QUESTIONNAIRES

KYRGYZ REPUBLIC
THE MINISTRY OF HEALTH
NATIONAL STATISTICAL COMMITTEE

IDENTIFICATION

PLACE NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER .... ☐☐☐

HOUSEHOLD NUMBER .... ☐☐

NAME AND LINE NUMBER OF MAN _____ ☐☐

INTERVIEWER VISITS

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

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

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

CODES: KYRGYZ-1; RUSSIAN-2 ; OTHER-6 (SPECIFY_____)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ ☐☐	NAME _____ ☐☐☐	☐☐	☐☐

M-1

INTRODUCTION AND CONSENT

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┌─────────────────────────────────────────────────────────────────────────────────────────────────┐
│  INFORMED CONSENT                                                                                 │
│                                                                                                   │
│  Hello.  My name is _____. I am working with National         │
│  Statistical Committee. Together with the Ministry of Health we are conducting a survey about     │
│  health all over Kyrgyzstan.  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                │
└─────────────────────────────────────────────────────────────────────────────────────────────────┘
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	
101A	During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart. The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or not to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures. Would you allow me to proceed to take your blood pressure measurement at this time? SIGNATURE OF INTERVIEWER: _____ DATE: _____ RESPONDENT AGREES . . . 1 RESPONDENT DOES NOT AGREE . . . . 2 → 101F ↓		

101B	Before taking your blood pressure, I would to ask a few questions about things that may affect these measurements.
	
	    Have you done any of the following within the past 30 minutes:
	
	    Eaten anything
	    Had coffee, tea, cola or other drink that has caffeine?
	    Smoked any tobacco product
		YES NO
		
		 EATEN 1 2
		 HAD CAFFEINATED DRINK
		 SMOKED 1 2	

M-2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	May I begin the process of measuring your blood pressure? BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN HE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS) ☐☐	
101D	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE. CIRCLE THE CODE FOR THE MODEL AND CUFF SIZE.	**MODEL 767** SMALL: 16 CM – 23 CM . . . . 1 MEDIUM: 24 CM – 35 CM . . . . 2 LARGE: 36 CM – 41 CM . . . . 3 **MODEL 789** EXTRA LARGE: 42 CM – 60 CM 4	
101E	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.THEN PROCEED TO Q102. F YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON IN Q101F.	**BLOOD PRESSURE MEASURED** SYSTOLIC . . . . 1 ☐☐☐ DIASTOLIC . . . . 2 ☐☐☐	
101F	RECORD REASON BLOOD PRESSURE NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED '9994 TECHNICAL PROBLEMS '9995 OTHER _____ '9996 SPECIFY	
102	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 106A
104A	What is the total number of years of schooling you have had?	YEARS OF SCHOOLING . . . . . ☐☐	
105	What is the highest level of school you attended: general education school, professional primary (trade-school, lyceum), professional middle (tekhnikum,trade-school, college), higher or post-graduate?	SCHOOL . . . . 1 PROFESSIONAL PRIMAR . . . . 2 PROFESSIONAL INTERMEDIATE . . . . . . 3 HIGHER . . . . 4 POST-GRADUATE 5	
106	What is the highest (grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE/FORM/YEAR . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106A	CHECK 105 AND 106: CODES "1" GENERAL EDUCATION SCHOOL LEVEL AND GRADES 10-11 AT THAT LEVEL, OR CODES "2" PROFESSIONAL-PRIMARY OR "3" PROFESSIONAL MIDDLE LEVEL CIRCLED, ASK: OTHER (CODES ☐		→ 110
	Did you receive a diploma (attestat) for completing secondary education?	YES . . . . 1 NO 2	
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112A	Have you used a computer from any location in the last 12 months?	YES . . . . 1 NO 2	→ 112C
112B	During the last one month, how often did you use a computer: almost every day, at least once a week, less than once a week or not at all?	EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
112C	In the last 12 months, have you used the internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . 1 NO 2	→ 115
112D	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 ?	EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . 1 NO 2	

M-4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . DAUGHTERS AT HOME	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . DAUGHTERS ELSEWHERE . . .	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . GIRLS DEAD	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN	
209	CHECK 208: HAS HAD HAS HAD → 212 MORE THAN ONLY ONE CHILD ↓ ONE CHILD HAS NOT HAD ANY CHILDREN → 301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . 1 NO 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN	
212	How old were you when your (first) child was born?	AGE IN YEARS	
213	CHECK 203 AND 205: AT LEAST ONE NO LIVING LIVING CHILD ↓ CHILDREN → 301		
214	How old is your (youngest) child?	AGE IN YEARS	

M-5

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD ☐ OTHER ☐ IS AGE 0-2 YEARS		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT . . . . 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY . . . . . 1 OTHER 2	
220	When a child has diarrhea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL . . . . 1 ABOUT THE SAME . . . . 2 LESS THAN USUAL . . . . 3 NOTHING TO DRINK . . . . 4 DON'T KNOW 8	

M-6

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	
04	**Injectables**. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2	
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	
07	**Condom**. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	
08	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	
09	**Lactational Amenorrhea Method (LAM)**.	YES . . . . 1 NO 2	
10	**Rhythm Method (or the Calendar method).** PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . 1 NO 2	
11	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES . . . . 1 NO 2	
12	**Emergency Contraception**. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES . . . . 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 306

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

306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.
	
	a) Contraception is a woman's business and a man should not have to worry about it.
	b) Women who use contraception may become promiscuous.
		DIS-
		         AGREE AGREE DK
		CONTRACEPTION
		  WOMAN'S BUSINESS 1 2 8
		WOMEN MAY BECOME
		   PROMISCUOUS 1 2 8	

307	CHECK 301 (07): KNOWS MALE CONDOM YES NO		→ 401
308	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 401

309	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	      (NAME OF PLACE(S))
		PUBLIC MEDICAL SECTOR
		  GOVT. HOSPITAL . . . . A
		  MATERNITY HOME . . . . B
		  FAMILY DOCTORS GROUP (FDG) C
		  FELDSHER-ACCOUCHER POST(FAP) D
		  FAMILY MEDICINE CENTER. . . . . . E
		  REPRODUCTIVE HEALTH CENTER . . F
		  MARRIAGE&FAMILY CONSULT. . . G
		  DIAGNOSTIC CENTER. . . . . H
		  SKIN-VENEREAL DIS. DISPANCER . . I
		  PROPHYLACTIC MEDICINE
		    CENTER . . . . J
		  GENERAL PRACTICE CENTER . . . . K
		  IMMUNOPROPHYLAXIS CENTER. . . . L
		  AIDS CENTER . . . . M
		  HEALTH STRENGTHENING CENTER N
		  OTHER PUBLIC O
		    SECTOR _____
		            (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . . . P
		  PRIVATE DOCTOR'S OFFICE . . . . . Q
		  PHARMACY . . . . R
		  OTHER PRIVATE MEDICAL S
		    SECTOR _____
		            (SPECIFY)
		OTHER SOURCE
		  SHOP/MARKET . . . . T
		  FRIEND/RELATIVE . . . . U
		
		OTHER _____ X
		          (SPECIFY)	

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

M-8

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	RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . [ ][ ]	
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	→ 411A
411 411A	In what month and year did you start living with your (wife/partner)? Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	MONTH . . . . [ ][ ] DON'T KNOW MONTH . . . . 98 YEAR . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE . . . . [ ][ ]	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.
	
	How old were you when you had sexual intercourse for the very first time?
		NEVER HAD SEXUAL
		   INTERCOURSE 00
		
		AGE IN YEARS . . . . [ ][ ]
		
		FIRST TIME WHEN STARTED
		   LIVING WITH (FIRST)
		   WIFE/PARTNER 95
			→ 440

415	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
416	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 [ ][ ] WEEKS AGO . . . . 2 [ ][ ] MONTHS AGO . . . . 3 [ ][ ] YEARS AGO . . . . 4 [ ][ ]	→ 430

M-9

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
418	The last time you had sexual intercourse (with this second/third person), was a condom used? **(2)**	YES . . . . 1 NO . . . . 2 (SKIP TO 420)◄───	YES . . . . 1 NO . . . . 2 (SKIP TO 420)◄───	YES . . . . 1 NO . . . . 2 (SKIP TO 420)◄───
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
420	What relationship to you has this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 ┐ CASUAL ACQUAINTANCE . . . 4 ┤ CLIENT/PROSTITUTE 5 ┤ OTHER _____ 6 ┤ (SPECIFY) (SKIP TO 423) ◄──	WIFE . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 ┐ CASUAL ACQUAINTANCE . . . 4 ┤ CLIENT/PROSTITUTE 5 ┤ OTHER _____ 6 ┤ (SPECIFY) (SKIP TO 423) ◄──	WIFE . . . . 1 LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 ┐ CASUAL ACQUAINTANCE . . . 4 ┤ CLIENT/PROSTITUTE 5 ┤ OTHER _____ 6 ┤ (SPECIFY) (SKIP TO 423) ◄──
421	CHECK 410:	MARRIED ONLY ONCE ▢	MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ◄	MARRIED ONLY ONCE ▢	MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ◄	MARRIED ONLY ONCE ▢	MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423) ◄
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424)	OTHER ▢	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424)	OTHER ▢	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (SKIP TO 424)	OTHER ▢
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES	NUMBER OF TIMES	NUMBER OF TIMES

M-10

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
425	How old is this person?	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98	AGE OF PARTNER ☐☐ DON'T KNOW 98
426	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 417 ⤶ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428) ⟵⎦	YES . . . . 1 (GO BACK TO 417 ⤶ IN NEXT COLUMN) NO . . . . 2 (SKIP TO 428) ⟵⎦	
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER NO PARTNERS IS PROSTITUTE □ ARE PROSTITUTES □		→ 430

429	CHECK 420 AND 418 (ALL COLUMNS):
	
	             CONDOM USED WITH □
	             EVERY PROSTITUTE
	
	OTHER □
			→ 433
			
			→ 434

430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . □□ DON'T KNOW 98	

435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN):
	
	                  NOT □
	                  ASKED
	
	CONDOM □ NO CONDOM □
	USED USED
			→ 438
			
			→ 438

437	From where did you obtain the condom the last time?
	
	PROBE TO IDENTIFY TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC MEDICAL SECTOR
		   GOVT. HOSPITAL 11
		   MATERNITY HOME 12
		   FAMILY DOCTORS GROUP (FDG) 13
		   FELDSHER-ACCOUCHER POST(FAP)14
		   FAMILY MEDICINE CENTER. 15
		   REPRODUCTIVE HEALTH CENTER . . 16
		   MARRIAGE&FAMILY CONSULT. . . 17
		   DIAGNOSTIC CENTER 18
		   SKIN-VENEREAL DIS. DISPANCER . . 19
		   PROPHYLACTIC MEDICINE
		     CENTER 20
		   GENERAL PRACTICE CENTER 21
		   IMMUNOPROPHYLAXIS CENTER. . . . 22
		   AIDS CENTER 23
		   HEALTH STRENGTHENING CENTER 24
		   OTHER PUBLIC 25
		     SECTOR _____
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC 31
		   PRIVATE DOCTOR'S OFFICE 32
		   PHARMACY 33
		   OTHER PRIVATE MEDICAL
		     SECTOR _____ 36
		          (SPECIFY)
		OTHER SOURCE
		   SHOP/MARKET 41
		   FRIEND/RELATIVE 43
		
		OTHER _____ 96
		          (SPECIFY)	

M-12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
438	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 440
439	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTABLES . . . . D IMPLANTS . . . . E PILL . . . . F FEMALE CONDOM . . . . G DIAPHRAGM . . . . H FOAM/JELLY . . . . I LAM . . . . J RHYTHM METHOD . . . . K WITHDRAWAL . . . . L OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . . Y	
440	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	
441	CHECK 101A: AGREED TO BOTH MEASUREMENT ☐ DID NOT AGREE TO MEASUREMENT ☐		→ 501
442	May I measure your blood pressure at this time? INTERVIEWER SIGNATURE DATE _____ _____ RESPONDENT RESPONDENT AGREES DOES NOT AGREES ☐ ☐ RECORD OUTCOME OF RECORD 9994 BLOOD PRESSURE MEASUREMENT	**BLOOD PRESSURE MEASURED** SYSTOLIC . . . . 1 ☐☐☐ DIASTOLIC . . . . 2 ☐☐☐ **REASON FOR BLOOD PRESSURE NOT MEASURED** REFUSED '9994 TECHNICAL PROBLEMS '9995 OTHER '9996 _____ SPECIFY	

M-13

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED/ ☐ NOT CURRENTLY MARRIED LIVING WITH A PARTNER AND ☐ ↓ NOT LIVING WITH A PARTNER		→ 509
502	CHECK 439: MAN NOT ☐ MAN ☐ STERILIZED STERILIZED ↓		→ 509
503	Is your (wife/partner) currently pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐ └→ 505
504	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 have any more children?	HAVE ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509

505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS COUPLE
		    CAN'T GET PREGNANT 3
		WIFE/PARTNER
		    STERILIZED 4
		UNDECIDED/DON'T KNOW 8
			→ 509

507	CHECK 503:
	    WIFE/PARTNER WIFE/PARTNER
	    NOT PREGNANT ☐ PREGNANT ☐
	    OR DON'T KNOW ↓ ↓
	
	How long would you like to After the birth of the child you are
	wait from now before the expecting now, how long would
	birth of (a/another) child? you like to wait before the birth of
	                another child?
		MONTHS . . . . 1 ☐☐
		
		YEARS . . . . 2 ☐☐
		
		SOON/NOW 993
		COUPLE INFECUND 994
		
		OTHER _____ 996
		            (SPECIFY)
		DON'T KNOW 998
			→ 509

509	CHECK 203 AND 205:
	
	HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐
	
	        ↓ ↓
	If you could go back to the If you could choose exactly the
	time you did not have any number of children to have in
	children and could choose your whole life, how many would
	exactly the number of children that be?
	to have in your whole life, how
	many would that be?
	
	PROBE FOR A NUMERIC RESPONSE.
		NONE 00
		
		NUMBER . . . . ☐☐
		
		OTHER _____ 96
		            (SPECIFY)
			→ 601
			
			→ 601

510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

M-14

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
607	CHECK 401: CURRENTLY MARRIED OR ☐ NOT CURRENTLY MARRIED LIVING WITH A PARTNER ↓ AND ☐ NOT LIVING WITH A PARTNER		→ 612
608	CHECK 606: CODE 1 OR 2 ☐ OTHER ☐ CIRCLED ↓		→ 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	
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . . . 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . 1 JOINTLY ONLY . . . . 2 BOTH ALONE AND JOINTLY . . . . . . 3 DOES NOT OWN 4	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT . . . . 1 2 8 NEGL. CHILDREN . . . 1 2 8 ARGUES . . . . 1 2 8 REFUSES SEX . . . . . . 1 2 8 BURNS FOOD 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 723
701A	Where from have you heard about HIV/AIDS? Anywhere else? RECORD ALL MENTIONED	TV/RADIO . . . . A PEER TO PEER . . . . B EDUCATIONAL INSTITUTION . . . . C MEDICAL FACILITY . . . . D PARENTS/FAMILY . . . . E PRINTED MEDIA . . . . F CIVIL SCIETY/NGO/COMMUNITY MEETINGS . . . . G WORK PLACE . . . . H COMMON KNOWLEDGE . . . . I DON'T KNOW/DON'T REMEMBER . . . . Z	
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
706	Can people get the AIDS virus through saliva by kissing someone infected with the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

709	CHECK 708:
	    AT LEAST □ OTHER □
	    ONE 'YES' ↓
			→ 711

710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . [ ][ ] TWO OR MORE YEARS 95	
714	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

M-16

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

715	Where was the test done?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC MEDICAL SECTOR
		  GOVT. HOSPITAL 11
		  MATERNITY HOME 12
		  FAMILY DOCTORS GROUP (FDG) 13
		  FELDSHER-ACCOUCHER POST(FAP)14
		  FAMILY MEDICINE CENTER 15
		  REPRODUCTIVE HEALTH CENTER . .16
		  MARRIAGE&FAMILY CONSULT. . .17
		  DIAGNOSTIC CENTER 18
		  SKIN&VENEREAL DISPENSARY . .19
		  PROPHYLACTIC MEDICINE
		    CENTER 20
		  GENERAL PRACTICE CENTER 21
		  IMMUNOPROPHYLAXIS CENTER 22
		  AIDS CENTER 23
		  HEALTH STRENGTHENING CENTER 24
		  OTHER PUBLIC 25
		    SECTOR _____
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PRIVATE DOCTOR'S OFFICE 32
		  PHARMACY 33
		  STUDENTS POLYCLINIC 34
		  PRIVATE AIDS LAB 35
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ 36
		
		OTHER SOURCE
		  HOME 41
		  CORRECTIONAL FACILITY 42
		
		OTHER _____ 96
		        (SPECIFY)
			→718

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

717	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC MEDICAL SECTOR
		  GOVT. HOSPITAL . . . . A
		  MATERNITY HOME . . . . B
		  FAMILY DOCTORS GROUP (FDG) C
		  FELDSHER-ACCOUCHER POST(FAP) D
		  FAMILY MEDICINE CENTER . . . . E
		  REPRODUCTIVE HEALTH CENTER . . F
		  MARRIAGE&FAMILY CONSULT. . . G
		  DIAGNOSTIC CENTER . . . . H
		  SKIN&VENEREAL DISPENSARY . . I
		  PROPHYLACTIC MEDICINE
		    CENTER . . . . J
		  GENERAL PRACTICE CENTER . . . . K
		  IMMUNOPROPHYLAXIS CENTER L
		  AIDS CENTER . . . . M
		  HEALTH STRENGTHENING CENTER N
		  OTHER PUBLIC O
		    SECTOR _____
		          (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . . . P
		  PRIVATE DOCTOR'S OFFICE . . . . . Q
		  PHARMACY . . . . R
		  STUDENTS POLYCLINIC . . . . S
		  PRIVATE AIDS LAB . . . . T
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ U
		          (SPECIFY)
		OTHER _____ X
		        (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
721	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT ☐ NOT HEARD ☐ AIDS ABOUT AIDS Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	
724	CHECK 414: HAS HAD SEXUAL ☐ HAS NOT HAD SEXUAL ☐ INTERCOURSE INTERCOURSE		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		→ 727
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') HAS NOT HAD AN INFECTION OR DOES NOT KNOW		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 732

731	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR,
	
	WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC MEDICAL SECTOR
		  GOVT. HOSPITAL . . . . A
		  MATERNITY HOME . . . . B
		  FAMILY DOCTORS GROUP (FDG) C
		  FELDSHER-ACCOUCHER POST(FAP) D
		  FAMILY MEDICINE CENTER. . . . . . . E
		  REPRODUCTIVE HEALTH CENTER . . F
		  MARRIAGE&FAMILY CONSULT. . . G
		  DIAGNOSTIC CENTER . . . . H
		  SKIN&VENEREAL DISPENSARY . . I
		  PROPHYLACTIC MEDICINE
		    CENTER . . . . J
		  GENERAL PRACTICE CENTER . . . . K
		  IMMUNOPROPHYLAXIS CENTER L
		  AIDS CENTER . . . . M
		  HEALTH STRENGTHENING CENTER N
		  OTHER PUBLIC O
		    SECTOR _____
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC . . . . . P
		  PRIVATE DOCTOR'S OFFICE . . . . . Q
		  PHARMACY . . . . R
		  STUDENTS POLYCLINIC . . . . S
		  PRIVATE AIDS LAB . . . . T
		  OTHER PRIVATE MEDICAL
		    SECTOR _____ U
		          (SPECIFY)
		
		OTHER SOURCE
		  SHOP V
		  OTHER _____ X
		         (SPECIFY)	

732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS . . . . ☐☐ DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND . . . . 1 HEALTH WORKER/PROFESSIONAL 2 OTHER . . . . 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY . . . . 1 HOME OF A HEALTH WORKER/ PROFESSIONAL . . . . 2 CIRCUMCISION DONE AT HOME . . . 3 RITUAL SITE . . . . 4 OTHER HOME/PLACE . . . . 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	808
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	808
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
808	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . ☐☐	
810	Do you currently smoke or use any (other) type of tobacco?	YES . . . . 1 NO 2	812
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO/NASWAY . . . . . . B SNUFF . . . . C WATER PIPE . . . . D OTHER _____ X (SPECIFY)	

M-20

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 814

813	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		COMPULSORY INSURANCE
		   FUND (OMC) . . . . A
		HEALTH INSURANCE THROUGH
		   EMPLOYER . . . . B
		SOCIAL SECURITY C
		OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE D
		OTHER _____ X
		              (SPECIFY)	

814	Now I would like to ask you a few questions about drinking alcohol. Have you ever drunk alcohol?	YES . . . . 1 NO 2	→ 821
815	How old were you when you started drinking alcohol?	AGE . . . . [ ][ ] DON'T KNOW 98	
816	In the past month, on the days that you drank alcohol, how many drinks did you usually have? We count one drink as one can or bottle of beer, one glass of wine, or one shot of liquor, vodka, cognac or whiskey. (BOTTLE OF BEER=330-500ML, GLASS OF WINE=50-200ML, SHOT OF LIQUOR=50ML.)	NUMBER OF DRINKS . . . [ ][ ] NO DRINKS 00	→ 821
817	How often did you drink that amount? PROBE: How many times in a month?	EVERY DAY . . . . 1 ALMOST EVERY DAY . . . . 2 1-2 TIMES A WEEK . . . . 3 2-3 TIMES A MONTH . . . . 4 ONCE A MONTH 5	
818	In the past 3 months, have there been days when you had more than usual? (RELATIVE TO THE NUMBER IN 816)	YES . . . . 1 NO 2	→ 821
819	In the past 3 months, how many drinks did you have on the days that you drank more than usual? (RELATIVE TO THE NUMBER IN 816)	NUMBER OF DRINKS . . . [ ][ ]	
820	How often did you drink that amount?	1-2 TIMES A WEEK . . . . 1 2-3 TIMES A MONTH . . . . 2 ONCE A MONTH . . . . 3 1-2 TIMES IN THREE MONTHS 4	

M-21

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	Next questions are about common health problems in Kyrgyzstan. Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 826
822	What signs or symptoms would lead you to think that a person has tuberculosis? PROBE: Any other? RECORD ALL MENTIONED.	COUGHING . . . . A COUGHING WITH SPUTUM . . . . B COUGHING FOR SEVERAL WEEKS C FEVER . . . . D BLOOD IN SPUTUM . . . . E LOSS OF APPETITE . . . . F NIGHTSWEATING . . . . G PAIN IN CHEST . . . . H TIREDNESS/FATIGUE . . . . I WEIGHT LOSS . . . . J LETHARGY . . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	

823	How does tuberculosis spread from one person to another?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . . B
		THROUGH TOUCHING A PERSON
		   WITH TB C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

824	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
825	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
826	These next questions are about blood pressure. Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 829
827	Were you told on two or more different occasions by a doctor or other health professional that you had hypertension or high blood pressure?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
828	To lower your hypertension or high blood pressure, are you now: a. Taking prescribed medicine? b. Controlling your weight or losing weight? c. Cutting down on salt in your diet? d. Exercising? e. Cutting down on alcohol? f. Stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 1 2	
829	RECORD THE TIME.	HOUR . . . . ▭▭ MINUTES . . . . ▭▭	
830	CHECK 101A AND 441: AGREED TO BOTH ▭ MEASUREMENTS ↓ OTHER ▭		→ 908

831	May I measure your blood pressure at this time?
	
	INTERVIEWER SIGNATURE DATE
	
	_____ _____
	
	RESPONDENT RESPONDENT
	AGREES DOES NOT AGREES
	▭ ▭
	↓ ↓
	RECORD OUTCOME OF RECORD 9994
	BLOOD PRESSURE
	MEASUREMENT
		BLOOD PRESSURE MEASURED
		
		SYSTOLIC . . . . 1 ▭▭▭
		
		DIASTOLIC . . . . 2 ▭▭▭
		
		REASON FOR BLOOD PRESSURE NOT MEASURED
		REFUSED '9994
		TECHNICAL PROBLEMS '9995
		OTHER
		           _____ '9996
		      SPECIFY	

M-23

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK Q441 AND Q830. SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q442 AND Q831 ☐ ↓	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BOTH Q442 AND Q831 ☐	→ 907
902	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q442 AND Q831.		
903	BLOOD PRESSURE MEASUREMENTS FROM Q442	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
904	BLOOD PRESSURE MEASUREMENTS FROM Q831	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
905	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES	SUM SYSTOLIC ☐☐☐ SUM DIASTOLIC ☐☐☐	
906	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY DIVIDING THE SUM IN Q905 BY 2	AVERAGE SYSTOLIC ☐☐☐ AVERAGE DIASTOLIC ☐☐☐	→ 911
907	CHECK Q831: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q831 ☐ ↓	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q831 ☐	→ 910
908	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q442 ☐ ↓	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q442 ☐	→ 910
909	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN Q101E ☐ ↓	SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q101E ☐	→ 913
910	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	

M-24

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
911	USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM. CIRCLE THE ROW IN WHICH THE VALUE FOR THE SYSTOLIC BLOOD PRESSURE FROM Q906 OR Q910 IS FOUND. THEN CIRCLE THE COLUMN IN WHICH THE VALUE FOR THE DIASTOLIC BLOOD FROM Q906 OR Q910 IS FOUND. THE VALUE WHERE THE ROW AND COLUMN YOU HAVE CIRCLED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q912.		

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<84	85-89	90-99	100- 109	110- 119	>=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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	RECORD THE NUMBER YOU CIRCLED IN Q911 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE REPORT AND REFERRAL FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE/SHE MAY HAVE.		

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:
1	NORMAL	24 MONTHS
2	AT THE HIGH END OF THE NORMAL RANGE	12 MONTHS
3	ABOVENORMAL RANGE	2 MONTHS
4	MODERATELY HIGH	1 MONTH
5	VERY HIGH	TODAY
6	EXTREMELY HIGH	TODAY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
913	CHECK THAT THE RESPONDENT HAS RECEIVED A BROCHURE ON BLOOD PRESSURE	RECEIVED . . . . 1 NOT RECEIVED 2	
914	RECORD THE TIME.	HOUR . . . . ▭▭ MINUTES . . . . ▭▭	

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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<u>SUPERVISOR'S OBSERVATIONS</u>

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NAME OF SUPERVISOR: _____ DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

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NAME OF EDITOR: _____ DATE: _____

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