH WORKERS 17				
	OTHER (SPECIFY) 96					
	YES 1 ► (10.14)	<div>► (10.33)</div> RECORD UP TO 3 ANSWERS				
	NO 2	FIRST	SECOND	THIRD		
01						
02						
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10 HEALTH STATUS AND UTILIZATION

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT; SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	SEEK OF CARE, LAST VISIT		SEEK OF CARE, LAST VISIT				
	(10.16)	(10.17)	(10.18)	(10.19)	(10.20)	(10.21)	(10.22)
	For the last visit, how much time did it take to travel to the health care provider?	For the last visit, did YOU/[NAME] have a direct interaction with a health worker?	Why did YOU/[NAME] not have a direct interaction with a health worker?	For the last visit, how much time did YOU/[NAME] wait to be seen by a health worker?	For the last visit, who attended YOU/[NAME]?	Did this health care provider ask questions about how YOU/[NAME] was feeling or the symptoms that YOU/[NAME] had?	Did this health care provider do any physical exams on YOU/[NAME] such as taking blood pressure, listening to the heart, etc?
	INTERVIEWER: WRITE THE ANSWER IN MINUTES			INTERVIEWER: WRITE THE ANSWER IN MINUTES			
	ONE WAY ONLY		NO HEALTH WORKER PRESENT 01 HEALTH WORKER TOO BUSY 02 HEALTH WORKER NOT SEEING PATIENTS 03 HEALTH WORKER REFUSED 04 NO FEMALE HEALTH WORKER 05 HEALTH WORKER NOT QUALIFIED 06 WAITING TIME TOO LONG 07 PATIENT ARRIVED LATE 08 COULD NOT AFFORD FEE 09 OTHER, SPECIFY: _____ 96 OTHER, SPECIFY: _____		Family doctor 01 FAMILY NURSE 02 Feldsher 03 Hospital doctor 04 Specialist at PHC 05 Obstetrician/Gynecology 06 MIDWIFE 07 TRADITIONAL BIRTH ATTENDANT 08 Private doctor 09 TRADITIONAL HEALER 10 LAB TECHNICIAN 11 PHARMACIST 12 DRUG SELLER 13 OTHER, SPECIFY 96	YES 1 NO 2	YES 1 NO 2
	MINUTES			MINUTES			
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FOR ALL HOUSEHOLD MEMBERS
RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	SEEK OF CARE, LAST VISIT					EXPENDITURES				
	(10.23)	(10.24)	(10.25)	(10.26)	(10.27)	(10.28)				(10.29)
	Did this health care provider administer any rapid test (such as a fingerpick)?	Did this health care provider order any X-rays or laboratory examinations such as urine or blood tests?	Did YOU/[NAME] have these tests done?	Did YOU/[NAME] receive results?	Did this health care provider prescribe any medicines?	In the last 2 weeks, how much did your household spend out of its own pocket for the treatment of YOU/[NAME]'s illness? Specifically, how much did your household pay out of pocket for				Did an employer pay for any of the provider fees, laboratory and X ray fees or transportation?
						READ ALOUD EACH CATEGORY				
										YES 01
										NO 02
	YES 1	YES 1 1	YES 1	YES 1	YES 1	A. Official provider fees	B. Laboratory and X-ray Fees	C. Any other payments to the provider?	D. Transportation	OTHER, SPECIFY 96
	NO 2	NO 2 (10.27)	NO 2	NO 2	NO 2					
						SOMONI	SOMONI	SOMONI	SOMONI	
01										
02										
03										
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FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	HOSPITALIZATION			MEDICINES							
	(10.30)	(10.31)	(10.32)	(10.33)	(10.34)	(10.35)	(10.36)				
	In the last 2 weeks, did YOU/[NAME] have to spend the night in a health facility or hospital to treat this illness?	Over the last 2 weeks, how many nights did YOU/[NAME] spend in the health facility or hospital?	In the last 2 weeks, how much did your household spend out of its own pocket on YOUR/[NAME]'s stay on the health facility or hospital to treat this illness?	Now I am going to ask some questions regarding medicines that YOU/[NAME] may have taken to treat this illness. In the last 2 weeks, did YOU/[NAME] take any medicines to address this illness?	How many different kinds of medicines did YOU/[NAME] take?	Now I am going to ask you some questions about the medicines that YOU/[NAME] took. What kinds of medication did YOU/[NAME] take?	Did YOU/[NAME] obtain this medication with a doctor's prescription?				
	YES 1 NO 2 ► (10.33)		PROBE TO BE SURE THIS AMOUNT IS IN ADDITION TO COSTS IN (10.28)	PROBE FOR INJECTIONS THAT MAY HAVE BEEN ADMINISTERED		INTERVIEWER, PLEASE NOTE THE NAMES OF THE MEDICINES RECEIVED BY THE RESPONDENT IF THE RESPONDENT DOESNT REMEMBER THE NAME OF THE MEDICINE PLEASE ASK HIM/HER TO SHOW THE BOX OR THE PRESCRIPTION OF THE MEDICINE	PROBE: A DOCTOR'S PRESCRIPTION IS A PIECE OF PAPER WHERE THE DOCTOR WRITES THE NAME OF THE MEDICATION AND HOW MUCH MEDICATION THE PATIENT HAS TO TAKE. PATIENTS CAN TAKE THIS TO A PHARMACY IN ORDER TO GET THE RIGHT MEDICATION. DID YOU OBTAIN SUCH A PRESCRIPTION?				
		NIGHTS	SOMONI	YES 1 NO 2 ► (10.39)		Medication 1	Medication 2	Medication 3	Medication 1	Medication 2	Medication 3
01											
02											
03											
04											
05											
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RESPONDENT: SELF RESPONDENT; AND FOR CHILDREN UNDER 15, THE MOTHER OR PRIMARY CAREGIVER.

ID CODE	MEDICINES			CARE FOR OTHERS					
	(10.37)	(10.38)	(10.39)	(10.40)	(10.41)	(10.42)			(10.43)
	<div>In the last 2 weeks, how much did your household spend out of pocket in total to obtain these medications for YOU/[NAME]?</div> <div>PROBE TO BE SURE THIS AMOUNT IS IN ADDITION TO COSTS IN (10.28)</div> <div>IF NOTHING, RECORD ZERO</div> <div>SOMONI</div>	<div>Did your employer or insurance pay for any of this medication?</div> <div>YES 01</div> <div>NO 02</div> <div>OTHER, SPECIFY 96</div> <div><div>▶(10.40)</div></div>	What is the main reason YOU/[NAME] did not take medication for the illness?	<div>ARE YOU/[NAME] 5 YEARS OLD OR OLDER? SEE QUESTION (1.03)</div>	<div>In the last 2 weeks, did YOU/[NAME] stop regular activities at any time to take care of a sick household member?</div>	Who did YOU/[NAME] take care of?			<div>In the last 2 weeks, how many days of regular activities did YOU/[NAME] miss to take care of sick household members?</div>
			RECORD UP TO 3 PEOPLE						
			HEAD OF HOUSEHOLD 01						
			SPOUSE (WIFE/HUSBAND) 02						
			OWN SON / DAUGHTER 03						
			STEP SON/DAUGHTER 04						
			SON/DAUGHTER IN-LAW 05						
			GRANDCHILD 06						
BROTHER/SISTER 07									
PARENT / PARENT-IN-LAW 08									
GRAND PARENT / GRAND PARENT-IN-LAW 09									
NIECE/NEPHEW 10									
OTHER RELATIVE 11									
DOMESTIC HELP / MAID 12									
OTHER NON-RELATIVE 13									
CO-WIFE 14									
OTHER, SPECIFY 96									
CODE1 CODE2 CODE3 DAYS									
01									
02									
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14									
15									



Results Based Financing (RBF) Impact Evaluation Follow-Up Survey

TAJIKISTAN

2017-2018

IDENTIFIER

Form HH

QUESTIONNAIRE
NUMBERCENSUS AREA
NUMBER
 TYPE OF HOUSEHOLD
 1=RECENT BIRTH
 2=ABOVE 40 YEARS
 OLS
 3=BOTH

HOUSEHOLD QUESTIONNAIRE

 Region District Village NAME RHC/HH

 Comparison Only: Treatment 1 Treatment 2 Treatment 3 Treatment 4 Treatment 5

GPS COORDINATES OF DWELLING

 LATITUDE (NORTH): .
 LONGITUDE (EAST): . ALTITUDE: METERS

INTERVIEWER AND VISITS

NAME: CODE:

DATE OF VISIT

 # 1: DAY MONTH YEAR

START TIME

 HH MM

END TIME

 HH MM

 # 2: DAY MONTH YEAR

 HH MM

 HH MM

 # 3: DAY MONTH YEAR

 HH MM

 HH MM

LANGUAGE USED

...BY THE
INTERVIEWER? ☐... BY THE
RESPONDENT? ☐

TAJIK	01
UZBEK	02
RUSSIAN	03
KYRGYZ	04
OTHER (SPECIFY: <input type="text"/>)	96

TRANSLATOR USED?

NEVER	01
SOMETIMES	02
ALWAYS	03

☐

SUPERVISOR

NAME: CODE:

DAY	MONTH	YEAR			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTROL INFORMATION

NUMBER OF HOUSEHOLD
MEMBERS

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	(1.01)	(1.02)	(1.03)		(1.04)	(1.05)	(1.06)	(1.07)	(1.08)	(1.09)	(1.10)	(1.11)
	Please give me the names of the persons who live in your household. <i>WRITE THE FIRST NAME AND THEN THE SURNAME</i> <i>START THE LIST WITH THE HEAD OF THE HOUSEHOLD</i> <i>RECORD THE HOUSEHOLD MEMBERS IN ORDER TO THEIR AGE (FROM OLDER TO YOUNGER)</i>	GENDER [DON'T READ]	COPY AGE FROM (1.12) (IF <5 YEARS OLD, ALSO WRITE DOWN MONTHS)		Circle ID of All Household Members 18 and older	Circle ID of All Household Members 40 and older	Circle ID of All Women 15-49 years old	Circle ID of All Women with Children <5 years old	Circle ID of all Pregnant Women	Circle ID of All Children under 5 years old	Circle ID of All women, who gave birth during the last 24 months (from May 2016 up to now)	Circle ID of All Household Members, who currently for at least 2 weeks is inside or outside of the country
		MALE 1	YEARS	MONTHS								
		FEMALE 2										
	NAME											
01					01	01	01	01	01	01	01	01
02					02	02	02	02	02	02	02	02
03					03	03	03	03	03	03	03	03
04					04	04	04	04	04	04	04	04
05					05	05	05	05	05	05	05	05
06					06	06	06	06	06	06	06	06
07					07	07	07	07	07	07	07	07
08					08	08	08	08	08	08	08	08
09					09	09	09	09	09	09	09	09
10					10	10	10	10	10	10	10	10
11					11	11	11	11	11	11	11	11
12					12	12	12	12	12	12	12	12
13					13	13	13	13	13	13	13	13
14					14	14	14	14	14	14	14	14
15					15	15	15	15	15	15	15	15

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE										FATHER					
(1.12)	(1.13)	(1.14)	(1.15)	(1.16)	(1.17)	(1.18)	(1.19)								
What is [NAME]'s relationship to the head of the household?	What is [NAME]'s date of birth?	How old is [NAME]?	What is [NAME]'s current marital status?	SPOUSE'S ID CODE	Does [NAME] 's father live in this household?	COPY THE ID CODE OF THE FATHER	What is the highest school level that [NAME]'s father attended?								
HEAD OF HOUSEHOLD 01	IF RESPONDENT DOES NOT KNOW DAY OR MONTH, WRITE 'DK'. IF DOES NOT KNOW YEAR, PROBE USING TABLE OF EVENTS	(IF <5 YEARS OLD, ALSO COLLECT MONTHS)	NEVER MARRIED 01 ▶ (1.17)	IF SPOUSE IS NOT A HOUSEHOLD MEMBER, CODE 98 LIST IN ORDER OF RANK	YES 01 NO 02 ▶ (1.19) DIE 03 ▶ (1.19)		KINDERGARTEN 01 ▶ (1.20)								
SPOUSE (WIFE/HUSBAND) 02			MARRIED (REGISTERED) 02				PRIMARY (GRADES 1-4) 02								
OWN SON / DAUGHTER 03			MARRIED (POLYGAMOUS UNION) 03				BASIC (GRADES 5-8(9)) 03								
STEP SON/DAUGHTER 04			MARRIAGE NOT REGISTERED (ONLY NIKOKH) 04				SECONDARY GENERAL (GRADES 9-10(11)) 04								
SON/DAUGHTER IN-LAW 05			DIVORCED / SEPARATED 05 ▶ (1.17)				SECONDARY SPECIAL 05								
GRANDCHILD 06			WIDOWED 06 ▶ (1.17)				SECONDARY TECHNICAL 06								
BROTHER/SISTER 07		LIVES ALONE, BUT NOT DIVORCED 07	UNDERGRADUATE 07												
PARENT 08		LIVING WITH PARTNER, UNMARRIED (NOT NIKOKH) 08	BACHELOR 08												
PARENT-IN-LAW 09			HIGHER EDUCATION 09												
NIECE/NEPHEW 10			MASTER / MAGISTRACY 10												
OTHER RELATIVE 11			GRADUATE/ASPIRANTURA 11												
DOMESTIC HELP 12	A.	B.	C.	A.	B.	FATHER'S ID CODE	POST GRADUATE 12								
OTHER NON-RELATIVE 13	DAY	MONTH	YEAR	YEARS	MONTHS		NONE 13 ▶ (1.20)								
CO-WIFE 14							DO NOT KNOW 14 ▶ (1.20)								
OTHER, SPECIFY 96															
				ID1 ID2 ID3			LEVEL								
01															
02															
03															
04															
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1 HOUSEHOLD ROSTER

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	MOTHER							
	(1.20)	(1.21)	(1.22)	(1.23)	(1.24)	(1.25)	(1.26)	(1.27)
	Does [NAME]'s mother live in this household?	COPY THE ID CODE OF THE MOTHER	What is the highest school level that [NAME]'s mother attended?	What is [Name]'s Nationality?	Has [NAME] been away from the household for more than 6 months in the last 12 months?	For how many months during the past 12 months has [NAME] been away?	IS [NAME] A HOUSEHOLD MEMBER?	What is [NAME]'s mother tongue?
	YES 01 NO 02 ► (1.22) DIED 03 ► (1.22)		KINDERGARTEN 01 PRIMARY (GRADES 1-4) 02 BASIC (GRADES 5-8(9)) 03 SECONDARY GENERAL (GRADES 9-10(11)) 04 SECONDARY SPECIAL 05 SECONDARY TECHNICAL 06 UNDERGRADUATE 07 BACHELOR 08 HIGHER EDUCATION 09 MASTER / MAGISTRACY 10 GRADUATE/ASPIRANTURA 11 POST GRADUATE 12 NONE 13 DON'T KNOW 14	TAJIK 01 UZBEK 02 RUSSIAN 03 KYRGYZ 04 TATAR 05 TURKMEN 06 KOREAN 07 KAZAKH 08 OTHER, SPECIFY 96	YES 01 NO 02 ► (1.26)		YES 01 NO 02	TAJIK 01 UZBEK 02 RUSSIAN 03 KYRGYZ 04 OTHER, SPECIFY 96
01								
02								
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1. HOUSEHOLD ROSTER

FOR ALL HOUSEHOLD MEMBERS
RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	(1.28) Can [NAME] read and write in any language?	(1.29) Has [NAME] ever attended school?	(1.30) What is the highest school level that [NAME] attended?	(1.31) Within that school level, what was the highest grade that [NAME] completed?	(1.32) IF PERSON IS 5 YEARS OR OLDER During the 2017-18 school year, did [NAME] attend school or preschool at any time?	(1.33) In the last 12 months, what was [NAME]'s employment status?
			KINDERGARTEN 01 ▶ (1.32)	WRITE 0 IF NO GRADE WAS COMPLETED WITHIN THAT LEVEL		INSTRUCTIONS TO THE PROGRAMME MANAGER: THIS QUESTIONS IS ONLY FOR INDIVIDUALS OVER 12 YEARS OLD.
			PRIMARY (GRADES 1-4) 02		WAGE EMPLOYEE 01	
			BASIC (GRADES 5-8(9)) 03		PIECE WORK 02	
			SECONDARY GENERAL (GRADES 9-10(11)) 04		SELF-EMPLOYED / OWN BUSINESS 03	
			SECONDARY SPECIAL 05		MEMBER OF A PRODUCER'S COOPERATIVE 04	
			SECONDARY TECHNICAL 06		CONTRIBUTING FAMILY WORKER 05	
			UNDERGRADUATE 07		OTHER WORKER 06	
			BACHELOR 08		LOOKING FOR WORK 07	
			HIGHER EDUCATION 09		CAPABLE BUT NOT LOOKING FOR WORK 08	
			MASTER / MAGISTRACY 10		NOT WORKING (FULL TIME STUDENT) 09	
			GRADUATE/ASPIRANTURA 11		HOMEMAKER / HOUSEWIFE 10	
			POST GRADUATE 12		NOT WORKING (RETIRED) 11	
			NONE 13 ▶ (1.32)		NOT WORKING (TOO OLD) 12	
			DON'T KNOW 14 ▶ (1.32)		NOT WORKING (TOO SICK) 13	
	YES 01 NO 02 ▶ (1.29)	YES 01 NO 02 ▶ (1.31)			LABOUR MIGRATION 14	
				YES 1 NO 2	OTHER, SPECIFY 96	
			LEVEL	GRADE		
01						
02						
03						
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ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(5.01) ID CODE OF RESPONDENT:

(5.02) TYPE OF DWELLING

SEPARATE APARTMENT IN A MULTISTORY BUILDING	01
APARTMENT OR ROOM IN MULTIPLE OCCUPATION	02
SEPARATE HOUSE	03
PART OF A HOUSE	04
HOSTEL	05
TEMPORARY PREMISE	06
OTHER NONRESIDENTIAL PREMISE USED FOR HABITATION	07
OTHER LIVING SPACE	08
BARRACKS	09
OTHER, SPECIFY	96

(5.03) MAIN MATERIAL USED FOR:

BRICKS OR BLOCKS	01
ASBESTOS / SLATES	02
CORRUGATED IRON / METAL	03
PLASTIC	04
POLES / REED	05
TILES	06
THATCH / GRASS/BULRUSH	07
WOOD/ LOGS	08
EARTH / MUD	09
CONCRETE ONLY	10
COVERED CONCRETE	11
CARDBOARD	12
BITUMISED CONCRETE SLAB	13
PARQUET	14
OTHER, SPECIFY	96

A. WALLS:

B. ROOF TOP:

C. FLOOR:

(5.06) How many rooms does your dwelling have?

(INCLUDE ROOMS OUTSIDE THE MAIN DWELLING, DO NOT INCLUDE KITCHEN AND BATHROOMS)

NUMBER OF ROOMS:

(5.07) What is your household's main source for drinking water?

PIPED INTO DWELLING	01
PIPED INTO YARD/PLOT	02
PUBLIC TAP/STANDPIPE	03
TUBEWELL/BOREHOLE	04
PROTECTED WELL	05
UNPROTECTED WELL	06
PROTECTED SPRING	07
UNPROTECTED SPRING	08
RAINWATER	09
TANKER TRUCK	10
CART WITH SMALL TANK	11
SURFACE WATER / PUDDLES	12
BOTTLED WATER	13
LAKE	14
RIVER/STREAM	15
OTHER, SPECIFY	96

(5.04) What is the ownership status of your dwelling?

INTERVIEWER: READ THE ALTERNATIVES TO THE RESPONDENT

Private dwelling	01
Rented (not tied to the job)	03
Rent free (owned by government employer)	05
Temporary housing	09
Squatting	10
Other, specify	96

(5.08) How long does it take you to go to this source on foot?

ONE WAY ONLY

IF WATER SOURCE IS INSIDE DWELLING, WRITE 0 AND GO TO NEXT QUESTIONS

MINUTES:

(5.05) How much rent are you charged?

MONTHLY	01
EVERY 3 MONTHS	02
EVERY 6 MONTHS	03
ANNUALLY	04
WEEKLY	05
BI-WEEKLY	06
OTHER, SPECIFY	96

PERIOD CODE:

AMOUNT IN SOMONI:

▶ (5.06)

(5.09) How do you treat your drinking water?

NO TREATMENT	01
BOIL	02
ADD CHLORINE	03
ADD IODINE	04
OTHER, SPECIFY	96

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(5.10) Do you pay for water?

YES	01	► (5.12)
NO	02	

(5.11) What is the main reason you do not pay for water?

HOUSEHOLD CANNOT AFFORD TO PAY	01
HOUSEHOLD DOES NOT WANT TO PAY	02
SERVICE IS FREE	03
OTHER, SPECIFY	96

(5.12) Do you pay water according to a meter reading?

YES	01
NO	02

(5.13) On average how much is your bill for water supply and what is the time interval for your water payment?

MONTHLY	01
EVERY 3 MONTHS	02
EVERY 6 MONTHS	03
ANNUALLY	04
WEEKLY	05
BI-WEEKLY	06
OTHER, SPECIFY	96

PERIOD CODE:

AMOUNT IN SOMONI:

(5.14) Who spends most time fetching or collecting water for your household?

WOMAN	01	► (5.16)
MAN	02	► (5.16)
FEMALE CHILD (UNDER 15 YEARS)	03	► (5.16)
MALE CHILD (UNDER 15 YEARS)	04	► (5.16)
EVERYONE SHARES THE BURDEN	05	► (5.16)
WE PAY OTHERS TO CARRY OR COLLECT IT	06	
NOBODY	07	► (5.16)
OTHER, SPECIFY	96	► (5.16)

(5.15) How much do you pay in a month to others for carrying or collecting water?

AMOUNT IN SOMONI:

(5.16) What type of toilet facility do your household members use at home?

FLUSH TO PIPED SEWER	01	PIT LATRINE WITHOUT SLAB	07
FLUSH TO SEPTIC	02	COMPOSTING TOILET	08
FLUSH TO PIT LATRINE	03	BUCKET	09
FLUSH TO OTHER	04	HANGING TOILET	10
VENTILATED PIT LATRINE	05	NO FACILITIES OR BUSH	11 ► (5.18)
PIT LATRINE WITH SLAB	06	OTHER, SPECIFY	96

(5.17) How many other households does your household share the toilet facility with?
IF HOUSEHOLD DOES NOT SHARE, WRITE '0'

NUMBER:

(5.18) How do you mainly deal with the household's refuse / rubbish?

REFUSE COLLECTED	01
THROW INTO A PIT	02
BURY	03
BURN	04
THROW ONTO STREET OR PUBLIC AREA	05
REFUSE COLLECTED AND THROWS ON THE FIELD	06
OTHER, SPECIFY	96

(5.19) What is your household's main source of energy for lighting?

KEROSINE / PARAFFIN / OIL	01	WOOD	07
LAMP		CHARCOAL	08
GAS	02	COAL	09
ELECTRICITY FROM GRID	03	ANIMAL DUNG	10
ELECTRICITY FROM GENERATOR	04	CROPS OR OTHER AGRICULTURAL WASTE	11
ELECTRICITY FROM SOLAR PANEL	05	SHRUBS AND STRAW	12
DIESEL	06	TORCH	13
		CANDLES	14
		OTHER, SPECIFY	96

(5.20) What is the main source of energy used for cooking?

KEROSINE / PARAFFIN	01	WOOD	07
GAS	02	CHARCOAL	08
ELECTRICITY FROM GRID	03	COAL	09
ELECTRICITY FROM GENERATOR	04	ANIMAL DUNG	10
ELECTRICITY FROM SOLAR PANEL	05	CROPS OR OTHER AGRICULTURAL WASTE	11
DIESEL	06	SHRUBS AND STRAW	12
		OTHER, SPECIFY	96

(5.21) What is the main source of energy used for heating?

KEROSINE / PARAFFIN	01	WOOD	07
GAS	02	CHARCOAL	08
ELECTRICITY FROM GRID	03	COAL	09
ELECTRICITY FROM GENERATOR	04	ANIMAL DUNG	10
ELECTRICITY FROM SOLAR PANEL	05	CROPS OR OTHER AGRICULTURAL WASTE	11
DIESEL	06	SHRUBS AND STRAW	12
		OTHER, SPECIFY	96

6 HOUSEHOLD ASSETS

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

Part A: Durable Goods

DURABLE GOOD CODE	DURABLE GOOD	(6.02) How many [DURABLE GOOD]s does your household own?
		ONLY INCLUDE FUNCTIONING ASSETS IF NONE WRITE ZERO AND ► NEXT DURABLE
		NUMBER
01	Radio	
02	CD/DVD player	
03	Record player	
04	Television	
05	Clothes iron	
06	Electric stove	
07	Gas stove	
08	Paraffin lamp	
09	Bed	
10	Mattress	
11	Table/chair	
12	Refrigerator / freezer	
13	Sewing machine	
14	Table (for dining)	
15	Sofa	
16	Land line telephone	
17	Basic phone (push-button telephone)	
18	Smartphone	
19	Motorcycle	
20	Bicycle	
21	Truck	
22	Car	
23	Wheelbarrow	
24	Plough	
25	Hoes / harrows / axes	
26	Tractor / harvester	
27	Computer/Laptop	
28	Microwave	
29	Satellite dish	
30	Fan	
31	Mini generatorМинигенератор	
32	Vacuum cleaner	
33	Air conditioner	
34	Wardrobe	
35	Video recorder	
36	Tablet	

Household Questionnaire

Form HH

(6.01) ID CODE OF RESPONDENT:

Part B: Land Ownership and Livestock

(6.03) Does your household own the land plot on which this dwelling is built?

YES	1	
NO	2 ►	(6.05)

(6.04) What is the size of this plot? SIZE: AREA UNIT:

<u>AREA UNIT:</u>		
HECTARE	1	SQUARE METER 3
ARE (SOTKA)	2	

(6.05) Does your household own any land (or other land besides this residence)?

YES	1	
NO	2 ►	(6.07)

(6.06) How much land does your household own? SIZE: AREA UNIT:

<u>AREA UNIT:</u>		
HECTARE	1	SQUARE METER 3
ARE (SOTKA)	2	

(6.07) If you were to rent or sell the land you own, how much do you think you would receive for it? MONI FOR RENT:

PLEASE CONSIDER ONE YEAR IF FOR RENT

SOMONI FOR SELL:

(6.08) How much land did your household give rent or buy in the last 12 months? AREA UNIT:

RECORD THE AMOUNT AND THE UNIT OF MEASUREMENT
RECORD 0 IN THE AMOUNT BOX IF NONE

<u>AREA UNIT:</u>		
HECTARE	1	SQUARE METER 3
ARE (SOTKA)	2	

(6.09) How much land did your household get for free in the last 12 months? AREA UNIT:

RECORD THE AMOUNT AND THE UNIT OF MEASUREMENT
RECORD 0 IN THE AMOUNT BOX IF NONE

<u>AREA UNIT:</u>		
HECTARE	1	SQUARE METER 3
ARE (SOTKA)	2	

6 HOUSEHOLD ASSETS

Part B: Land Ownership and Livestock (cont.)

ANIMAL CODE	ANIMAL	(6.10) How many [ANIMAL]s does your household own? IF NONE WRITE ZERO ► NEXT ANIMAL
		NUMBER
01	Cattle	
02	Goats	
03	Ewe/Sheep	
04	Poultry	
05	Game/Gibier	
06	Donkeys/Mules	
07	Horses	
09	Rabbit/Hare	
10	Beehive	
96	Other animals, specify	

Part C: Health Related Financial Shocks

(6.11) In

YES	1
NO	2 ► NEXT MODULE

(6.12) In the last 12 months, did anyone in your household have to sell any land, buildings, farm equipment, livestock, food reserves or other possessions in order to pay for health care?

PROBE: Health care payments include paying for hospital bills, doctor's bills or medicines.

YES	1
NO	2 ► (6.15)

		(6.13) Did you have to sell [ASSET]?	(6.14) How much money did you get for these in total?
		YES 1 NO 2 ► NEXT	AMOUNT IN SOMONI
1	Land		
2	Buildings		
3	Farm equipment		
4	Livestock		
5	Other possessions		

Part C: Health Related Financial Shocks (cont.)

(6.15) In the last 12 months, did anyone in your household have to borrow money in order to pay for health care? Borrowing money is when you are expected to give the money back after some time.

PROBE: Health care payments include paying for hospital bills, doctor's bills or medicines.

YES	1
NO	2 ► (6.18)

(6.16) How much money did you borrow in total over the last 12 months?

AMOUNT IN SOMONI:

(6.17) As of today, how much money do you still need to pay back?

AMOUNT IN SOMONI:

(6.18) In

YES	1
NO	2 ► (6.20)

(6.19) How much money did you receive in total over the last 12 months?

AMOUNT IN SOMONI:

(6.20) At this time, how much money do you still owe on health care bills?

WRITE ZERO IF NOTHING

AMOUNT IN SOMONI:

7 OTHER SOURCES OF INCOME

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE
RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(7.01) ID CODE OF RESPONDENT

SOURCE OF INCOME CODE	Now I would like to ask you some questions on other sources of income for your household, apart from payment for work.	(7.02)	(7.03)
		In the past 12 months, did any member of your household receive income from [SOURCE OF INCOME]?	In the past 12 months, how much did your household receive from [SOURCE OF INCOME]?
		YES 1	
	NO 2 ▶ NEXT SOURCE		
	SOURCE OF INCOME		SOMONI
01	Income from salary		
02	Renting		
03	Pension, safari and vacation		
04	Income from sale		
05	Remittances		
06	Other income		

8 CONSUMPTION

Part A: Weekly food consumption

(8.01) ID CODE OF RESPONDENT:

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

FOOD ITEM CODE	(8.02)			(8.03)	(8.04)
	Has your household consumed [FOOD ITEM] during the past 7 days?			During the past 7 days, what is the <u>total value</u> of the [FOOD ITEM] that your household <u>consumed</u> ?	What was the main source of this [FOOD ITEM]? Was it mainly produced by the household, bought, or received for free?
	(1) ASK QUESTION (7.02) ABOUT EACH ITEM IN THE LIST FIRST. RECORD 1=YES, 2=NO				
	(2) IF THE ANSWER TO (7.02) IS YES, ASK (7.03) AND (7.04)				
	FOOD ITEM DESCRIPTION	UNIT	YES 1 NO 2	SOMONI	Produced by household 01 Bought 02 Received for free 03
01	Bread / Buns	KG			
02	Non (bread)	KG			
03	Flour [1]	KG			
04	Wheat 1	KG			
05	Cereals	KG			
06	Rice	KG			
07	Macaroni products	KG			
08	Dried Beans, pulses (beans, peas, lentils, etc.)	KG			
09	Other grain products (e.g. maize, oats, barley)	KG			
10	Onions	KG			
11	Garlic	KG			
12	Potatoes	KG			
13	Tomatoes	KG			
14	Carrots	KG			
15	CABBAGE	KG			
16	CAULIFLOWER	KG			
17	CUCUMBER	KG			
18	MUSHROOMS (fresh, salted, dried, etc.)	KG			
19	Preserved vegetables	KG			
20	Other Vegetables	KG			
21	Apples	KG			
22	ORANGES	KG			
23	Grapes	KG			
24	Watermelon, melon	KG			
25	Pumpkin	KG			
26	Other fresh fruit	KG			
27	Dried fruits	KG			
28	Preserved fruits	KG			
29	Dried nuts	KG			
30	Beef	KG			
31	Chicken	KG			

Part A: Weekly food consumption

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

FOOD ITEM CODE	(8.02)			(8.03)		(8.04)	
	Has your household consumed [FOOD ITEM] during the past 7 days?			During the past 7 days, what is the <u>total value</u> of the [FOOD ITEM] that your household <u>consumed</u> ?		What was the main source of this [FOOD ITEM]? Was it mainly produced by the household, bought, or received for free?	
	(1) ASK QUESTION (7.02) ABOUT EACH ITEM IN THE LIST FIRST. RECORD 1=YES, 2=NO						
	(2) IF THE ANSWER TO (7.02) IS YES, ASK (7.03) AND (7.04)						
	FOOD ITEM DESCRIPTION			UNIT	YES 1 NO 2	SOMONI	Produced by household 01 Bought 02 Received for free 03
32	Lamb	KG					
33	SAUSAGES	KG					
34	CANNED MEAT	KG					
35	Other meat products	KG					
36	Fish and Seafood (fresh or frozen, CANNED or SALTED)	KG					
37	Eggs	P					
38	Fresh milk	L					
39	CHEESE/ Yoghurt	KG					
40	POWDERED MILK	KG					
41	GHEE/ Home made butter	KG					
42	BUTTER bought in a shop (Include Margarine)	KG					
43	Vegetable oil	KG					
44	Animal fat	KG					
45	SOFT DRINKS	L					
46	FRUIT JUICE or fruit drink	L					
47	Tea/ Coffee	KG					
48	Salt / Spices / Condiments	KG					
49	Sugar	KG					
50	Sweets, Eastern sweets	KG					
51	JAM	L					
52	ICE CREAM	KG					
53	CHOCOLATE	KG					
54	Pastries	KG					
55	ALCOHOLIC DRINKS	L					
56	Food outside the household (small restaurants, street food, at school/work etc.)	X					

[1] Only record the amounts of flour and wheat consumed that were not used to produce bread or non

[1] Only record the amounts of flour and wheat consumed that were not used to produce bread or non

8 CONSUMPTION

Part B: Monthly non-food consumption

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

NON-FOOD ITEM CODE	(8.05)		(8.06)	(8.07)
	Has your household purchased [NON-FOOD ITEM] during the past 30 days or received it for free?		In the past 30 days, how much did your household spend on [NON-FOOD ITEM]?	In the past 30 days, what is the value of [NON-FOOD ITEM] your household received for free or against an in-kind payment?
			WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING
	NON-FOOD ITEM DESCRIPTION	YES 1 NO 2	SOMONI	SOMONI
01	Toiletries (soap, shaving soap, toothpaste, tissues, sanitary towels)			
02	Candles, lighters and matches			
03	Fuel and lubrication for personal vehicle - EXCLUDE COSTS OF FUEL USED FOR BUSINESS USE OF VEHICLE (TAXI, TRADING BUSINESS, ETC)			
04	Public transport (to and from work)			
05	Public transport (to and from school)			
06	Public transport (to and from health facility)			
07	Other public transport			
08	Dentist fees and related expenses			
09	Health care consultation fees, western doctors and nurses, midwives etc. (not including hospital bills)			
10	Medication and injections			
11	Laboratory fees, X-rays fees			
12	Consultation fees with traditional doctors, healers, etc.			
13	Other health related expenditures			
14	Telephone (Telephone calls, cards, flexicards, recharge vouchers, etc.)			
15	Internet charges (including Cyber cafes)			
16	Personal care services (hairdressing salons, barbers, beauty shops, etc.)			
17	Articles for cleaning (brooms, scrubbing brushes, dust pans, sponges, floor cloths, etc.)			
18	Domestic services (paid staff in private service such as child care, babysitting, cooks, cleaners, drivers, gardeners, etc.)			
19	Laundry and dry cleaning			
20	Pet food, pet supplies and services			
21	Entertainment (cinema, theaters, opera houses, concert halls, circuses, amusement parks, sports events, gym or fitness center admission, etc.)			
22	Cigarettes, tobacco, cigars			
23	Newspapers and magazines			
96	Other (specify)			

Part C: Annual non-food consumption

ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE
RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

NON-FOOD ITEM CODE	(8.08)	(8.09)	(8.10)	
	Has your household purchased [NON-FOOD ITEM] during the past 12 months or received it for free?		In the past 12 months, how much did your household spend on [NON-FOOD ITEM]?	In the past 12 months, what is the value of [NON-FOOD ITEM] your household received for free or against an in-kind payment?
	(1) ASK QUESTION (7.08) ABOUT EACH ITEM IN THE LIST FIRST. RECORD 1=YES, 2=NO		WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING
	(2) IF THE ANSWER TO (7.08) IS YES, ASK (7.09) AND (7.10)			
	NON-FOOD ITEM DESCRIPTION	YES 1 NO 2	SOMONI	SOMONI
01	Clothing material and tailoring			
02	Shoes and footwear			
03	Furniture			
04	Household utensils (cutlery, glassware, plates, etc.)			
05	School fees			
06	Parent association fees and levies			
07	Tuition and boarding costs			
08	Textbooks			
09	Uniforms and other materials			
10	Other Education			
11	Remittances sent to family, friends			
12	Funerals (including contributions given out)			
13	Parties (wedding, birthday, child naming, etc.)			
14	Vehicles (cars, motor cycles, bicycles, etc.)			
15	Jewelry, clocks and watches			
16	Home repairs and maintenance			
17	Hospital bills			
96	Other (specify)			

9 MORTALITY

HOFF Impact Evaluation

Household Questionnaire

Form HH

SUBJECT: ONE RESPONSE FOR THE HOUSEHOLD AS A WHOLE
RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

(9.01)

ID CODE OF RESPONDENT:

(9.02) Has there been a death of any adult, child or infant living in this household in the past 12 months?

YES	1
NO	2

(9.03) In the past 12 months, has there been any baby who cried or showed signs of life but only survived a few hours or days?

YES	1	TREAT ANY SUCH BABY AS A DECEASED HOUSEHOLD MEMBER
NO	2	

(9.04) How many household members died in the past 12 months?

IF ZERO, RECORD "0" AND ► NEXT MODULE

NUMBER:

Please tell me the names of those household members that passed away in the past 12 months, starting with the most recent death. RECORD MOST RECENT DEATH FIRST, FOLLOWED BY PREVIOUS DEATH

DECEASED CODE	NAME OF THE DECEASED	(9.05)		(9.06)	(9.07)		(9.08)		(9.09)	(9.10)			
		What was the date of death?		What was the gender of the deceased?	How old was [HE/SHE] when [HE/SHE] passed away?		What was the cause of death?		Where did [HE/SHE] die?	What was the relationship of the deceased to the current head of household?			
		MONTH	YEAR	MALE 01 FEMALE 02	RECORD AGE IN DAYS, MONTHS OR YEARS	DAYS 1 MONTHS 2 YEARS 3	BIRTH TRAUMA	01			AT HOME 01 IN ANOTHER HOME 02 IN THE STREET 03 IN A CLINIC 04 IN A HOSPITAL 05 OTHER: _____ 96	SPOUSE (WIFE/HUSBAND)	02
							CONGENITAL ANOMALIES	02				OWN SON / DAUGHTER	03
							SICKLE CELL	03				STEP SON/DAUGHTER	04
							MEASLES	04				SON/DAUGHTER IN-LAW	05
							MALARIA	05		GRANDCHILD		06	
							MALNUTRITION	06		BROTHER/SISTER		07	
							DIARRHEA	07		PARENT		08	
							PNEUMONIA	08		PARENT-IN-LAW		09	
							TUBERCULOSIS	09		NIECE/NEPHEW		10	
							AIDS	10		OTHER RELATIVE		11	
							ACCIDENT	11		DOMESTIC HELP		12	
							VIOLENCE	12		OTHER NON-RELATIVE		13	
							STROKE	13		OTHER, SPECIFY		96	
		CANCER	14										
		HEART DISEASE	15										
		OLD AGE	16		OTHER, SPECIFY	96							
		UNKNOWN	17										
		OTHER, SPECIFY	96										
01													
02													
03													
04													
05													
06													

11 HYPERTENSION

FOR ALL HOUSEHOLD MEMBERS >18
RESPONDENT: SELF

[illegible]

11 HYPERTENSION

FOR ALL HOUSEHOLD MEMBERS >18
RESPONDENT: SELF

ID CODE	(11.16)	(11.17)	(11.18)
	When your blood pressure was last measured either by you or other family member?	When was your blood pressure last measured by a health professional?	Where was your blood pressure measured the last time?
	Within the past week 01	Within the past week 1	HOSPITAL 01
	Within the past month 02	Within the past month 2	DISTRICT HEALTH CENTRE (DHC) 02
	Within the last three months 03	Within the last three months 3	RURAL HEALTH CENTRE 03
	Within the last year 04	Within the last year 4	HEALTH HOUSE 04
	Over one year ago 05	Within the last 5 years 5	PRIVATE CLINIC 05
	Don't know/do not remember 06	Not within the past 5 years or never 6 ▶ Next MODULE	HOME VISIT 06
	Never 07	Don't know/do not remember 7	OTHER, SPECIFY 96
	OTHER, SPECIFY 96	OTHER, SPECIFY 96	
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			

12 BLOOD PRESSURE TEST

FOR ALL HOUSEHOLD MEMBERS >18
RESPONDENT: SELF

	(12.01) We would like to measure your blood pressure. The analysis of blood pressure readings can INFORM US about the health of the population. May I measure your blood pressure?	(12.02) INTERVIEWER: ASK RESPONDENT TO SIGN CONSENT SHEET.	(12.03) Have you eaten, smoked, drank alcohol or done any vigorous exercise in the past 30 minutes?					(12.04) BLOOD PRESSURE TO BE MEASURED FOR ALL RESPONDENTS EXCEPT THOSE WITH THE FOLLOWING PRESENT ON BOTH ARMS: - Rashes, gauze dressings, casts, swelling, paralysis, open sores or wounds, arteriovenous (a-v) shunts BLOOD PRESSURE TO BE MEASURED ON RIGHT ARM UNLESS: - Blood has been drawn from the right arm within the last week - Presence of the following on the right arm: rash, gauze dressing, cast, swelling, paralysis, open sore or wound, arteriovenous (a-v) shunt - Respondent has had a right mastectomy - Right arm amputation INTERVIEWER: RECORD WHICH ARM WILL BE USED	
	Yes – agrees to blood pressure measurement 1 ▶ (12.02)	Signed consent obtained 1 ▶ (12.03) No signed consent 2 ▶ (12.05)	Yes 01 No 02 Don't know 03						
	No – refuses blood pressure measurement 2 ▶ Next MODULE		Eaten Smoked Drank alcohol Drank coffee Done vigorous exercise						
	Respondent was not at home during the last 3 days 3 ▶ Next MODULE								
	01								
	02								
	03								
	04								
05									
06									
07									
08									
09									
10									
11									
12									
13									
14									
15									

12 BLOOD PRESSURE TEST

FOR ALL HOUSEHOLD MEMBERS >18
RESPONDENT: SELF

[illegible]

12 BLOOD PRESSURE TEST

FOR ALL HOUSEHOLD MEMBERS >18
RESPONDENT: SELF

ID CODE	(12.09)					
	INTERVIEWER: ENTER BLOOD PRESSURE READINGS OBTAINED ON THE RECORD CARD. GIVE RESPONDENT FEEDBACK AS BELOW. FEEDBACK SHOULD BE BASED ON THE LOWEST SYSTOLIC AND DIASTOLIC READINGS OBTAINED.					
	REMEMBER: The feedback you give should be based on the lowest systolic and diastolic reading.					
	Rating	Systolic		Diastolic	Feedback	READ OUT:
	Normal	<130	and	<85	1	'Your blood pressure is normal. No further action is recommended. However, it is important to have your blood pressure measured as part your regular health check-ups.'
	High normal	130-140	or	85-89	2	'Although your blood pressure is normal it is on the high side of normal today. Blood pressure can vary from day to day and throughout the day, so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your doctor within the next six months to have a further blood pressure reading, to see whether this is a one-off finding or not.'
	Mildly high	140-159	or	90 – 99	3	'Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day, so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your doctor within 2 months to have a further blood pressure reading, to see whether this is a one-off finding or not.'
	Moderately high	160-179	or	100 – 109	4	'Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day, so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your doctor within 2 weeks to have a further blood pressure reading, to see whether this is a one-off finding or not.'
Severely high	180 or more	or	110 or more	5	'Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day, so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your doctor within 5 days to have a further blood pressure reading, to see whether this is a one-off finding or not.'	
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

12 BLOOD PRESSURE TEST

FOR ALL HOUSEHOLD MEMBERS >18
RESPONDENT: SELF

ID CODE	(12.10)	INTERVIEWER CODE: ANY PROBLEMS EXPERIENCED WHEN TAKING BLOOD PRESSURE: MULTIPLE ANSWERS ALLOWED	(12.11)	RECORD ERROR READING OBTAINED: MULTIPLE ANSWERS ALLOWED	(12.12)	INTERVIEWER: AS THIS ERROR READING WAS OBTAINED, ADVISE RESPONDENT TO GET THEIR BLOOD PRESSURE CHECKED BY A DOCTOR
	Respondent was upset/anxious/nervous	1 ▶ Next MODULE	ERR 1	1 (12.12)		
	Problem with cuff fit/painful	2 ▶ Next MODULE	ERR 2	2 Next MODULE		
	Problem with equipment (not error reading)	3 ▶ Next MODULE	ERR 3	3 Next MODULE		
	Error reading obtained	4 ▶ (12.11)	ERR 5	4 ▶ (12.12)		
	Other problem	5 ▶ Next MODULE	HI	5 ▶ (12.12)		
	No problems	6 ▶ Next MODULE	LO	6 ▶ (12.12)		
01						
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26 CONTACT INFORMATION

	(26.01) Could you give me the names of the household members that have a cellphone? RECORD ID CODE AND NAME	(26.02) Could you please give me your cellphone number, so that we can contact you again if we need to?
	NAME	ID CODE
1		CELLPHONE NUMBER
2		
3		
4		
5		
6		
7		
8		

Could you also give us the cellphone numbers of at least two other family members, relatives, or friends of your household? If we need to contact you again and your cellphone number does not work, we would call them to ask how you can be located.

	(26.03)	(26.04)	(26.05)
	NAME	CELLPHONE NUMBER	RELATIONSHIP TO HEAD
1			
2			
3			
4			
5			

RELATIONSHIP CODES

RELATIVE	1
FRIEND	2
NEIGHBOR	3

THANK THE HOUSHOLD MEMBERS (YOUR MANUAL TELLS YOU HOW TO END)

WRITE DOWN A DETAILED DESCRIPTION OF HOW TO FIND THE HOUSEHOLD, STARTING FROM AN EASILY RECOGNIZABLE LANDMARK:

(26.06) RESULT OF THE INTERVIEW:

INTERVIEW DONE	1
PARTIALLY COMPLETED	2
REGISTERED PERSON REFUSED INTERVIEW	3
HOUSEHOLD MEMBERS NOT PRESENT	4
HOUSEHOLD VACATED	5
HOUSE ADDRESS NOT FOUND	6
HH HEAD / OTHER REFUSED TO ALLOW INTERVIEW	7
OTHER, SPECIFY: _____	96

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INTERVIEW NOTES

PLEASE WRITE DOWN YOUR NOTES (IF ANY) PER RESPONDENT

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