

FOR ALL HOUSEHOLD MEMBERS

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

ID CODE	ACUTE ILLNESS						
	(10.07) What were YOU/[NAME] mainly suffering from?			(10.08) How long ago did the illness start?	(10.09) How long did the illness last?	(10.10) In the last 2 weeks, how many days of work, school, playing, or other main activities did YOU/[NAME] miss due to poor health?	(10.11) 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.		
	DISEASES	SYMPTOMS					
	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?
		TOO EXPENSIVE 01			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	WITHIN 24 HOURS 1		
		DON'T TRUST THE STAFF 09	BETWEEN 24 AND 48 HOURS 2		
		STAFF USUALLY ABSENT 10	SAME WEEK 3		
		HEALTH FACILITY CLOSED 11	WITHIN 2 WEEKS 4		
		NO TRANSPORTATION 12	WITHIN 3 WEEKS 5		
		POOR QUALITY OF CARE 13	OTHER, SPECIFY 96		
		INCONVENIENT HOURS 14			
		LONG WAITING TIMES 15			
		PREFER HOME CARE 16			
		SHORTAGE OF HEALTH WORKERS 17			
		OTHER (SPECIFY) 96			
			▶ (10.33)		
	YES 1 ▶ (10.14)	RECORD UP TO 3 ANSWERS			
	NO 2	FIRST	SECOND	THIRD	
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
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12					
13					
14					
15					

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		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: _____	INTERVIEWER: WRITE THE ANSWER IN MINUTES	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	YES 1 ► (10.19) NO 2		MINUTES			
01							
02							
03							
04							
05							
06							
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15							

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					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										
04										
05										
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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) SOMONI	PROBE FOR INJECTIONS THAT MAY HAVE BEEN ADMINISTERED YES 1 NO 2 ► (10.39)		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 PHARMARCY IN ORDER TO GET THE RIGHT MEDICATION. DID YOU OBTAIN SUCH A PRESCRIPTION? YES 1 NO 2		
	NIGHTS				Medication 1	Medication 2	Medication 3	Medication 1	Medication 2	Medication 3	
01											
02											
03											
04											
05											
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FOR ALL HOUSEHOLD MEMBERS

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)
	In the last 2 weeks, how much did your household spend out of pocket in total to obtain these medications for YOU/[NAME]?	Did your employer or insurance pay for any of this medication?	What is the main reason YOU/[NAME] did not take medication for the illness?	ARE YOU/[NAME] 5 YEARS OLD OR OLDER? SEE QUESTION (1.03)	In the last 2 weeks, did YOU/[NAME] stop regular activities at any time to take care of a sick household member?	Who did YOU/[NAME] take care of? RECORD UP TO 3 PEOPLE	In the last 2 weeks, how many days of regular activities did YOU/[NAME] miss to take care of sick household members?
			TOO EXPENSIVE 01			HEAD OF HOUSEHOLD 01	
			TOO FAR 02			SPOUSE (WIFE/HUSBAND) 02	
			TOO BUSY (WORK, CHILDREN) 03			OWN SON / DAUGHTER 03	
			OUT OF STOCK 04			STEP SON/DAUGHTER 04	
			WASN'T SICK ENOUGH 05			SON/DAUGHTER IN-LAW 05	
			DOESN'T HELP 06			GRANDCHILD 06	
			DOESN'T LIKE SIDE EFFECTS 07			BROTHER/SISTER 07	
	PROBE TO BE SURE THIS AMOUNT IS IN ADDITION TO COSTS IN (10.28)	YES 01	NO TRANSPORTATION 08	YES 1	YES 1	PARENT / PARENT-IN-LAW 08	
	IF NOTHING, RECORD ZERO	NO 02	POOR QUALITY OF DRUGS 09	NO 2 ► NEXT PERSON	NO 2 ► NEXT PERSON	GRAND PARENT / GRAND PARENT-IN-LAW 09	
		OTHER, SPECIFY 96	INCONVENIENT HOURS 10			NIECE/NEPHEW 10	
		<input type="checkbox"/> (10.40)	LONG WAITING TIMES 11			OTHER RELATIVE 11	
			PREFERS TRADITIONAL CARE 12			DOMESTIC HELP / MAID 12	
			OTHER, SPECIFY 96			OTHER NON-RELATIVE 13	
						CO-WIFE 14	
						OTHER, SPECIFY 96	
	SOMONI					CODE1 CODE2 CODE3	DAYS
01							
02							
03							
04							
05							
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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. WRITE THE FIRST NAME AND THEN THE SURNAME START THE LIST WITH THE HEAD OF THE HOUSEHOLD RECORD THE HOUSEHOLD MEMBERS IN ORDER TO THEIR AGE (FROM OLDER TO YOUNGER)	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
													FEMALE	2
	NAME		YEARS	MONTHS										
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		

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? YES 01 NO 02 ► (1.22) DIED 03 ► (1.22)	COPY THE ID CODE OF THE MOTHER ► #REF! MOTHER'S ID CODE	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?
			KINDERGARTEN 01	TAJIK 01	YES 01 NO 02 ► (1.26)	MONTHS	YES 01 NO 02	TAJIK 01
			PRIMARY (GRADES 1-4) 02	UZBEK 02				UZBEK 02
			BASIC (GRADES 5-8(9)) 03	RUSSIAN 03				RUSSIAN 03
			SECONDARY GENERAL (GRADES 9-10(11)) 04	KYRGYZ 04				KYRGYZ 04
			SECONDARY SPECIAL 05	TATAR 05				OTHER, SPECIFY 96
			SECONDARY TECHNICAL 06	TURKMEN 06				
			UNDERGRADUATE 07	KOREAN 07				
BACHELOR 08			KAZAKH 08					
HIGHER EDUCATION 09			OTHER, SPECIFY 96					
MASTER / MAGISTRACY 10								
GRADUATE/ASPIRANTURA 11								
POST GRADUATE 12								
NONE 13								
DON'T KNOW 14								
LEVEL								
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
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14								
15								

1 HOUSEHOLD ROSTER

FOR ALL HOUSEHOLD MEMBERS

RESPONDENT: HEAD OF HOUSEHOLD OR MOST KNOWLEDGEABLE HOUSEHOLD MEMBER

ID CODE	(1.28)	(1.29)	(1.30)	(1.31)	(1.32)	(1.33)
	Can [NAME] read and write in any language?	Has [NAME] ever attended school?	What is the highest school level that [NAME] attended?	Within that school level, what was the highest grade that [NAME] completed?	IF PERSON IS 5 YEARS OR OLDER During the 2017-18 school year, did [NAME] attend school or preschool at any time?	In the last 12 months, what was [NAME]'s employment status?
	YES 01 NO 02 ► (1.29)	YES 01 NO 02 ► (1.31)	KINDERGARTEN 01 ► (1.32) 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 ► (1.32) DON'T KNOW 14 ► (1.32)	WRITE 0 IF NO GRADE WAS COMPLETED WITHIN THAT LEVEL	YES 1 NO 2	INSTRUCTIONS TO THE PROGRAMME MANAGER: THIS QUESTIONS IS ONLY FOR INDIVIDUALS OVER 12 YEARS OLD. WAGE EMPLOYEE 01 PIECE WORK 02 SELF-EMPLOYED / OWN BUSINESS 03 MEMBER OF A PRODUCER'S COOPERATIVE 04 CONTRIBUTING FAMILY WORKER 05 OTHER WORKER 06 LOOKING FOR WORK 07 CAPABLE BUT NOT LOOKING FOR WORK 08 NOT WORKING (FULL TIME STUDENT) 09 HOMEMAKER / HOUSEWIFE 10 NOT WORKING (RETIRED) 11 NOT WORKING (TOO OLD) 12 NOT WORKING (TOO SICK) 13 LABOUR MIGRATION 14 OTHER, SPECIFY 96
01			LEVEL	GRADE		
02						
03						
04						
05						
06						
07						
08						
09						
10						
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14						
15						

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:

(5.09) How do you treat your drinking water?

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

 (5.06)

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

▶ (5.14)

(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	PERIOD CODE:	<input type="text"/>
EVERY 3 MONTHS	02		
EVERY 6 MONTHS	03		
ANNUALLY	04		
WEEKLY	05		
BI-WEEKLY	06		
OTHER, SPECIFY	96		

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
PIT LATRINE WITH SLAB	06	OTHER, SPECIFY	96

▶ (5.18)

(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 generatorМиндвнхок	
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? AREA UNIT:

AREA UNIT: SIZE:

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?

AREA UNIT: SIZE:

HECTARE 1 SQUARE METER 3
ARE (SOTKA) 2

AREA UNIT:

(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?

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

AREA UNIT: SIZE:

HECTARE 1 SQUARE METER 3
ARE (SOTKA) 2

AREA UNIT:

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

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

AREA UNIT: SIZE:

HECTARE 1 SQUARE METER 3
ARE (SOTKA) 2

AREA UNIT:

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)	(6.14)
	Did you have to sell [ASSET]?	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		

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 total value 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	
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 total value of the [FOOD ITEM] that your household consumed?	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?
		YES	1	WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING
	NON-FOOD ITEM DESCRIPTION	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 (2) IF THE ANSWER TO (7.08) IS YES, ASK (7.09) AND (7.10)			WRITE ZERO IF NOTHING	WRITE ZERO IF NOTHING
	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

HF Imp. 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) What was the date of death?		(9.06) What was the gender of the deceased?	(9.07) How old was [HE/SHE] when [HE/SHE] passed away?		(9.08) What was the cause of death?		(9.09) Where did [HE/SHE] die?		(9.10) What was the relationship of the deceased to the current head of household?
		MONTH	YEAR	MALE 01 FEMALE 02	NUMBER	CODE	BIRTH TRAUMA 01 CONGENITAL ANOMALIES 02 SICKLE CELL 03 MEASLES 04 MALARIA 05 MALNUTRITION 06 DIARRHEA 07 PNEUMONIA 08 TUBERCULOSIS 09 AIDS 10 ACCIDENT 11 VIOLENCE 12 STROKE 13 CANCER 14 HEART DISEASE 15 OLD AGE 16 UNKNOWN 17 OTHER, SPECIFY 96	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 OWN SON / DAUGHTER 03 STEP SON/DAUGHTER 04 SON/DAUGHTER IN-LAW 05 GRANDCHILD 06 BROTHER/SISTER 07 PARENT 08 PARENT-IN-LAW 09 NIECE/NEPHEW 10 OTHER RELATIVE 11 DOMESTIC HELP 12 OTHER NON-RELATIVE 13 OTHER, SPECIFY 96		
01											
02											
03											
04											
05											
06											

11 HYPERTENSION

FOR ALL HOUSEHOLD MEMBERS >18
RESPONDENT: SELF

ID CODE	(11.09)	(11.10)	(11.11)	(11.12)	(11.13)	(11.14)	(11.15)
	When your blood pressure was last measured by a health professional?	IF THE RESPONDENT MEASURED BLOOD PRESSURE BY HIM/HERSELF ▶ (11.12) Where was your blood pressure measured?	During this consultation (or home visit) were you given advice on: (MULTIPLE ANSWERS POSSIBLE) READ OPTIONS Yes 1 No 2 Not applicable 3	During the past 12 months, have you ever been admitted to a hospital primarily as a result of hypertension?	Have you recently changed your way of life in order to lower your blood pressure?	What changes have you made in order to lower your blood pressure? (MULTIPLE ANSWERS POSSIBLE) READ OPTIONS Yes 1 No 2 Not applicable 3	Have you ever had hypertension (high blood pressure)?
	Within the past week 1			Yes 1	Yes 1		Yes 1
	Within the past month 2	HOSPITAL 01		No 2	No 2 ▶ Next MODULE	▶ NEXT MODULE	No 2
	Within the last three months 3	DISTRICT HEALTH CENTRE (DHC) 02					Don't know 3
	Within the last year 4	RURAL HEALTH CENTRE 03					
	Over one year ago 5	HEALTH HOUSE 04					
	Don't know/do not remember 6	PRIVATE CLINIC 05					
	Never 07	HOME VISIT 06					
	OTHER, SPECIFY 96	OTHER, SPECIFY 96					
			Using less salt in food			Using less salt in food	
			Drinking less alcohol			Drinking less alcohol	
			Getting more exercise			Getting more exercise	
			Losing weight			Losing weight	
			Smoking less			Smoking less	
			Drinking less Coffee			Drinking less Coffee	
			Resting more			Resting more	
			Other			Other	
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02							
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15							

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			
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15			

12 BLOOD PRESSURE TEST

FOR ALL HOUSEHOLD MEMBERS >18
RESPONDENT: SELF

	<p>(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?</p> <p>Yes – agrees to blood pressure measurement 1 ► (12.02)</p> <p>No – refuses blood pressure measurement 2 ► Next MODULE</p> <p>Respondent was not at home during the last 3 days 3 ► Next MODULE</p>	<p>(12.02) INTERVIEWER: ASK RESPONDENT TO SIGN CONSENT SHEET.</p> <p>Signed consent obtained 1 ► (12.03)</p> <p>No signed consent 2 ► (12.05)</p>	<p>(12.03) Have you eaten, smoked, drank alcohol or done any vigorous exercise in the past 30 minutes?</p> <p>Yes 01</p> <p>No 02</p> <p>Don't know 03</p> <p>Eaten</p> <p>Smoked</p> <p>Drank alcohol</p> <p>Drank coffee</p> <p>Done vigorous exercise</p>	<p>(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</p> <p>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</p> <p>INTERVIEWER: RECORD WHICH ARM WILL BE USED</p> <p>Right arm 1 ►</p> <p>Left arm 2 ►</p> <p>Cannot use either arm 3 ►</p>
01				
02				
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11				
12				
13				
14				
15				

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
	Normal	<130	and	<85	1
	High normal	130-140	or	85-89	2
Mildly high	140-159	or	90 - 99	3	
Moderately high	160-179	or	100 - 109	4	
Severely high	180 or more	or	110 or more	5	
01	READ OUT:				
02	*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.*				
03	*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.*				
04	*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.*				
05	*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.*				
06	*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.*				
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						
02						
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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		
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

INTERVIEW NOTES

PLEASE WRITE DOWN YOUR NOTES (IF ANY) PER RESPONDENT

01	
02	
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15	