

2002 UZBEKISTAN HEALTH EXAMINATION SURVEY QUESTIONNAIRE
2002 UZBEKISTAN HES **HOUSEHOLD QUESTIONNAIRE**

IDENTIFICATION	
PLACE NAME _____	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>
NAME OF HOUSEHOLD HEAD _____	
CLUSTER NUMBER	
HOUSEHOLD NUMBER	
OBLAST	
RAYON	
MAHALLAH/SSG	
URBAN/RURAL (URBAN=1, RURAL=2)	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE	
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)	
HOUSEHOLD SELECTED FOR MALE INTERVIEW (YES=1, NO=2)	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

INTERVIEWER VISITS	1	2	3	FINAL VISIT
DATE				DAY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> MONTH <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> YEAR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">2</div> </div> NAME <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> RESULT <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE & TIME				TOTAL NO. OF VISITS <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>

HEALTH TECH VISITS	1	2	3	FINAL VISIT
DATE				DAY <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> MONTH <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> YEAR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px; text-align: center;">2</div> </div> NAME <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div> RESULT <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>
HEALTH TECH'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE & TIME				TOTAL NO. OF VISITS <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>

<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____ (SPECIFY)</p>	TOTAL PERSONS IN HOUSEHOLD <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>	TOTAL ELIGIBLE WOMEN <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>
	TOTAL ELIGIBLE MEN <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>	LINE NO. OF RESP. TO HOUSEHOLD QUEST. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 2px;"></div> </div>

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

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	SEX		RESIDENCE				AGE	ELIGIBILITY		
			Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER AGE 6			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)			
			M F	YES NO	YES NO	IN YEARS						
01		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	01	01	01			
02		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	02	02	02			
03		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	03	03	03			
04		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	04	04	04			
05		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	05	05	05			
06		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	06	06	06			
07		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	07	07	07			
08		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	08	08	08			
09		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	09	09	09			
10		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	1 2	1 2	1 2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	10	10	10			

* CODES FOR Q.3
 RELATIONSHIP TO HEAD OF
 HOUSEHOLD:
 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR
 DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/
 STEPCHILD
 12 = NOT RELATED
 98 = DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION***							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
01	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
02	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
03	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
04	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
05	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
06	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
07	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
08	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
09	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
10	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER
TO THE BIOLOGICAL
PARENTS OF THE CHILD.

IN Q.11 AND Q.13,
RECORD '00' IF PARENT
NOT LISTED IN
HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20

EDUCATION LEVEL:
1 = SCHOOL, GYMNASIUM
2 = PTU, SPTU, LICEE
3 = TEKNIKUM, COLLEGE
4 = UNIVERSITY, INSTITUTE
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	SEX	RESIDENCE		AGE	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?		How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)
			M F	YES NO	YES NO	IN YEARS			
11			1 2	1 2	1 2		11	11	11
12			1 2	1 2	1 2		12	12	12
13			1 2	1 2	1 2		13	13	13
14			1 2	1 2	1 2		14	14	14
15			1 2	1 2	1 2		15	15	15
16			1 2	1 2	1 2		16	16	16
17			1 2	1 2	1 2		17	17	17
18			1 2	1 2	1 2		18	18	18
19			1 2	1 2	1 2		19	19	19
20			1 2	1 2	1 2		20	20	20

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
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** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.

IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
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	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE	
11	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
12	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
13	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
14	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
15	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
16	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
17	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
18	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
19	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	
20	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	1 NEXT LINE 2	<input type="text"/>	<input type="text"/>	1 2 ↓ GO TO 18	1 2 ↓ GO TO 19	<input type="text"/>	<input type="text"/>	

TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>	
Just to make sure that I have a complete listing:	
1) Are there any other persons such as small children or infants that we have not listed?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>
2) In addition, are there any other people who may not be members of your family, such as lodgers or friends who usually live here?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>
3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed?	YES <input type="checkbox"/> → ENTER EACH IN TABLE NO <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21A	<p>What type of accommodation do you have—A self-contained flat, a self-contained house, part of a house or flat, or another type of accommodation?</p> <p>IF "SELF-CONTAINED FLAT," ASK:</p> <p>Is this flat in a building constructed of bricks, in a building constructed of cement blocks, or in a cottage?</p>	<p>SELF-CONTAINED FLAT</p> <p>BRICK BUILDING1</p> <p>CEMENT BUILDING2</p> <p>COTTAGE3</p> <p>SELF-CONTAINED HOUSE4</p> <p>PART OF HOUSE OR FLAT5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	
21B	<p>Who is the owner of this accommodation?</p> <p>CHECK COL. 2 AND 5 TO SEE WHETHER THE PERSON LIVES IN THE HOUSEHOLD.</p>	<p>MEMBER OF HOUSEHOLD1</p> <p>OTHER RELATIVE2</p> <p>OTHER PERSON3</p>	
22A	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING11 → 23</p> <p>PIPED INTO YARD/PLOT12 → 23</p> <p>PUBLIC TAP13</p> <p>WATER FROM OPEN WELL</p> <p>OPEN WELL IN DWELLING21 → 23</p> <p>OPEN WELL IN YARD/PLOT22 → 23</p> <p>OPEN PUBLIC WELL23</p> <p>WATER FROM COVERED WELL OR BOREHOLE</p> <p>PROTECTED WELL IN</p> <p>DWELLING31 → 23</p> <p>PROTECTED WELL IN</p> <p>YARD/PLOT32 → 23</p> <p>PROTECTED PUBLIC WELL33</p> <p>SURFACE WATER</p> <p>SPRING41</p> <p>RIVER/STREAM42</p> <p>POND/LAKE43</p> <p>DAM44</p> <p>RAINWATER51 → 23</p> <p>TANKER TRUCK61</p> <p>BOTTLED WATER71 → 23</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
22B	How long does it take you to go there, get water, and come back?	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ON PREMISES996</p>	
23	What kind of toilet facilities does your household have?	<p>FLUSH TOILET11</p> <p>PIT TOILET/LATRINE</p> <p>TRADITIONAL PIT TOILET21</p> <p>VENTILATED IMPROVED PIT (VIP) LATRINE22</p> <p>NO FACILITY/BUSH/FIELD31 → 25</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
24	Do you share these facilities with other households?	<p>YES1</p> <p>NO2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
25	Does your household have the following working items? electricity? air conditioning? a radio? a television? a telephone? a refrigerator? a dishwasher? a freezer? a washing machine? an electric vacuum cleaner? a tape recorder? a video player? a video camera? a camera? a satellite antenna? a sewing machine? a knitting machine? a personal computer?	<div>YES NO</div> ELECTRICITY 1 2 AIR CONDITIONING 1 2 RADIO 1 2 TELEVISION 1 2 TELEPHONE 1 2 REFRIGERATOR 1 2 DISHWASHER 1 2 FREEZER 1 2 WASHING MACHINE 1 2 VACUUM CLEANER 1 2 TAPE RECORDER 1 2 VIDEO PLAYER 1 2 VIDEO CAMERA 1 2 CAMERA 1 2 SATELLITE ANTENNA 1 2 SEWING MACHINE 1 2 KNITTING MACHINE 1 2 PERSONAL COMPUTER 1 2	
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 FIREWOOD, STRAW 07 DUNG 08 OTHER 96 (SPECIFY)	
27A	MAIN MATERIAL OF THE WALLS OF THE LIVING AREA. RECORD OBSERVATION.	CONCRETE 01 NON-FIRED BRICKS 02 FIRED BRICKS 03 CLAY WALLS 04 WOOD 05 STONE 06 OTHER 96 (SPECIFY)	
27B	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 PALM/BAMBOO 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET 35 OTHER 96 (SPECIFY)	
28	Does any member of your household own: a bicycle? a motorcycle or motor scooter? a car or truck? a horse or donkey cart? a boat?	<div>YES NO</div> BICYCLE 1 2 MOTORCYCLE/SCOOTER 1 2 CAR/TRUCK 1 2 HORSE/DONKEY CART 1 2 BOAT 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
29	Do you or any members of your household usually go on a holiday trip of at least one week each year?	YES1 NO2	
30	If you consider your current income, are you and your household able to make ends meet with: great difficulty, some difficulty, a little difficulty, fairly easily, easily, or very easily?	GREAT DIFFICULTY1 SOME DIFFICULTY2 A LITTLE DIFFICULTY3 FAIRLY EASILY4 EASILY5 VERY EASILY6 DON'T KNOW8	
31	Has your household had problems paying bills for rent, electricity, or gas during the last 12 months?	YES1 NO2 DON'T KNOW8	
32	During the last 12 months, have you or your household been forced to borrow money from friends or relatives to make ends meet?	YES1 NO2 DON'T KNOW8	
33	If you were in a situation where you had to get 80,000 sum in one week, would you manage to do that?	YES1 NO2 DON'T KNOW8	→ 35 → 35
34	If you could raise 80,000 sum in one week, how would you do it? RECORD ALL RESPONSES.	OWN SAVINGS.....A BORROW FROM FAMILYB BORROW FROM FRIENDS/ RELATIVES.....C BORROW FROM BANKD OTHERX (SPECIFY)	
35	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT.....1 SOMEWHERE ELSE2 NOWHERE.....3	→ END
36	ASK TO SEE THE PLACE AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	<div>YES NO</div> WATER/TAP1 2 SOAP, ASH OR OTHER CLEANSING AGENT1 2 BASIN.....1 2	

BIOMARKERS AND OTHER MEASUREMENTS

NAME OF THE MEASURER: NAME OF THE ASSISTANT:

CHECK COLUMN 7 AND 9: RECORD THE LINE NUMBER, NAME AND AGE OF ALL CHILDREN UNDER AGE 6										ELIGIBILITY FOR VITAMIN A TESTING OF CHILDREN** IN FERGHANA VALLEY ONLY (6-59 MONTHS)	
LINE NO. (37)	NAME OF CHILD (38)	AGE (39)	What is (NAME'S) date of birth?			ELIGIBILITY FOR TESTING CHILDREN* FOR ALL REGIONS AND TASHKENT (BORN IN 1997 OR LATER)		ELIGIBILITY FOR VITAMIN A TESTING OF CHILDREN** IN FERGHANA VALLEY ONLY (6-59 MONTHS)			
			DAY	MONTH	YEAR	YES	NO	YES	NO		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2

* IN ALL HOUSEHOLD IN THE SAMPLE, CHILDREN WITH A YES (1) IN COLUMN 41 ARE ELIGIBLE TO HAVE HEIGHT, WEIGHT AND BE TESTED FOR ANEMIA.

IN TASHKENT, THESE ELIGIBLE CHILDREN WILL ALSO BE TESTED FOR LEAD.

** IN FERGHANA VALLEY ONLY: ALL CHILDREN THAT HAVE YES (1) IN COLUMN 42 ARE ELIGIBLE FOR VITAMIN A TESTING.

(PLEASE NOTE THAT ONLY THESE ELIGIBLE CHILDREN WILL BE CARRIED OVER TO THE SUBSEQUENT FORMS).

PART A: ALL REGIONS INCLUDING TASHKENT AND FERGHANA VALLEY

WEIGHT AND HEIGHT MEASUREMENT IN CHILDREN

TECHNICIAN: IN 42 AND 43 RECORD THE LINE NUMBER AND NAME FOR EACH CHILD BORN IN 1997 OR LATER.
(NOTE: IF THERE ARE MORE THAN 4 LIVING CHILDREN BORN IN 1997 OR LATER, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
(43) LINE NO. FROM COL. 9	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(44) NAME FROM COL. 2 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
(45) WEIGHT (in kilograms)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
(46) HEIGHT (in centimeters)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(47) WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING1 STANDING2	LYING1 STANDING2	LYING1 STANDING2	LYING1 STANDING2
(48) RESULT	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER6 _____ (SPECIFY)

HEMOGLOBIN MEASUREMENT IN CHILDREN

(NOTE: IF THERE ARE MORE THAN 4 LIVING CHILDREN BORN IN 1997 OR LATER, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
(49) NAME	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
(50) LINE NO. FROM COL. 1	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(51) LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(52) READ CONSENT STATEMENT TO PARENT/ RESPONSIBLE ADULT AND CIRCLE CODE	<div> <div>GRANTED 1</div> <div>REFUSED 2</div> <div> <div>GO TO THE NEXT COL.</div> <div> </div> </div> </div>	<div> <div>GRANTED 1</div> <div>REFUSED 2</div> <div> <div>GO TO THE NEXT COL.</div> <div> </div> </div> </div>	<div> <div>GRANTED 1</div> <div>REFUSED 2</div> <div> <div>GO TO THE NEXT COL.</div> <div> </div> </div> </div>	<div> <div>GRANTED 1</div> <div>REFUSED 2</div> <div> <div>GO TO THE NEXT COL.</div> <div> </div> </div> </div>
(53) SIGNATURE OF THE PARENT/RESPONSIBLE ADULT	_____	_____	_____	_____
(54) HEMOGLOBIN LEVEL (G/DL)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(55) RESULT	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>_____ (SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>_____ (SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>_____ (SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>_____ (SPECIFY)</div>

WEIGHT AND HEIGHT MEASUREMENT IN WOMEN (15-49 YEARS)

RECORD THE LINE NUMBER, NAME AND AGE OF ALL WOMEN AGE 15-49 YEARS.
(NOTE: IF THERE ARE MORE THAN 4 WOMEN IN THE HOUSEHOLD, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	WOMAN 1	WOMAN 2	WOMAN 3	WOMAN 4
(56) LINE NO. FROM COL. 8	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(57) NAME FROM COL. 2	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
(58) WEIGHT (in kilograms)	<div><div></div><div></div><div></div><div></div><div>.</div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(59) HEIGHT (in centimeters)	<div><div></div><div></div><div></div><div></div><div>.</div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
(60) RESULT	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 _____ (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 _____ (SPECIFY)

WEIGHT AND HEIGHT MEASUREMENT IN MEN (15-59 YEARS)

RECORD THE LINE NUMBER, NAME AND AGE OF ALL MEN AGE 15-59 YEARS.
(NOTE: IF THERE ARE MORE THAN 4 MEN IN THE HOUSEHOLD, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	MAN 1	MAN 2	MAN 3	MAN 4
(61) LINE NO. FROM COL. 8A	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(62) NAME	(NAME) <div><div></div><div></div><div></div><div></div></div>	(NAME) <div><div></div><div></div><div></div><div></div></div>	(NAME) <div><div></div><div></div><div></div><div></div></div>	(NAME) <div><div></div><div></div><div></div><div></div></div>
(63) WEIGHT (in kilograms)	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
(64) HEIGHT (in centimeters)	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
(65) RESULT	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 <div><div></div><div></div><div></div><div></div></div> (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 <div><div></div><div></div><div></div><div></div></div> (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 <div><div></div><div></div><div></div><div></div></div> (SPECIFY)	MEASURED.....1 NOT PRESENT.....2 REFUSED.....3 OTHER.....6 <div><div></div><div></div><div></div><div></div></div> (SPECIFY)

VENOUS BLOOD COLLECTION FOR VITAMIN A TESTING IN CHILDREN

(NOTE: IF THERE ARE MORE THAN 4 LIVING (6-59 MONTHS), CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
(66) NAME	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
(67) LINE NO. FROM COL. 9	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(68) SAMPLE ID	V <div><div></div><div></div><div></div><div></div></div>	V <div><div></div><div></div><div></div><div></div></div>	V <div><div></div><div></div><div></div><div></div></div>	V <div><div></div><div></div><div></div><div></div></div>
(69) READ CONSENT STATEMENT TO PARENT/ RESPONSIBLE ADULT AND CIRCLE CODE	<div> <div>GRANTED</div> <div>REFUSED</div> </div> <div> <div>1</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>REFUSED</div> </div> <div> <div>1</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>REFUSED</div> </div> <div> <div>1</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>REFUSED</div> </div> <div> <div>1</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>
(70) SIGNATURE OF THE PARENT/RESPONSIBLE ADULT				
(71) RESULT	<div> <div>COLLECTED AND FILLED.....1</div> <div>COLLECTED AND PARTIALLY FILLED.....2</div> <div>NOT PRESENT.....3</div> <div>REFUSED.....4</div> <div>COULDN'T FIND THE VEIN.....5</div> <div>CHILD DIDN'T COOPERATE.....6</div> <div>OTHER.....7</div> </div> <div>(SPECIFY)</div>	<div> <div>COLLECTED AND FILLED.....1</div> <div>COLLECTED AND PARTIALLY FILLED.....2</div> <div>NOT PRESENT.....3</div> <div>REFUSED.....4</div> <div>COULDN'T FIND THE VEIN.....5</div> <div>CHILD DIDN'T COOPERATE.....6</div> <div>OTHER.....7</div> </div> <div>(SPECIFY)</div>	<div> <div>COLLECTED AND FILLED.....1</div> <div>COLLECTED AND PARTIALLY FILLED.....2</div> <div>NOT PRESENT.....3</div> <div>REFUSED.....4</div> <div>COULDN'T FIND THE VEIN.....5</div> <div>CHILD DIDN'T COOPERATE.....6</div> <div>OTHER.....7</div> </div> <div>(SPECIFY)</div>	<div> <div>COLLECTED AND FILLED.....1</div> <div>COLLECTED AND PARTIALLY FILLED.....2</div> <div>NOT PRESENT.....3</div> <div>REFUSED.....4</div> <div>COULDN'T FIND THE VEIN.....5</div> <div>CHILD DIDN'T COOPERATE.....6</div> <div>OTHER.....7</div> </div> <div>(SPECIFY)</div>

* FOR ANTHROPOMETRY AND ANEMIA TESTING USE THE FORMS IN PART A: ALL REGIONS

PART C: TASHKENT ONLY

LEAD MEASUREMENT IN CHILDREN*

(NOTE: IF THERE ARE MORE THAN 4 LIVING CHILDREN BORN IN 1997 OR LATER, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

	CHILD 1 (NAME)	CHILD 2 (NAME)	CHILD 3 (NAME)	CHILD 4 (NAME)
(72) NAME	_____	_____	_____	_____
(73) LINE NO. FROM COL. 9	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(74) READ CONSENT STATEMENT TO PARENT/ RESPONSIBLE ADULT CIRCLE CODE	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>	<div> <div>GRANTED</div> <div>1</div> </div> <div> <div>REFUSED</div> <div>2</div> </div> <div> <div>GO TO</div> <div>THE NEXT COL.</div> </div>
(75) SIGNATURE OF THE PARENT/RESPONSIBLE ADULT	_____	_____	_____	_____
(76) LEAD LEVEL (µg/dl)	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>
(77) RESULT	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>(SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>(SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>(SPECIFY)</div>	<div> <div>MEASURED.....1</div> <div>NOT PRESENT.....2</div> <div>REFUSED.....3</div> <div>OTHER.....6</div> </div> <div>(SPECIFY)</div>

* FOR ANTHROPOMETRY AND ANEMIA TESTING USE THE FORMS IN PART A: ALL REGIONS

VENOUS BLOOD COLLECTION IN WOMEN AND MEN IN TASHKENT ONLY

(NOTE: IF THERE ARE MORE THAN 7 ADULTS (MEN 15-59 YEARS AND WOMEN 15-49 YEARS), CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

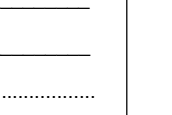
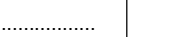
LINE NO.	NAME	SAMPLE ID	SEX	AGE	LINE NO. OF PARENT/RESPONSIBLE ADULT. RECORD '00' IF NOT LISTED IN HOUSEHOLD SCHEDULE	(84) READ CONSENT STATEMENT TO MAN/ WOMAN/ RESPONSIBLE ADULT CIRCLE CODE AND HAVE THEM SIGN	SAMPLE COLLECTED		(86) From the time of blood collection, how many hours ago was the last meal or any food eaten?	(87) RESULT 1=COLLECTED 2= NOT PRESENT 3 = REFUSED 4 = COULDN'T FIND A VEIN 6 = OTHER
							(85A) RED TOP TUBE YES NO	(85B) PURPLE TOP TUBE YES NO		
(78)		(80)	(81) M F 1 2	(82) 15-17 18+ 1 2 ↓ GO TO 84	(83) <div></div>	GRANTED 1 ↓ RESPONDENT SIGN	REFUSED 2 → NEXT LINE	YES NO 1 2 1 2	(86) <div></div>	(87) <div></div>
			1 2	1 2 ↓ GO TO 84	<div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE	1 2 1 2	<div></div>	<div></div>
			1 2	1 2 ↓ GO TO 84	<div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE	1 2 1 2	<div></div>	<div></div>
			1 2	1 2 ↓ GO TO 84	<div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE	1 2 1 2	<div></div>	<div></div>
			1 2	1 2 ↓ GO TO 84	<div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE	1 2 1 2	<div></div>	<div></div>
			1 2	1 2 ↓ GO TO 84	<div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE	1 2 1 2	<div></div>	<div></div>
			1 2	1 2 ↓ GO TO 84	<div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE	1 2 1 2	<div></div>	<div></div>
			1 2	1 2 ↓ GO TO 84	<div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE	1 2 1 2	<div></div>	<div></div>

VAGINAL SWAB COLLECTION IN EVER-MARRIED WOMEN IN TASHKENT ONLY

(NOTE: IF THERE ARE MORE THAN 7 EVER-MARRIED WOMEN 15-49 YEARS, CHECK BOX ☐ AND USE ADDITIONAL QUESTIONNAIRE)

LINE NO. (88)	NAME (89)	MARITAL STATUS (90)	SAMPLE ID (91)	READ CONSENT STATEMENT TO WOMAN CIRCLE CODE AND HAVE THEM SIGN (92)	RESULT 1=COLLECTED 2=NOT PRESENT 3=REFUSED 6=OTHER (93)
<div><div></div><div></div></div>	_____	MARRIED1 WIDOWED2 DIVORCED3 NEVER BEEN MARRIED4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	GRANTED 1 ↓ RESPONDENT SIGN	REFUSED 2 → NEXT LINE
<div><div></div><div></div></div>	_____	MARRIED1 WIDOWED2 DIVORCED3 NEVER BEEN MARRIED4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE
<div><div></div><div></div></div>	_____	MARRIED1 WIDOWED2 DIVORCED3 NEVER BEEN MARRIED4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE
<div><div></div><div></div></div>	_____	MARRIED1 WIDOWED2 DIVORCED3 NEVER BEEN MARRIED4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE
<div><div></div><div></div></div>	_____	MARRIED1 WIDOWED2 DIVORCED3 NEVER BEEN MARRIED4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE
<div><div></div><div></div></div>	_____	MARRIED1 WIDOWED2 DIVORCED3 NEVER BEEN MARRIED4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE
<div><div></div><div></div></div>	_____	MARRIED1 WIDOWED2 DIVORCED3 NEVER BEEN MARRIED4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE
<div><div></div><div></div></div>	_____	MARRIED1 WIDOWED2 DIVORCED3 NEVER BEEN MARRIED4 GO TO THE NEXT LINE	<div><div></div><div></div><div></div><div></div></div>	1 ↓ RESPONDENT SIGN	2 → NEXT LINE

2002 UZBEKISTAN HEALTH EXAMINATION SURVEY
WOMEN'S INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION		
PLACE NAME _____		
NAME OF HOUSEHOLD HEAD _____		
CLUSTER NUMBER		
HOUSEHOLD NUMBER		
OBLAST		
RAYON		
MAHALLAH/SSG		
URBAN/RURAL (URBAN=1, RURAL=2)		
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE		
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)		
NAME AND LINE NUMBER OF RESPONDENT _____		

INTERVIEWER VISITS						
	1	2	3	FINAL VISIT		
DATE	_____	_____	_____	DAY	<input type="text"/>	<input type="text"/>
				MONTH	<input type="text"/>	<input type="text"/>
				YEAR	<input type="text"/>	<input type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	NAME	<input type="text"/>	<input type="text"/>
RESULT*	_____	_____	_____	RESULT	<input type="text"/>	<input type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS	<input type="text"/>	
TIME	_____	_____				
*RESULT CODES:						
1 COMPLETED	4 REFUSED					
2 NOT AT HOME	5 PARTLY COMPLETED					
3 POSTPONED	6 INCAPACITATED					
			7 OTHER _____ (SPECIFY)			

	UZBEK	RUSSIAN	OTHER
1. LANGUAGE OF INTERVIEW	1	2	3
2. NATIVE LANGUAGE OF RESPONDENT	1	2	3
	YES	NO	
3. WHETHER TRANSLATOR USED	1	2	

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

SECTION A: RESPONDENT'S BACKGROUND AND GENERAL HEALTH

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 45 minutes and 1 hour to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Later, during the interview I would like to measure your blood pressure and pulse. This will be done two times during the interview. This is a harmless procedure. The results of this blood pressure and pulse measurement will be given to you after the interview and an explanation of the meaning of your blood pressure and pulse numbers. Elevated blood pressure or pulse is dangerous to your health, and it is important to know your numbers. We will give you the results of this test but we will not be able to provide you with any further testing of treatment. A brochure has been given to you explaining the physical examination part of the survey. Please read it before the health technician comes to collect specimens and sign it on the back if you agree to participate.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED.....1 RESPONDENT DOESN'T AGREE TO BE INTERVIEWED.....2 ➔ END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A1	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
A2	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY1 TOWN.....2 COUNTRYSIDE3	
A3	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ALWAYS.....95 VISITOR96 ➔ A5	
A4	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY1 TOWN.....2 COUNTRYSIDE3	
A5	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH98 YEAR..... <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR.....9998	
A6	How old were you at your last birthday? COMPARE AND CORRECT A5 AND/OR A6 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
A7	Have you ever attended school?	YES1 NO2 ➔ A17	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A8	What is the highest level of school you attended? PROBE: Was it primary, secondary, PTU/SPTU, tekhnikum or higher?	SCHOOL, GYMNASIUM1 PTU/SPTU, LICEE2 TEKNIKUM, COLLEGE3 UNIVERSITY/INSTITUTE4	
A9	What is the highest (grade/form/year) you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	
A17	What is your religion? PROBE: Are you Muslim, Christian, another religion, or do you not practice any religion?	MUSLIM1 CHRISTIAN2 NO RELIGION3 OTHER 6 (SPECIFY)	
A18	What is your nationality? PROBE: Are you Uzbek, Russian, Karakalpak, Tajik, or another nationality?	UZBEK1 RUSSIAN2 KARAKALPAK3 TAJIK4 OTHER 6 (SPECIFY) DON'T KNOW8	
A29	In general, would you say your health is: excellent, very good, good, fair, or poor?	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5	
A30	Think about the two weeks ending yesterday, have you cut down on any of the things you usually do about the house, at work or in your free time because you were sick or injured?	YES1 NO2 → A33	
A31	On how many days did you cut down your activities during these two weeks, including Saturdays and Sundays?	DAYS..... <input type="text"/> <input type="text"/>	
A32	On how many of these days were you in bed for all or most of the day?	DAYS..... <input type="text"/> <input type="text"/>	

A33	Now I am going to ask you some questions about long-standing illnesses. ASK A33a – f (FIRST COLUMN). IF 'YES' ASK A34-A36. IF 'NO' OR 'DK' FOLLOW SKIP PATTERN. Have you ever, at any time in your life had:		A34 Was the (CONDITION) diagnosed by a doctor?	A35 Have you had (CONDITION) in the past 12 months?	A36 For the (CONDITION), did you take drugs or have you been under treatment in the past 12 months?
a	Asthma?	YES..... 1 NO.....2 DK.....8 (SKIP TO A33b)←	YES1 NO2	YES 1 NO 2	YES1 NO2
b	Diabetes?	YES..... 1 NO.....2 DK.....8 (SKIP TO A33c)←	YES1 NO2	YES 1 NO 2	YES1 NO2
c	Chronic bronchitis or emphysema?	YES..... 1 NO.....2 DK.....8 (SKIP TO A33d)←	YES1 NO2	YES 1 NO 2	YES1 NO2

A33	<p>Now I am going to ask you some questions about long-standing illnesses.</p> <p>ASK A33a – f (FIRST COLUMN). IF 'YES' ASK A34-A36. IF 'NO' OR 'DK' FOLLOW SKIP PATTERN.</p> <p>Have you ever, at any time in your life had:</p>		A34 Was the (CONDITION) diagnosed by a doctor?	A35 Have you had (CONDITION) in the past 12 months?	A36 For the (CONDITION), did you take drugs or have you been under treatment in the past 12 months?
d	Chronic depression?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> <p>(SKIP TO A33e) ←</p>	<p>YES1</p> <p>NO2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES1</p> <p>NO2</p>
e	Goiter?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DK..... 8</p> <p>(SKIP TO A33f) ←</p>	<p>YES1</p> <p>NO2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES1</p> <p>NO2</p>
f	<p>Any other illnesses or conditions that lasted longer than 3 months?</p> <p>IF YES, ASK:</p> <p>Which illnesses or conditions?</p> <p>(MAXIMUM 3 ILLNESSES)</p>	<p>YES..... 1</p> <p>_____</p> <p>(SPECIFY)</p> <p>_____</p> <p>(SPECIFY)</p> <p>_____</p> <p>(SPECIFY)</p> <p>NO..... 2</p> <p>(SKIP TO B1) ←</p>	<p>YES1</p> <p>NO2</p> <p>YES1</p> <p>NO2</p> <p>YES1</p> <p>NO2</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>

SECTION B: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
B1	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2 → B6									
B2	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2 → B4									
B3	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
B4	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2 → B6									
B5	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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
B6	Have you ever given birth to a boy or girl 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 → B8									
B7	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
B7A	Were there any other children who were born alive, but who died within a few minutes, hours, or days?	YES 1 NO 2 → B8									
B7B	CORRECT B7 AND THEN CONTINUE WITH QUESTION B8.										
B8	SUM ANSWERS TO B3, B5, AND B7, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
B9	CHECK B8: Just to make sure that I have this right: you have had <u>in total</u> _____ live birth(s) during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT B1-B8 AS NECESSARY.										
B9A	Women sometimes have pregnancies which do not result in a live born child. That is, a pregnancy can be ended early by an abortion, a miscarriage, or a stillbirth. In total, how many abortions have you had?	TOTAL ABORTIONS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
B9B	How many miscarriages?	TOTAL MISCARRIAGES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
B9C	How many stillbirths?	TOTAL STILLBIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
B9D	SUM ANSWERS TO B8, B9A, B9B, B9C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B10	<div>CHECK B9D</div> <div>NO PREGNANCIES <input type="checkbox"/></div> <div>ONE OR MORE PREGNANCIES <input type="checkbox"/></div>		<div>B26</div>

Pregnancy History

B11. Now I want to talk to you about each of your pregnancies, including those which ended in a live birth, an abortion, a miscarriage, or a still birth. Starting with your last pregnancy, please tell me the following information. RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

B12	B13	B14	B15	B16	B17	B18	B19	B20	B21	B22	B23
Did your (last/ next-to-last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	In what month and year (was this child born/did this pregnancy end)?	Were there any other pregnancies between this and the pregnancy we were just talking about?	CHECK B12: RECORD SAME RESPONSE.	Was this a single or a multiple birth?	What name was given to this child?	Is (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETED YEARS	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (name) when he/she died? IF '1 YR.' PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01 LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4	MONTH <input type="text"/> YR. <input type="text"/>		LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4 NEXT PREGNANCY	SING1 MULT2	NAME <input type="text"/>	BOY ..1 GIRL ..2	YES1 NO2 ↓ B23	AGE IN YEARS <input type="text"/>	YES1 NO2	LINE NUMBER <input type="text"/> NEXT PREGNANCY	DAYS1 MONTHS2 YEARS3
02 LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4	MONTH <input type="text"/> YR. <input type="text"/>	YES1 NO2	LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4 NEXT PREGNANCY	SING1 MULT2	NAME <input type="text"/>	BOY ..1 GIRL ..2	YES1 NO2 ↓ B23	AGE IN YEARS <input type="text"/>	YES1 NO2	LINE NUMBER <input type="text"/> NEXT PREGNANCY	DAYS1 MONTHS2 YEARS3
03 LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4	MONTH <input type="text"/> YR. <input type="text"/>	YES1 NO2	LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4 NEXT PREGNANCY	SING1 MULT2	NAME <input type="text"/>	BOY ..1 GIRL ..2	YES1 NO2 ↓ B23	AGE IN YEARS <input type="text"/>	YES1 NO2	LINE NUMBER <input type="text"/> NEXT PREGNANCY	DAYS1 MONTHS2 YEARS3
04 LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4	MONTH <input type="text"/> YR. <input type="text"/>	YES1 NO2	LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4 NEXT PREGNANCY	SING1 MULT2	NAME <input type="text"/>	BOY ..1 GIRL ..2	YES1 NO2 ↓ B23	AGE IN YEARS <input type="text"/>	YES1 NO2	LINE NUMBER <input type="text"/> NEXT PREGNANCY	DAYS1 MONTHS2 YEARS3
05 LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4	MONTH <input type="text"/> YR. <input type="text"/>	YES1 NO2	LIVE BIRTH1 ABORTION2 MISCARRIAGE3 STILLBIRTH4 NEXT PREGNANCY	SING1 MULT2	NAME <input type="text"/>	BOY ..1 GIRL ..2	YES1 NO2 ↓ B23	AGE IN YEARS <input type="text"/>	YES1 NO2	LINE NUMBER <input type="text"/> NEXT PREGNANCY	DAYS1 MONTHS2 YEARS3

B12	B13	B14	B15	B16	B17	B18	B19	B20	B21	B22	B23
Did your (last/ next-to-last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	In what month and year (was this child born/did this pregnancy end)?	Were there any other pregnancies between this and the pregnancy we were just talking about?	CHECK B12: RECORD SAME RESPONSE.	Was this a single or a multiple birth?	What name was given to this child?	Is (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (name) when he/she died?
06 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	MONTH <input type="text"/> YR. <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY <input type="checkbox"/>	SING 1 MULT 2	NAME <input type="text"/>	BOY .. 1 GIRL .. 2	YES 1 NO 2 ↓ B23	AGE IN YEARS <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> NEXT PREGNANCY <input type="checkbox"/>	DAYS 1 MONTHS 2 YEARS 3
07 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	MONTH <input type="text"/> YR. <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY <input type="checkbox"/>	SING 1 MULT 2	NAME <input type="text"/>	BOY .. 1 GIRL .. 2	YES 1 NO 2 ↓ B23	AGE IN YEARS <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> NEXT PREGNANCY <input type="checkbox"/>	DAYS 1 MONTHS 2 YEARS 3
08 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	MONTH <input type="text"/> YR. <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY <input type="checkbox"/>	SING 1 MULT 2	NAME <input type="text"/>	BOY .. 1 GIRL .. 2	YES 1 NO 2 ↓ B23	AGE IN YEARS <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> NEXT PREGNANCY <input type="checkbox"/>	DAYS 1 MONTHS 2 YEARS 3
09 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	MONTH <input type="text"/> YR. <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY <input type="checkbox"/>	SING 1 MULT 2	NAME <input type="text"/>	BOY .. 1 GIRL .. 2	YES 1 NO 2 ↓ B23	AGE IN YEARS <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> NEXT PREGNANCY <input type="checkbox"/>	DAYS 1 MONTHS 2 YEARS 3
10 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	MONTH <input type="text"/> YR. <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY <input type="checkbox"/>	SING 1 MULT 2	NAME <input type="text"/>	BOY .. 1 GIRL .. 2	YES 1 NO 2 ↓ B23	AGE IN YEARS <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> NEXT PREGNANCY <input type="checkbox"/>	DAYS 1 MONTHS 2 YEARS 3
11 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	MONTH <input type="text"/> YR. <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY <input type="checkbox"/>	SING 1 MULT 2	NAME <input type="text"/>	BOY .. 1 GIRL .. 2	YES 1 NO 2 ↓ B23	AGE IN YEARS <input type="text"/>	YES 1 NO 2	LINE NUMBER <input type="text"/> NEXT PREGNANCY <input type="checkbox"/>	DAYS 1 MONTHS 2 YEARS 3

B12	B13	B14	B15	B16	B17	B18	B19	B20	B21	B22	B23
Did your (last/ next-to-last/etc) pregnancy end in a live birth, an abortion, a miscarriage, or a stillbirth?	In what month and year (was this child born/did this pregnancy end)?	Were there any other pregnancies between this and the pregnancy we were just talking about?	CHECK B12: RECORD SAME RESPONSE.	Was this a single or a multiple birth?	What name was given to this child?	Is (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (name) when he/she died?
12 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	<div>MONTH</div> <div>YR.</div>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY	SING 1 MULT 2	NAME	BOY .. 1 GIRL .. 2	YES 1 NO 2	AGE IN YEARS	YES 1 NO 2	LINE NUMBER NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3
13 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	<div>MONTH</div> <div>YR.</div>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY	SING 1 MULT 2	NAME	BOY .. 1 GIRL .. 2	YES 1 NO 2	AGE IN YEARS	YES 1 NO 2	LINE NUMBER NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3
14 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	<div>MONTH</div> <div>YR.</div>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY	SING 1 MULT 2	NAME	BOY .. 1 GIRL .. 2	YES 1 NO 2	AGE IN YEARS	YES 1 NO 2	LINE NUMBER NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3
15 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	<div>MONTH</div> <div>YR.</div>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY	SING 1 MULT 2	NAME	BOY .. 1 GIRL .. 2	YES 1 NO 2	AGE IN YEARS	YES 1 NO 2	LINE NUMBER NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3
16 LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	<div>MONTH</div> <div>YR.</div>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY	SING 1 MULT 2	NAME	BOY .. 1 GIRL .. 2	YES 1 NO 2	AGE IN YEARS	YES 1 NO 2	LINE NUMBER NEXT PREGNANCY	DAYS 1 MONTHS 2 YEARS 3

B24	<p>COMPARE B9D WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:</p> <div><div>NUMBERS ARE SAME</div><div>NUMBERS ARE DIFFERENT</div></div> <p>CHECK: FOR EACH PREGNANCY: YEAR OF BIRTH OR YEAR PREGNANCY ENDED IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE THE EXACT NUMBER OF MONTHS.</p> <div><div></div><div></div><div></div><div></div></div>
B25	<p>CHECK B13 AND B19: ENTER THE NUMBER OF SURVIVING CHILDREN BORN IN 1997 OR LATER. IF NONE, RECORD '0'.</p> <div></div>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B26	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<div> <div></div> <div></div> <div></div> </div> → B51
B27	How many months pregnant are you?	MONTHS <div><div></div><div></div></div>	

Section B (Cont.) Contraception

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. CIRCLE CODE 1 IN B51 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN B51, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN B51, ASK B52.

B51	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		B52 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 →	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 →	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 →	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 →	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 →	YES 1 NO 2
06	IMPLANTS Women can have several 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 →	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 →	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 →	YES 1 NO 2
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 →	YES 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2 →	YES 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2 →	YES 1 NO 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 →	YES 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 →	YES 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 →	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2

B53	<p>CHECK B52:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT A SINGLE "YES" (NEVER USED) <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ </div> <div style="text-align: center;"> AT LEAST ONE "YES" (EVER USED) <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> → </div> </div>	B57
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
B54	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ C1
B56	What have you used or done? CORRECT B52 AND B53 (AND B51 IF NECESSARY).		
B57	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black;"></div>	
B58	CHECK B52 (01): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WOMAN NOT STERILIZED <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ </div> <div style="text-align: center;"> WOMAN STERILIZED <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> → </div> </div>		→ B61A
B59	CHECK B26: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT PREGNANT OR UNSURE <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ </div> <div style="text-align: center;"> PREGNANT <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> → </div> </div>		→ C1
B60	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ C1
B61	Which method are you using? ¹ CIRCLE ALL MENTIONED.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	
B61 A	CIRCLE 'A' FOR FEMALE STERILIZATION.		

SECTION C. CHILDREN'S HEALTH

C1	CHECK B25:	ONE OR MORE SURVIVING CHILDREN BORN IN 1997 OR LATER	<input type="checkbox"/>	NO SURVIVING CHILDREN BORN IN 1997 OR LATER	<input type="checkbox"/>	D1			
C2	<p>ENTER IN THE TABLE THE LINE NUMBER AND NAME OF EACH SURVIVING CHILD BORN IN 1997 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN. BEGIN WITH THE YOUNGEST CHILD. (IF THERE ARE MORE THAN 4 CHILDREN, USE ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about the health of all your children who are 5 years old or younger. (We will talk about each separately.)</p>								
C3	ENTER CHILD'S LINE NUMBER FROM B12	YOUNGEST CHILD	LINE NUMBER.....	NEXT-TO-YOUNGEST CHILD	LINE NUMBER.....	THIRD-YOUNGEST CHILD	LINE NUMBER.....	FOURTH-YOUNGEST CHILD	LINE NUMBER.....
C4	ENTER NAME FROM B17	NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME
C10	These next questions are about smoking. Were you smoking cigarettes when you became pregnant with (NAME)?	YES.....1 NO.....2 (SKIP TO C12)	YES.....1 NO.....2 (SKIP TO C12)	YES.....1 NO.....2 (SKIP TO C12)	YES.....1 NO.....2 (SKIP TO C12)	YES.....1 NO.....2 (SKIP TO C12)	YES.....1 NO.....2 (SKIP TO C12)	YES.....1 NO.....2 (SKIP TO C12)	YES.....1 NO.....2 (SKIP TO C12)
C11	Did you smoke cigarettes at any time during your pregnancy with (NAME)?	YES.....1 NO.....2 (SKIP TO C17)	YES.....1 NO.....2 (SKIP TO C17)	YES.....1 NO.....2 (SKIP TO C17)	YES.....1 NO.....2 (SKIP TO C17)	YES.....1 NO.....2 (SKIP TO C17)	YES.....1 NO.....2 (SKIP TO C17)	YES.....1 NO.....2 (SKIP TO C17)	YES.....1 NO.....2 (SKIP TO C17)
C12	Did you quit smoking for seven days or longer during your pregnancy with (NAME)?	YES.....1 NO.....2 (SKIP TO C15)	YES.....1 NO.....2 (SKIP TO C15)	YES.....1 NO.....2 (SKIP TO C15)	YES.....1 NO.....2 (SKIP TO C15)	YES.....1 NO.....2 (SKIP TO C15)	YES.....1 NO.....2 (SKIP TO C15)	YES.....1 NO.....2 (SKIP TO C15)	YES.....1 NO.....2 (SKIP TO C15)
C13	In what month of your pregnancy did you first quit for 7 days or longer?	MONTH.....	MONTH.....	MONTH.....	MONTH.....	MONTH.....	MONTH.....	MONTH.....	MONTH.....

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C14	Did you start smoking again during that pregnancy or did you stay off cigarettes for the rest of the pregnancy?	STARTED AGAIN1 STAYED OFF REST OF PREGNANCY2 NEVER STARTED AGAIN3 DON'T KNOW8	STARTED AGAIN1 STAYED OFF REST OF PREGNANCY2 NEVER STARTED AGAIN3 DON'T KNOW8	STARTED AGAIN1 STAYED OFF REST OF PREGNANCY2 NEVER STARTED AGAIN3 DON'T KNOW8
C15	How much TOTAL time did you smoke during your pregnancy with (NAME)?	DAYS1 WEEKS2 MONTHS3 ENTIRE PREGNANCY995	DAYS1 WEEKS2 MONTHS3 ENTIRE PREGNANCY995	DAYS1 WEEKS2 MONTHS3 ENTIRE PREGNANCY995
C16	About how many cigarettes did you smoke per day when you were pregnant with (NAME) (on the days that you smoked)? IF ANSWER GIVEN IN PACKS, PROBE TO DETERMINE NUMBER OF CIGARETTES PER PACK AND CONVERT TO NUMBER OF CIGARETTES.	LESS THAN 1 PER DAY00 CIGARETTES PER DAY VARIED95	LESS THAN 1 PER DAY00 CIGARETTES PER DAY VARIED95	LESS THAN 1 PER DAY00 CIGARETTES PER DAY VARIED95
C17	For the first 40 days of (NAME'S) life, was he/she ever in the same room as someone who smoked?	YES1 NO2 DON'T KNOW8 (SKIP TO C50) ↓	YES1 NO2 DON'T KNOW8 (SKIP TO C50) ↓	YES1 NO2 DON'T KNOW8 (SKIP TO C50) ↓
C18	Approximately how many hours per day or per week was (NAME) in the same room as someone who smoked?	HOURS PER DAY1 HOURS PER WEEK2	HOURS PER DAY1 HOURS PER WEEK2	HOURS PER DAY1 HOURS PER WEEK2
C50	Did you ever breastfeed (NAME)?	YES1 NO2 DON'T KNOW8 (SKIP TO C53) ↓	YES1 NO2 DON'T KNOW8 (SKIP TO C53) ↓	YES1 NO2 DON'T KNOW8 (SKIP TO C53) ↓
C51	Are you still breastfeeding (NAME)?	YES1 NO2 DON'T KNOW8 (SKIP TO C53) ↓	YES1 NO2 DON'T KNOW8 (SKIP TO C53) ↓	YES1 NO2 DON'T KNOW8 (SKIP TO C53) ↓

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C52	Yesterday, during the day and at night, did (NAME) consume each of the following:	YES NO DK	YES NO DK	YES NO DK
a	Vitamins, mineral supplements or medicine?	VITAMINS 1 2 8	VITAMINS 1 2 8	VITAMINS 1 2 8
b	Plain water?	WATER 1 2 8	WATER 1 2 8	WATER 1 2 8
c	Sweetened, flavored water or fruit juice, tea, or infusion?	JUICES 1 2 8	JUICES 1 2 8	JUICES 1 2 8
d	Oral Rehydration Solutions	ORS 1 2 8	ORS 1 2 8	ORS 1 2 8
e	Tinned, powdered, or fresh milk or infant formula?	MILK 1 2 8	MILK 1 2 8	MILK 1 2 8
f	Any other liquids?	OTHER LIQUIDS 1 2 8	OTHER LIQUIDS 1 2 8	OTHER LIQUIDS 1 2 8
g	Solid or semi-solid (pureed) food?	PUREED FOODS 1 2 8	PUREED FOODS 1 2 8	PUREED FOODS 1 2 8
C53	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
C55	Has (NAME) ever received vitamin D drops?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO C57) ↓	YES 1 NO 2 DON'T KNOW 8 (SKIP TO C57) ↓	YES 1 NO 2 DON'T KNOW 8 (SKIP TO C57) ↓
C56	For how many weeks did (NAME) receive vitamin D drops? IF LESS THAN ONE WEEK, RECORD '00'.	WEEKS <input type="text"/> <input type="text"/>	WEEKS <input type="text"/> <input type="text"/>	WEEKS <input type="text"/> <input type="text"/>
C57	Was (NAME) ever swaddled?	YES 1 NO 2 (SKIP TO C61) ↓	YES 1 NO 2 (SKIP TO C61) ↓	YES 1 NO 2 (SKIP TO C61) ↓
C58	How old was (NAME) when he/she was first swaddled?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/>

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C58 A	CHECK B20: <div> <div>'00'</div> <div>'01' – '05'</div> <div>(SKIP TO C60)</div> </div>	<div> <div>'00'</div> <div>'01' – '05'</div> <div>(SKIP TO C60)</div> </div>	<div> <div>'00'</div> <div>'01' – '05'</div> <div>(SKIP TO C60)</div> </div>	<div> <div>'00'</div> <div>'01' – '05'</div> <div>(SKIP TO C60)</div> </div>
C59	Is (NAME) still being swaddled? <div> <div>YES.....1</div> <div>(SKIP TO C61) ←</div> <div>NO.....2</div> </div>	<div> <div>YES.....1</div> <div>(SKIP TO C61) ←</div> <div>NO.....2</div> </div>	<div> <div>YES.....1</div> <div>(SKIP TO C61) ←</div> <div>NO.....2</div> </div>	<div> <div>YES.....1</div> <div>(SKIP TO C61) ←</div> <div>NO.....2</div> </div>
C60	Until what age was (NAME) swaddled? <div> <div>WEEKS.....1</div> <div>MONTHS.....2</div> <div>STILL SWADDLED.....995</div> </div>	<div> <div>WEEKS.....1</div> <div>MONTHS.....2</div> <div>STILL SWADDLED.....995</div> </div>	<div> <div>WEEKS.....1</div> <div>MONTHS.....2</div> <div>STILL SWADDLED.....995</div> </div>	<div> <div>WEEKS.....1</div> <div>MONTHS.....2</div> <div>STILL SWADDLED.....995</div> </div>
C61	Was (NAME) ever put into a beshik? <div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C67) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C67) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C67) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C67) ←</div> </div>
C62	How old was (NAME) when he/she was first put into a beshik? <div> <div>WEEKS.....1</div> <div>MONTHS.....2</div> </div>	<div> <div>WEEKS.....1</div> <div>MONTHS.....2</div> </div>	<div> <div>WEEKS.....1</div> <div>MONTHS.....2</div> </div>	<div> <div>WEEKS.....1</div> <div>MONTHS.....2</div> </div>
C62 A	CHECK B20: <div> <div>'00'</div> <div>'01' – '05'</div> <div>(SKIP TO C66)</div> </div>	<div> <div>'00'</div> <div>'01' – '05'</div> <div>(SKIP TO C66)</div> </div>	<div> <div>'00'</div> <div>'01' – '05'</div> <div>(SKIP TO C66)</div> </div>	<div> <div>'00'</div> <div>'01' – '05'</div> <div>(SKIP TO C66)</div> </div>
C62 B	Is (NAME) still put into a beshik? <div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C66) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C66) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C66) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C66) ←</div> </div>
C63	Was (NAME) put into a beshik yesterday? <div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C67) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C67) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C67) ←</div> </div>	<div> <div>YES.....1</div> <div>NO.....2</div> <div>(SKIP TO C67) ←</div> </div>
C64	For how many hours during the day yesterday was (NAME) in the beshik? IF LESS THAN ONE HOUR, RECORD '00' <div> <div>HOURS.....</div> <div>DON'T KNOW.....98</div> </div>	<div> <div>HOURS.....</div> <div>DON'T KNOW.....98</div> </div>	<div> <div>HOURS.....</div> <div>DON'T KNOW.....98</div> </div>	<div> <div>HOURS.....</div> <div>DON'T KNOW.....98</div> </div>

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C65	For how many hours during last night was (NAME) in the beshik? IF LESS THAN ONE HOUR, RECORD '00'	HOURS DON'T KNOW98 (SKIP TO C67)	HOURS DON'T KNOW98 (SKIP TO C67)	HOURS DON'T KNOW98 (SKIP TO C67)
C66	Until what age was (NAME) put into a beshik? IF LESS THAN ONE WEEK, CIRCLE CODE '1' AND RECORD '00'.	WEEKS1 MONTHS2 STILL IN BESHIK995	WEEKS1 MONTHS2 STILL IN BESHIK995	WEEKS1 MONTHS2 STILL IN BESHIK995
C67	How old was (NAME) when you first took him/her outside and exposed him/her to the sunlight? IF LESS THAN ONE WEEK, CIRCLE CODE '1' AND RECORD '00'.	WEEKS1 MONTHS2 NEVER EXPOSED TO SUNLIGHT993 (SKIP TO C71)	WEEKS1 MONTHS2 NEVER EXPOSED TO SUNLIGHT993 (SKIP TO C71)	WEEKS1 MONTHS2 NEVER EXPOSED TO SUNLIGHT993 (SKIP TO C71)
C67 A	CHECK B20:	'00' '01' - '05' (SKIP TO C71)	'00' '01' - '05' (SKIP TO C71)	'00' '01' - '05' (SKIP TO C71)
C68	Was (NAME) taken outside yesterday? IF YESTERDAY WAS RAINY, ASK ABOUT LAST NON-RAINY DAY.	YES1 NO2 DON'T KNOW8 (SKIP TO C71)	YES1 NO2 DON'T KNOW8 (SKIP TO C71)	YES1 NO2 DON'T KNOW8 (SKIP TO C71)
C69	Were (NAME'S) face and hands exposed to direct sunlight? IF YES: Were they exposed to direct sunlight for at least 10 minutes?	YES, LESS THAN 10 MIN.1 YES, 10+ MINUTES2 NO3 DON'T KNOW8	YES, LESS THAN 10 MIN.1 YES, 10+ MINUTES2 NO3 DON'T KNOW8	YES, LESS THAN 10 MIN.1 YES, 10+ MINUTES2 NO3 DON'T KNOW8
C70	During the last week, were (NAME'S) face and hands exposed to direct sunlight for a total of at least 30 minutes?	YES1 NO2	YES1 NO2	YES1 NO2

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C71	Now I would like to ask about (NAME)'s health. Would you say (NAME)'s health in general is excellent, very good, good, fair, or poor?	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 YES1 NO2 DON'T KNOW8 (SKIP TO C80)	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 YES1 NO2 DON'T KNOW8 (SKIP TO C80)	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 YES1 NO2 DON'T KNOW8 (SKIP TO C80)
C72	Is there a place that (NAME) goes when s/he is sick or when you need advice about his/her health?	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 YES1 NO2 DON'T KNOW8 (SKIP TO C80)	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 YES1 NO2 DON'T KNOW8 (SKIP TO C80)	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 YES1 NO2 DON'T KNOW8 (SKIP TO C80)
C73	What kind of place is it that (NAME) goes to most often?	PUBLIC SECTOR INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC15 WORKPLACE16 SVP17 OTHER PUBLIC26 (SPECIFY)	PUBLIC SECTOR INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC15 WORKPLACE16 SVP17 OTHER PUBLIC26 (SPECIFY)	PUBLIC SECTOR INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC15 WORKPLACE16 SVP17 OTHER PUBLIC26 (SPECIFY)
		PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL36 (SPECIFY)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL36 (SPECIFY)	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL36 (SPECIFY)
		OTHER96 (SPECIFY)	OTHER96 (SPECIFY)	OTHER96 (SPECIFY)
		DON'T KNOW98	DON'T KNOW98	DON'T KNOW98
C74	What kind of provider does (NAME) normally see there?	DOCTOR1 FELDsher2 NURSE3 TRADITIONAL HEALER4 OTHER6 (SPECIFY)	DOCTOR1 FELDsher2 NURSE3 TRADITIONAL HEALER4 OTHER6 (SPECIFY)	DOCTOR1 FELDsher2 NURSE3 TRADITIONAL HEALER4 OTHER6 (SPECIFY)
		DON'T KNOW8	DON'T KNOW8	DON'T KNOW8

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C80	Has (NAME) ever been admitted to a health facility overnight because of illness or an injury? YES1 NO2 (SKIP TO C90) ←	YES1 NO2 (SKIP TO C90) ←	YES1 NO2 (SKIP TO C90) ←	YES1 NO2 (SKIP TO C90) ←
C81	How many times has (NAME) been admitted to a health facility overnight because of illness or an injury? NUMBER OF TIMES..... <div><div></div><div></div></div>	NUMBER OF TIMES..... <div><div></div><div></div></div>	NUMBER OF TIMES..... <div><div></div><div></div></div>	NUMBER OF TIMES..... <div><div></div><div></div></div>
C90	These next questions are about (NAME)'s breathing. Has (NAME) had wheezing or whistling in the chest at any time in the last 12 months? YES1 NO2 DON'T KNOW8 (SKIP TO C94) ←	YES1 NO2 DON'T KNOW8 (SKIP TO C94) ←	YES1 NO2 DON'T KNOW8 (SKIP TO C94) ←	YES1 NO2 DON'T KNOW8 (SKIP TO C94) ←
C91	How many attacks of wheezing or whistling has (NAME) had in the last 12 months? NUMBER..... <div><div></div><div></div></div>	NUMBER..... <div><div></div><div></div></div>	NUMBER..... <div><div></div><div></div></div>	NUMBER..... <div><div></div><div></div></div>
C92	In the last 12 months, how often, on average, has (NAME)'s sleep been disturbed due to wheezing? NEVER1 LESS THAN ONE NIGHT PER WEEK2 ONE OR MORE NIGHTS PER WEEK3	NEVER1 LESS THAN ONE NIGHT PER WEEK2 ONE OR MORE NIGHTS PER WEEK3	NEVER1 LESS THAN ONE NIGHT PER WEEK2 ONE OR MORE NIGHTS PER WEEK3	NEVER1 LESS THAN ONE NIGHT PER WEEK2 ONE OR MORE NIGHTS PER WEEK3
C93	In the last 12 months, has wheezing ever been severe enough to limit (NAME)'s speech to only one or two words at a time between breaths? YES1 NO2 CHILD DOESN'T TALK3	YES1 NO2 CHILD DOESN'T TALK3	YES1 NO2 CHILD DOESN'T TALK3	YES1 NO2 CHILD DOESN'T TALK3
C94	Has (NAME) ever had asthma? YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2
C95	Now I'd like to ask you about any injuries or poisonings that happened to (NAME) during the past 3 months that required medical advice or treatment . During the past three months, have you sought medical advice or treatment for (NAME) because s/he was injured ? YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2
C96	During the past three months, have you sought medical advice or treatment for (NAME) because s/he was poisoned ? YES1 NO2	YES1 NO2	YES1 NO2	YES1 NO2

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C97	CHECK C95 & C96: AT LEAST ONE YES <input type="checkbox"/> NOT A SINGLE YES <input type="checkbox"/> (SKIP TO C106) <input type="checkbox"/>	AT LEAST ONE YES <input type="checkbox"/> NOT A SINGLE YES <input type="checkbox"/> (SKIP TO C106) <input type="checkbox"/>	AT LEAST ONE YES <input type="checkbox"/> NOT A SINGLE YES <input type="checkbox"/> (SKIP TO C106) <input type="checkbox"/>	AT LEAST ONE YES <input type="checkbox"/> NOT A SINGLE YES <input type="checkbox"/> (SKIP TO C106) <input type="checkbox"/>
C98	How many times during the past three months did you seek medical advice because (NAME) was (injured/poisoned)? NUMBER..... <input type="text"/> <input type="text"/>	NUMBER..... <input type="text"/> <input type="text"/>	NUMBER..... <input type="text"/> <input type="text"/>	NUMBER..... <input type="text"/> <input type="text"/>
C99	I'd like to ask you some questions about (NAME)'s (most recent) (injury/poisoning) incident. Where did (NAME) receive medical advice or treatment for this incident?	PUBLIC SECTOR INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC15 WORKPLACE16 SVP17 OTHER PUBLIC26 (SPECIFY)	PUBLIC SECTOR INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC15 WORKPLACE16 SVP17 OTHER PUBLIC26 (SPECIFY)	PUBLIC SECTOR INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC15 WORKPLACE16 SVP17 OTHER PUBLIC26 (SPECIFY)
C100	Did (NAME) stay in a hospital overnight as a result of the (injury/poisoning)? YES1 NO2	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL36 (SPECIFY) OTHER96 (SPECIFY) DON'T KNOW98	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL36 (SPECIFY) OTHER96 (SPECIFY) DON'T KNOW98	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL36 (SPECIFY) OTHER96 (SPECIFY) DON'T KNOW98
C101	When did the (most recent) incident happen? DAYS AGO1 WEEKS AGO2	DAYS AGO1 WEEKS AGO2	DAYS AGO1 WEEKS AGO2	DAYS AGO1 WEEKS AGO2

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C102 Where did the incident occur?	HOME (INSIDE)01 HOME (OUTSIDE)02 ROAD03 SCHOOL04 FARM05 PARK06 RIVER/LAKE07 INDUSTRIAL /CONSTRUCTION AREA08 OTHER _____96 (SPECIFY)	HOME (INSIDE)01 HOME (OUTSIDE)02 ROAD03 SCHOOL04 FARM05 PARK06 RIVER/LAKE07 INDUSTRIAL /CONSTRUCTION AREA08 OTHER _____96 (SPECIFY)	HOME (INSIDE)01 HOME (OUTSIDE)02 ROAD03 SCHOOL04 FARM05 PARK06 RIVER/LAKE07 INDUSTRIAL /CONSTRUCTION AREA08 OTHER _____96 (SPECIFY)	HOME (INSIDE)01 HOME (OUTSIDE)02 ROAD03 SCHOOL04 FARM05 PARK06 RIVER/LAKE07 INDUSTRIAL /CONSTRUCTION AREA08 OTHER _____96 (SPECIFY)
C103 What was the cause of the injury?	<u>TRANSPORTATION-BASED</u> MOTOR VEHICLE11 PEDESTRIAN-VEHICLE12 CRASH13 MOTORCYCLE14 BICYCLE15 TRACTOR16 OTHER TRANSPORTATION _____16 (SPECIFY) <u>NON-TRANSPORTATION BASED</u> FALL (LESS THAN 1 METER)21 FALL (1 METER OR MORE)22 STRUCK OR CRUSHED23 GUNSHOT24 AGRICULTURAL STAB/CUT25 OTHER STAB/CUT26 FIRE/BURN27 ELECTROCUTION28 SMOKE INHALATION29 POISONING30 SCALD31 SEXUAL VIOLENCE32 OTHER PHYSICAL ASSAULT33 NEAR-DROWNING34 ANIMAL RELATED35 OTHER _____96 (SPECIFY)	<u>TRANSPORTATION-BASED</u> MOTOR VEHICLE11 PEDESTRIAN-VEHICLE12 CRASH13 MOTORCYCLE14 BICYCLE15 TRACTOR16 OTHER TRANSPORTATION _____16 (SPECIFY) <u>NON-TRANSPORTATION BASED</u> FALL (LESS THAN 1 METER)21 FALL (1 METER OR MORE)22 STRUCK OR CRUSHED23 GUNSHOT24 AGRICULTURAL STAB/CUT25 OTHER STAB/CUT26 FIRE/BURN27 ELECTROCUTION28 SMOKE INHALATION29 POISONING30 SCALD31 SEXUAL VIOLENCE32 OTHER PHYSICAL ASSAULT33 NEAR-DROWNING34 ANIMAL RELATED35 OTHER _____96 (SPECIFY)	<u>TRANSPORTATION-BASED</u> MOTOR VEHICLE11 PEDESTRIAN-VEHICLE12 CRASH13 MOTORCYCLE14 BICYCLE15 TRACTOR16 OTHER TRANSPORTATION _____16 (SPECIFY) <u>NON-TRANSPORTATION BASED</u> FALL (LESS THAN 1 METER)21 FALL (1 METER OR MORE)22 STRUCK OR CRUSHED23 GUNSHOT24 AGRICULTURAL STAB/CUT25 OTHER STAB/CUT26 FIRE/BURN27 ELECTROCUTION28 SMOKE INHALATION29 POISONING30 SCALD31 SEXUAL VIOLENCE32 OTHER PHYSICAL ASSAULT33 NEAR-DROWNING34 ANIMAL RELATED35 OTHER _____96 (SPECIFY)	<u>TRANSPORTATION-BASED</u> MOTOR VEHICLE11 PEDESTRIAN-VEHICLE12 CRASH13 MOTORCYCLE14 BICYCLE15 TRACTOR16 OTHER TRANSPORTATION _____16 (SPECIFY) <u>NON-TRANSPORTATION BASED</u> FALL (LESS THAN 1 METER)21 FALL (1 METER OR MORE)22 STRUCK OR CRUSHED23 GUNSHOT24 AGRICULTURAL STAB/CUT25 OTHER STAB/CUT26 FIRE/BURN27 ELECTROCUTION28 SMOKE INHALATION29 POISONING30 SCALD31 SEXUAL VIOLENCE32 OTHER PHYSICAL ASSAULT33 NEAR-DROWNING34 ANIMAL RELATED35 OTHER _____96 (SPECIFY)

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C106	Now I will ask some questions about (NAME)'s teeth. How would you describe the condition of (NAME)'s natural teeth: excellent, very good, good, fair or poor?	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 HAS NO NATURAL TEETH6 YES1 NO2	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 HAS NO NATURAL TEETH6 YES1 NO2	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5 HAS NO NATURAL TEETH6 YES1 NO2
C107	In the last three months, has (NAME) ever had pain in his/her teeth that was not related to teething or erupting teeth?	NEVER000 (SKIP TO C111) ← MONTHS1 YEARS2 DON'T KNOW998	NEVER000 (SKIP TO C111) ← MONTHS1 YEARS2 DON'T KNOW998	NEVER000 (SKIP TO C111) ← MONTHS1 YEARS2 DON'T KNOW998
C108	About how long has it been since (NAME) last saw a dentist? INCLUDE ALL TYPES OF DENTISTS, SUCH AS ORTHODONTISTS, ORAL SURGEONS, AND ALL OTHER DENTAL SPECIALISTS, AS WELL AS DENTAL HYGIENISTS. IF LESS THAN ONE MONTH, CIRCLE CODE '1' AND RECORD '00'.	NEVER000 (SKIP TO C111) ← MONTHS1 YEARS2 DON'T KNOW998	NEVER000 (SKIP TO C111) ← MONTHS1 YEARS2 DON'T KNOW998	NEVER000 (SKIP TO C111) ← MONTHS1 YEARS2 DON'T KNOW998
C109	In the last year, has a dentist said that (NAME) has one or more cavities or dental caries?	YES1 NO2 (SKIP TO C111) ←	YES1 NO2 (SKIP TO C111) ←	YES1 NO2 (SKIP TO C111) ←
C110	Were these cavities or dental caries treated?	YES1 NO2	YES1 NO2	YES1 NO2
C111	Does (NAME) clean his teeth? IF 'NO' CIRCLE '5'. IF YES, ASK: How often does (NAME) clean his/her teeth?	AT LEAST ONCE A DAY1 A FEW TIMES A WEEK2 WEEKLY3 MONTHLY4 RARELY/NEVER5 (SKIP TO C115) ←	AT LEAST ONCE A DAY1 A FEW TIMES A WEEK2 WEEKLY3 MONTHLY4 RARELY/NEVER5 (SKIP TO C115) ←	AT LEAST ONCE A DAY1 A FEW TIMES A WEEK2 WEEKLY3 MONTHLY4 RARELY/NEVER5 (SKIP TO C115) ←
C112	What does (NAME) use to clean his/her teeth? RECORD ALL MENTIONED.	STICKA POWDER/PASTEB BRUSHC RINSING WITH FINGERD MOUTHWASHE OTHERX (SPECIFY)	STICKA POWDER/PASTEB BRUSHC RINSING WITH FINGERD MOUTHWASHE OTHERX (SPECIFY)	STICKA POWDER/PASTEB BRUSHC RINSING WITH FINGERD MOUTHWASHE OTHERX (SPECIFY)

	YOUNGEST CHILD NAME _____	SECOND-YOUNGEST CHILD NAME _____	THIRD-YOUNGEST CHILD NAME _____	FOURTH-YOUNGEST CHILD NAME _____
C113	CHECK C112:	CODE 'B' AND/OR CODE 'E' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> IP TO C115)	CODE 'B' AND/OR CODE 'E' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> IP TO C115)	CODE 'B' AND/OR CODE 'E' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> IP TO C115)
C114	Does the powder, paste or mouthwash that (NAME) uses to clean his/her teeth contain fluoride?	YES1 NO2 DK8	YES1 NO2 DK8	YES1 NO2 DK8
C115		GO BACK TO C3 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO D1		
		GO BACK TO C3 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE BIRTHS, GO TO D1		

SECTION D. NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
D1	<p>Now I'd like to talk about you and certain aspects about your health.</p> <p>These next questions are about the foods you eat.</p> <p>During the last six months, have you gone without eating food for one day or more?</p>	<p>YES1</p> <p>NO2 → D3</p>	
D2	<p>What were the reasons for not eating food for one day or more?</p> <p>RECORD ALL MENTIONED.</p>	<p>DID NOT HAVE ENOUGH MONEY TO BUY FOOD A</p> <p>DID NOT HAVE FOOD AT HOME B</p> <p>HAD A MEDICAL PROBLEM C</p> <p>RELIGIOUS FAST D</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
D3	<p>Now I'm going to ask some questions about the foods that you ate in the last seven days.</p> <p>In the past week, on how many days did you consume:</p> <p>a. cheese, yoghurt, kefir, ice cream, milk or other milk products?</p> <p>b. eggs?</p> <p>c. red meats?</p> <p>d. fish or poultry?</p> <p>e. beans, peas, or legumes?</p> <p>f. Nuts or seeds?</p> <p>g. roots and tubers such as white potatoes, turnips, radishes, or beet root?</p> <p>h. dark green leafy vegetables or condiments such as parsley, dill, spinach, rahon, cilantro, basil, mint? Do not include lettuce or cabbage.</p> <p>i. Other fresh vegetables including vegetables in stews, soups, and salads?</p> <p>j. foods prepared with tomato paste?</p> <p>k. pickled or canned vegetables?</p> <p>l. fresh fruits?</p> <p>m. dried fruits?</p> <p>n. canned fruits?</p> <p>o. bread, rice, pasta, cereal, cookies, biscuits or similar products made with wheat or white flour?</p> <p>p. sugary foods, confectionery, pastry, cakes, chocolates, or sweets?</p> <p>IF NONE, RECORD '0'.</p>	<p>a..... <input type="checkbox"/></p> <p>b..... <input type="checkbox"/></p> <p>c..... <input type="checkbox"/></p> <p>d..... <input type="checkbox"/></p> <p>e..... <input type="checkbox"/></p> <p>f..... <input type="checkbox"/></p> <p>g..... <input type="checkbox"/></p> <p>h..... <input type="checkbox"/></p> <p>i..... <input type="checkbox"/></p> <p>j..... <input type="checkbox"/></p> <p>k..... <input type="checkbox"/></p> <p>l..... <input type="checkbox"/></p> <p>m..... <input type="checkbox"/></p> <p>n..... <input type="checkbox"/></p> <p>o..... <input type="checkbox"/></p> <p>p..... <input type="checkbox"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
D4	<p>How many days in the past week have you eaten foods prepared as follows:</p> <p>a. Fried</p> <p>b. Boiled</p> <p>c. Stewed</p> <p>d. Baked</p> <p>e. Grilled</p> <p>IF NONE, RECORD '0'.</p>	<p>a..... <input type="text"/></p> <p>b..... <input type="text"/></p> <p>c..... <input type="text"/></p> <p>d..... <input type="text"/></p> <p>e..... <input type="text"/></p>	
D5	While eating, do you ever add salt to your cooked food? I'm not asking about salt used in cooking the food.	<p>YES1</p> <p>NO2</p>	→ D7
D6	Do you add salt, <u>all</u> of the time, <u>most</u> of the time, or only <u>occasionally</u> ?	<p>ALL THE TIME1</p> <p>MOST OF THE TIME2</p> <p>OCCASIONALLY3</p>	
D7	Before eating, do you ever add fat, oil, butter or cream to cooked foods, breads or salads? I'm not asking about fat, oil, butter or cream used in preparing the food.	<p>YES1</p> <p>NO2</p>	→ D9
D8	Do you add fat, oil, butter or cream <u>all</u> of the time, <u>most of the time</u> or only <u>occasionally</u> ?	<p>ALL THE TIME1</p> <p>MOST OF THE TIME2</p> <p>OCCASIONALLY3</p>	
D9	In the past 12 months, have you unintentionally lost weight without going on any diet or food restriction?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p>	→ E1
D10	How many kilos did you lose?	<p>LESS THAN 1 KG1</p> <p>1-3 KG2</p> <p>MORE THAN 3 KG3</p> <p>DON'T KNOW8</p>	

SECTION E. PHYSICAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
E1	<p>I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be a physically active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.</p> <p>Now, think about all the <u>vigorous</u> activities which take <u>hard physical effort</u> that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, jogging, or fast bicycling. Think about <u>only</u> those physical activities that you did for at least 10 minutes at a time.</p> <p>During the past 7 days, on how many days did you do vigorous physical activities?</p> <p>INCLUDE ALL ACTIVITIES AND JOBS.</p>	<p>DAYS <input type="text"/></p> <p>NONE 0 → E3</p> <p>DON'T KNOW 8 → E3</p>	
E2	<p>How much time in total did you (usually spend on one of those days/spend on that day) doing <u>vigorous</u> physical activities?</p> <p>PROBE: Think about only those physical activities that you did for at least 10 minutes at a time.</p> <p>IF THE RESPONDENT CAN'T ANSWER BECAUSE THE TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: The last day you did vigorous physical activities, what is the total amount of time you spent?</p>	<p>HOURS <input type="text"/> <input type="text"/></p> <p>AND</p> <p>MINUTES PER DAY <input type="text"/> <input type="text"/></p>	
E3	<p>Now think about other activities which take <u>moderate physical effort</u> that you did in the last 7 days.</p> <p>Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads and bicycling at a regular pace. Do not include walking. Again, think about <u>only</u> those physical activities that you did for at least 10 minutes at a time.</p> <p>During the last 7 days, on how many days did you do <u>moderate</u> physical activities?</p> <p>INCLUDE ALL ACTIVITIES AND JOBS.</p>	<p>DAYS <input type="text"/></p> <p>NONE 0 → E5</p> <p>DON'T KNOW 8 → E5</p>	
E4	<p>How much time in total did you (usually spend on one of those days/spend on that day) doing <u>moderate</u> physical activities?</p> <p>PROBE: Think about only those physical activities that you did for at least 10 minutes at a time.</p> <p>IF THE RESPONDENT CAN'T ANSWER BECAUSE THE TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: The last day you did moderate physical activities, what is the total amount of time you spent?</p>	<p>HOURS <input type="text"/> <input type="text"/></p> <p>AND</p> <p>MINUTES PER DAY <input type="text"/> <input type="text"/></p>	
E5	<p>Now think about the time you spent <u>walking</u> in the last 7 days.</p> <p>This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure.</p> <p>During the last 7 days, on how many days did you walk for at least 10 minutes at a time?</p> <p>INCLUDE ALL ACTIVITIES AND JOBS.</p>	<p>DAYS <input type="text"/></p> <p>NONE 0 → E7</p> <p>DON'T KNOW 8 → E7</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
E6	<p>How much time in total did you (usually) spend walking on (one of those days/that day)?</p> <p>PROBE: Think only about walking that you did for at least 10 minutes at a time.</p> <p>IF THE RESPONDENT CAN'T ANSWER BECAUSE THE TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: The last day you were walking, what is the total amount of time you spent?</p>	<p>HOURS..... <input type="text"/> <input type="text"/></p> <p>AND</p> <p>MINUTES PER DAY..... <input type="text"/> <input type="text"/></p>	
E7	<p>Now think about the time you spent <u>sitting</u> on weekdays during the last 7 days. Include time spent at work, at home, while doing coursework and during leisure time.</p> <p>This may include time spent sitting at a desk, visiting friends, traveling on a bus, or lying down to watch television.</p> <p>During the last 7 days, how much time in total did you usually spend sitting on a <u>weekday</u>?</p> <p>INCLUDE TIME SPENT LYING DOWN (AWAKE) AS WELL AS SITTING.</p> <p>IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: What is the total amount of time you spent sitting last Wednesday?</p>	<p>HOURS..... <input type="text"/> <input type="text"/></p> <p>AND</p> <p>MINUTES PER DAY..... <input type="text"/> <input type="text"/></p>	

SECTION F. HEALTH CARE ACCESS AND UTILIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F1	<p>The next questions are about hospitalization in any hospital or clinic except rehabilitation clinics and sanatoria.</p> <p>During the past 12 months, have you been in a hospital as an inpatient, that is overnight or longer (including hospitalizations for giving birth)?</p>	<p>YES 1</p> <p>NO 2 → F11</p>	
F2	<p>How many separate stays in hospitals as an inpatient have you had in the past 12 months?</p> <p>COUNT ALL THE STAYS THAT <u>ENDED</u> IN THIS PERIOD.</p>	<p>NUMBER OF STAYS <input type="text"/> <input type="text"/></p>	
F3	<p>How many nights in total did you spend in hospitals during this/these inpatient stay(s)?</p>	<p>NUMBER OF NIGHTS <input type="text"/> <input type="text"/></p>	
F4	<p>Thinking of the (last) time you stayed in the hospital as an inpatient, who referred you?</p>	<p>DOCTOR 1</p> <p>FELDSHER 2</p> <p>AMBULANCE 5</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p> <p>SELF 7</p>	
F5	<p>Thinking of the (last) time you stayed in the hospital as an inpatient, why were you in the hospital?</p>	<p>ACCIDENT/INJURY 01</p> <p>ILLNESS/HEALTH COMPLAINT 02</p> <p>CHECK UP 03</p> <p>MEDICAL EXAMINATION 04</p> <p>DIAGNOSTIC TEST/OBSERVATION 05</p> <p>RENEWAL OF PERSCRIPTION 06</p> <p>OPERATION 07 → F7</p> <p>PREGNANCY/BIRTH RELATED 08</p> <p>ABORTION 09 → F7</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	
F6	<p>Did you undergo an operation?</p>	<p>YES 1</p> <p>NO 2</p>	
F7	<p>CHECK F2:</p> <p>MORE THAN ONE STAY <input type="checkbox"/> ONE STAY <input type="checkbox"/> → F9</p>		
F8	<p>How many nights were you in the hospital during your last stay?</p>	<p>NUMBER OF NIGHTS <input type="text"/> <input type="text"/></p>	
F9	<p>In what kind of hospital did you stay: was this a government, private, workplace, or some other kind of facility?</p> <p>IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT FACILITY.</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL 11</p> <p>OBLAST HOSPITAL 12</p> <p>CITY HOSPITAL 13</p> <p>RAYON HOSPITAL 14</p> <p>POLYCLINIC 15</p> <p>WORKPLACE 16</p> <p>SVP 17</p> <p>SPECIALIZED HOSP/DISPENS. 18</p> <p>OTHER PUBLIC 26</p> <p>(SPECIFY) _____</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>PRIVATE DOCTOR 33</p> <p>OTHER PRIVATE MEDICAL 36</p> <p>(SPECIFY) _____</p> <p>OTHER 96</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F11	During the past 12 months, have you been admitted to a health care facility as a day patient; that is, admitted to a health care facility bed, but you did not remain overnight?	YES1 NO2 → F16	
F12	How many times have you been admitted as a day patient in the past 12 months?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
F13	Thinking of the (last) time you stayed in a health care facility as a day patient, why were you in the health care facility?	ACCIDENT/INJURY01 ILLNESS/HEALTH COMPLAINT02 CHECK UP03 MEDICAL EXAMINATION04 DIAGNOSTIC TEST/OBSERVATION05 RENEWAL OF PERSCRIPTION06 OPERATION07 → F14 PREGNANCY/BIRTH RELATED08 ABORTION09 → F14 OTHER96 (SPECIFY)	
F13A	Did you undergo an operation?	YES1 NO2	
F14	In what kind of health care facility did you stay: was this a government, private, workplace, or some other kind of facility? IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.	<i>PUBLIC SECTOR</i> INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC15 WORKPLACE16 SVP17 OTHER PUBLIC26 (SPECIFY) <i>PRIVATE MEDICAL SECTOR</i> PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL36 (SPECIFY) OTHER96 (SPECIFY) DON'T KNOW98	
F16	During the past 4 weeks, did you consult a health care provider or a specialist for your own health needs, that is, not while accompanying a family member or someone else for their health needs.	YES1 NO2 → F22	
F16A	How many times did you consult a health care provider/specialist for your own health needs?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
F17	Thinking about the (last) time you consulted a health care provider/specialist what was the main reason for the consultation?	ACCIDENT/INJURY01 ILLNESS/HEALTH COMPLAINT02 CHECK UP03 MEDICAL EXAMINATION04 DIAGNOSTIC TEST/OBSERVATION05 RENEWAL OF PERSCRIPTION06 OPERATION07 PREGNANCY/BIRTH RELATED08 ABORTION09 OTHER96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F18	What kind of health care provider/specialist did you see?	DOCTOR.....01 FELDSHER02 NURSE.....03 TRADITIONAL HEALER04 INFECTIOUS DISEASE DOCTOR11 CARDIOLOGIST12 GERONTOLOGIST13 ONCOLOGIST14 RHEUMATOLOGIST15 DERMATOLOGIST/VENEROLOGIST ...16 ENDOCRINOLOGIST17 EAR, NOSE AND THROAT SPEC./ ALLERGIST18 EYE SPECIALIST19 GENERAL SURGEON.....20 GASTRO-ENTEROLOGIST.....21 GYNAECOLOGIST22 LUNG SPECIALIST23 NEUROLOGIST24 ORTHOPAEDIC SPECIALIST25 PSYCHIATRIST26 UROLOGIST27 OTHER 96 (SPECIFY) DON'T KNOW98	
F19	Did the consultation with the health care provider/specialist take place in a facility, at your own home, by telephone, or somewhere else?	AT FACILITY1 AT HOME2 BY TELEPHONE.....3 OTHER 6 (SPECIFY)	
F20	Was this a government, private, or workplace health care provider/specialist? IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.	<i>PUBLIC SECTOR</i> INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC.15 WORKPLACE.....16 SVP.....17 SPECIALIZED HOSP/DISPENS.18 OTHER PUBLIC 26 (SPECIFY) <i>PRIVATE MEDICAL SECTOR</i> PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL36 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW98	
F22	During the past 4 weeks, did you, for your own health needs, consult a doctor in an accident or emergency center or casualty department of a hospital?	YES1 NO2	→ G1
F22A	How many times did you consult a doctor in an accident or emergency center or casualty department?	NUMBER OF TIMES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F23	<p>Thinking of the (last) time you consulted a doctor in an accident or emergency center or casualty department, was this a government, private, or workplace health care facility?</p> <p>IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL11</p> <p>OBLAST HOSPITAL12</p> <p>CITY HOSPITAL13</p> <p>RAYON HOSPITAL14</p> <p>POLYCLINIC15</p> <p>WORKPLACE16</p> <p>SVP17</p> <p>SPECIALIZED HOSP/DISPENS.18</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL31</p> <p>PRIVATE CLINIC32</p> <p>PRIVATE DOCTOR33</p> <p>OTHER PRIVATE MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	
F24	<p>What was the main reason for the consultation?</p>	<p>ACCIDENT/INJURY 01</p> <p>ILLNESS/HEALTH COMPLAINT 02</p> <p>CHECK UP 03</p> <p>MEDICAL EXAMINATION 04</p> <p>DIAGNOSTIC TEST/OBSERVATION05</p> <p>RENEWAL OF PERSCRIPTION 06</p> <p>OPERATION 07</p> <p>PREGNANCY/BIRTH RELATED 08</p> <p>ABORTION 09</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION G. BLOOD PRESSURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G1	These next questions are about blood pressure. Has your blood pressure ever been checked by a doctor or other health professional?	YES1 NO2	→ G8
G1A	Who took your blood pressure?	DOCTOR.....1 FELDSHER2 NURSE.....3 TRADITIONAL HEALER4 OTHER6 (SPECIFY) DON'T KNOW8	
G2	When was the last time you had your blood pressure checked by a doctor or other health professional?	LESS THAN 6 MONTHS AGO.....1 6 - 11 MONTHS AGO.....2 1 - 5 YEARS AGO3 MORE THAN 5 YEARS AGO.....4 DON'T KNOW8	
G3	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES1 NO2 DON'T KNOW8	→ G8
G4	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES1 NO2 DON'T KNOW8	
G5	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES1 NO2	→ G8
G6	Who told you this?	DOCTOR.....1 FELDSHER2 NURSE.....3 TRADITIONAL HEALER4 OTHER6 (SPECIFY) DON'T KNOW8	
G6A	Did the doctor or the other health professional tell you to: a. take prescribed medicine? b. control your weight or lose weight?..... c. cut down on salt in your diet?..... d. exercise more? e. cut down on alcohol? f. stop smoking? g. do other things? PROBE: What other things?	YES NO TAKE MEDICINE 1 2 CONTROL WEIGHT 1 2 CUT DOWN SALT..... 1 2 EXERCISE 1 2 CUT DOWN ALCOHOL 1 2 STOP SMOKING..... 1 2 DO OTHER THINGS 1 2 ↓ (SPECIFY)	
G7	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 consumption? f. stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT..... 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING..... 1 2 3	
G8	Have you ever had your blood cholesterol checked?	YES1 NO2 DON'T KNOW6	→ G12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G9	When was the last time you had your blood cholesterol checked?	LESS THAN 6 MONTHS AGO1 6 - 11 MONTHS AGO2 1 - 5 YEARS AGO3 MORE THAN 5 YEARS AGO4 DON'T KNOW8	
G10	Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?	YES1 NO2	→ G12
G11	Who told you this?	DOCTOR1 FELDsher2 NURSE3 TRADITIONAL HEALER4 OTHER 6 (SPECIFY) DON'T KNOW8	

G12	Before proceeding further with the questionnaire, please let me measure your blood pressure and pulse. MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE							
		SYSTOLIC.....	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>						
		DIASTOLIC.....	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>						
BLOOD PRESSURE NOT MEASURED	995								
PULSE (30 SECONDS).....	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>								
		PULSE NOT MEASURED	995						

SECTION H. RESPIRATORY AND ALLERGY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H1	These next questions are about breathing and allergies. In the past 12 months, have you had a cough on most days for 3 consecutive months or more?	YES1 NO2	→ H3
H2	For how many years have you had this cough?	YEARS LESS THAN ONE YEAR00 DON'T KNOW98	
H3	In the past 12 months, have you brought up phlegm on most days for 3 consecutive months or more?	YES1 NO2	→ H5
H4	For how many years have you had trouble with phlegm?	YEARS LESS THAN ONE YEAR00 DON'T KNOW98	
H5	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	YES1 NO2	
H6	In the past 12 months, have you had wheezing or whistling in your chest at any time?	YES1 NO2	→ J3
H7	How many episodes of wheezing or whistling have you had in the past 12 months?	CONTINUOUS95 EPISODES DON'T KNOW98	
H7A	In the past 12 months, have you gone to a health facility for one of these episodes of wheezing or whistling?	YES1 NO2	→ J3
H8	In the past 12 months, how many times were you hospitalized overnight or longer for these episodes of wheezing or whistling? IF NONE, RECORD '00'.	TIMES DON'T KNOW98	
H9	In the past 12 months, how many times have you gone to a health facility, without being hospitalized overnight, for one of these episodes of wheezing or whistling? IF NONE, RECORD '00'.	TIMES DON'T KNOW98	
H10	Who referred you to this/these health facility/facilities? IF MORE THAN ONE PERSON, ASK: Who referred you most recently?	DOCTOR1 FELDSHER2 NURSE3 TRADITIONAL HEALER4 AMBULANCE5 OTHER6 (SPECIFY) DON'T KNOW8	

SECTION J. TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
J3	Have you ever heard of an illness called tuberculosis?	YES 1 NO 2	→ K10
J4	Did you know that tuberculosis can be completely cured with proper medication?	YES 1 NO 2	
J5	What signs or symptoms would lead you think that a person has tuberculosis? Any others? 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 Y	→ J8
J6	What are the symptoms of tuberculosis that would convince you to seek medical assistance? Any others? 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 Y	
J8	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHING 1 OTHER 6 (SPECIFY) DON'T KNOW 8	
J10	If a family member of yours had tuberculosis and that person completed the hospital treatment for tuberculosis, would you be willing to take care of him or her at home during further treatment?	YES 1 NO 2 DON'T KNOW/DEPENDS 8	
J12	Have you ever been told by a doctor or other health professional that you had tuberculosis?	YES 1 NO 2	→ K10
J13	About how long has it been since a doctor or other health professional last told you that you have tuberculosis?	LESS THAN 6 MONTHS 1 6 – 11 MONTHS 2 1 – 5 YEARS 3 MORE THAN 5 YEARS 4 DON'T KNOW 8	
J13A	Who told you?	DOCTOR 1 FELDSHER 2 NURSE 3 TRADITIONAL HEALER 4 SPECIALIST 5 OTHER 6 (SPECIFY) DON'T KNOW 8	
J14	Were you ever hospitalized because of your tuberculosis?	YES 1 NO 2	

SECTION K. SMOKING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
K10	Now I'd like to ask you about tobacco use. Have you smoked at least 100 cigarettes during your entire life?	YES 1 NO 2	→ K27
K11	How old were you when you <u>first</u> started smoking cigarettes fairly regularly?	AGE <input type="text"/> <input type="text"/> NEVER SMOKED REGULARLY 00 DON'T KNOW 98	
K12	Do you smoke cigarettes <u>now</u> ?	YES 1 NO 2	→ K19
K16	About how many cigarettes do you smoke per day? IF ANSWER GIVEN IN PACKS, PROBE TO DETERMINE NUMBER OF CIGARETTES PER PACK AND CONVERT TO NUMBER OF CIGARETTES PER DAY.	LESS THAN 1 PER DAY 00 CIGARETTES PER DAY <input type="text"/> <input type="text"/> VARIES 66	
K17	For approximately how many years have you smoked this amount? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
K18	Was there ever a period of a year or more when you smoked more than (NUMBER IN K16) cigarettes per day?	YES 1 NO 2	→ K21
K19	During the period when you were smoking the most, about how many cigarettes per day did you <u>usually</u> smoke? IF ANSWER GIVEN IN PACKS, PROBE TO DETERMINE NUMBER OF CIGARETTES PER PACK AND CONVERT TO NUMBER OF CIGARETTES PER DAY.	LESS THAN 1 PER DAY 00 CIGARETTES PER DAY <input type="text"/> <input type="text"/> VARIES 66	
K20	For how many years did you smoke that amount? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
K21	Have you ever quit smoking for a period of <u>one year or longer</u> ?	YES 1 NO 2	→ K27
K22	Did you quit smoking because you had a health problem that was either caused or made worse by smoking?	YES 1 NO 2 DON'T KNOW 8	
K23	Since you <u>first</u> started smoking, how many years <u>altogether</u> have you stayed off cigarettes? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/>	
K24	CHECK K12: YES, SMOKES NOW <input type="checkbox"/> NO <input type="checkbox"/>		→ K27
K25	About how old were you when you last smoked cigarettes fairly regularly? PROBE: How old were you when you quit smoking cigarettes?	AGE <input type="text"/> <input type="text"/> NEVER SMOKED REGULARLY 00 DON'T KNOW 98	→ K27
K26	About how many cigarettes per day did you usually smoke at that time? IF ANSWER GIVEN IN PACKS, PROBE TO DETERMINE NUMBER OF CIGARETTES PER PACK AND CONVERT TO NUMBER OF CIGARETTES PER DAY.	LESS THAN 1 PER DAY 00 CIGARETTES PER DAY <input type="text"/> <input type="text"/> VARIED 66	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
K27	Have you ever used nas?	YES 1 NO 2	→ K53
K28	At what age did you first start using nas fairly regularly?	AGE <input type="text"/> <input type="text"/> NEVER USED REGULARLY 00 DON'T KNOW 98	
K29	Do you use nas <u>now</u> ?	YES 1 NO 2	→ K33
K30	How many times do you use nas per day or per week?	NAS TIMES PER DAY 1 <input type="text"/> <input type="text"/> PER WEEK 2 <input type="text"/> <input type="text"/> VARIES 666	→ K53
K33	About how old were you when you <u>last</u> used nas fairly regularly?	AGE <input type="text"/> <input type="text"/> NEVER USED REGULARLY 00 DON'T KNOW 98	
K44	Did you quit using nas because you had a problem that was caused or made worse because you used it?	YES 1 NO 2 DON'T KNOW 8	
K53	Have you smoked at least 20 cigars or 20 pipes of tobacco in your entire life?	YES 1 NO 2	

SECTION L. ALCOHOL CONSUMPTION AND NARCOTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
L1	Now I would like to ask you about alcohol. Have you ever drunk an alcohol-containing beverage?	YES1 NO2	→ L10
L2	Have you drunk alcohol during the last 12 months?	YES1 NO2	→ L10
L5	Do you sometimes take a drink in the morning when you first get up?	YES1 NO2	
L6	During the past year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?	YES1 NO2	
L7	During the past year, have you had a feeling of guilt or remorse after drinking?	YES1 NO2	
L8	During the past year, have you failed to do what was normally expected of you because of drinking?	YES1 NO2	
L9	During the past year, have you lost friends because of your drinking?	YES1 NO2	
L10	In your opinion, how serious a problem is narcotics in the country? Is it a very serious problem, a somewhat serious problem, a moderate problem, a minor problem, or not a problem?	VERY SERIOUS1 SOMEWHAT SERIOUS2 MODERATE PROBLEM3 MINOR PROBLEM4 NOT A PROBLEM5	
L11	Do you know anyone personally who uses narcotics on a regular basis?	YES1 NO2 DON'T KNOW8	

SECTION M. DENTAL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M1	How would you describe the condition of your natural teeth: excellent, very good, good, fair or poor?	EXCELLENT.....1 VERY GOOD.....2 GOOD.....3 FAIR.....4 POOR.....5 HAS NO NATURAL TEETH.....6	
M10	During the past 3 years, have you been to the dentist for routine check-ups?	YES.....1 NO.....2	→ M12
M11	During the past 3 years, how often have you gone to the dentist for routine check-ups?	2 OR MORE TIMES A YEAR.....1 ONCE A YEAR.....2 LESS THAN ONCE A YEAR.....3 DON'T KNOW.....8	
M12	In the past 12 months, have you had any dental problem?	YES.....1 NO.....2	→ M15
M13	Did you consult anyone about this problem?	YES.....1 NO.....2	→ M15
M14	Whom did you consult? PROBE: Anyone else? RECORD ALL MENTIONED.	DENTIST.....A STOMATOLOGIST.....B SVP.....C TABIB/FAITH HEALER.....D HOME/SELF-TREATMENT/ RELATIVES.....E OTHER.....X (SPECIFY)	
M15	Do you need any type of dental care now?	YES.....1 NO.....2	→ N1
M16	What type of dental care do you need now? PROBE: Any other dental care needs? RECORD ALL MENTIONED.	CHECK-UP.....A CLEANING.....B TEETH FILLED OR REPLACED (FOR EXAMPLE, FILLINGS, CROWNS AND/OR BRIDGES).....C TEETH PULLED.....D GUM TREATMENT.....E DENTURE WORK.....F RELIEF OF PAIN.....G WORK TO IMPROVE APPEARANCE (FOR EXAMPLE, BRACES OR BONDING).....H OTHER.....X (SPECIFY) DON'T KNOW.....Z	

SECTION N. INJURY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
N1	Now I'd like to ask you about any injuries or poisonings that happened during the past 3 months . In the past three months, were you <u>injured</u> seriously enough that you could not perform routine work for at least half a day?	YES1 NO2	
N2	In the past three months, were you <u>poisoned</u> to the extent that you could not perform routine work for at least half a day?	YES1 NO2	
N3	CHECK N1 & N2: <div style="display: flex; justify-content: space-around; align-items: center;"> <div> AT LEAST ONE 'YES' <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> <div style="margin-top: 10px;">↓</div> </div> <div> NOT A SINGLE 'YES' <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> <div style="margin-top: 10px;">→</div> </div> </div>		N16
N4	In the past three months, did you seek medical attention because you were (injured/poisoned)?	YES1 NO2	N7
N5	How many times during the past three months did you seek medical advice because you were (injured/poisoned)?	NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><input type="text"/></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><input type="text"/></div>	
N6	I'd like to ask you some questions about your (most recent) injury/poisoning incident. Where did you receive medical advice or treatment for this incident?	PUBLIC SECTOR INSTITUTE HOSPITAL11 OBLAST HOSPITAL12 CITY HOSPITAL13 RAYON HOSPITAL14 POLYCLINIC15 WORKPLACE16 SVP17 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL31 PRIVATE CLINIC32 PRIVATE DOCTOR33 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW98	
N7	When did the (most recent) injury/poisoning incident happen?	DAYS AGO 1 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><input type="text"/></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><input type="text"/></div> WEEKS AGO 2 <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><input type="text"/></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"><input type="text"/></div>	
N8	Was this incident work-related?	YES1 NO2	
N9	Where did the incident occur?	HOME/RESIDENCE01 FARM/RANCH02 STREET/HIGHWAY03 TRADE/SERVICE AREA04 INDUSTRIAL /CONSTRUCTION AREA .05 OTHER WORKSITE/OFFICE06 SCHOOL07 OTHER PUBLIC BUILDING08 SPORTS/ATHLETIC AREA09 OTHER 96 (SPECIFY)	
N10	What type of activity were you doing at the time of the incident? VITAL ACTIVITIES INCLUDE EATING, SLEEPING, AND PERSONAL GROOMING.	SPORTSA LEISUREB TRAVELINGC PAID WORKD UNPAID WORKE EDUCATIONAL ACTIVITYF VITAL ACTIVITYG OTHERX (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
N15	How many days?	DAYS OF WORK..... 1 <input type="text"/> <input type="text"/> DAYS OF SCHOOL..... 2 <input type="text"/> <input type="text"/>	
N16	Before proceeding further with the questionnaire, let me again measure your blood pressure and pulse. MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE SYSTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/> BLOOD PRESSURE NOT MEASURED995 PULSE (30 SECONDS)..... <input type="text"/> <input type="text"/> <input type="text"/> PULSE NOT MEASURED995	

SECTION P. MENTAL HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
P1	<p>I'm going to read some statements that describe how people sometimes feel. Please tell me how many days last week you felt this way, if any.</p> <p>a. I was bothered by things that usually don't bother me.</p> <p>b. I did not feel like eating; my appetite was poor.</p> <p>c. I felt that I could not shake off the blues.</p> <p>d. I felt that I was just as good as other people.</p> <p>e. I had trouble keeping my mind on what I was doing.</p> <p>f. I felt depressed.</p> <p>g. I felt that everything I did was an effort.</p> <p>h. I felt hopeful about the future.</p> <p>i. I thought my life had been a failure.</p> <p>j. I felt fearful.</p> <p>k. My sleep was restless.</p> <p>l. I was happy.</p> <p>m. I talked less than usual.</p> <p>n. I felt lonely.</p> <p>o. People were unfriendly.</p> <p>p. I enjoyed life.</p> <p>q. I had crying spells.</p> <p>r. I felt sad.</p> <p>s. I felt that people disliked me.</p> <p>t. I could not get going.</p>	<p>LESS THAN 1 DAY</p> <p>(RARELY OR NONE OF THE TIME)</p>	<p>1-2 DAYS</p> <p>(SOME OR A LITTLE OF THE TIME)</p>	<p>3-4 DAYS</p> <p>(OCCASIONALLY OR A MODERATE AMOUNT OF TIME)</p>	<p>5-7 DAYS</p> <p>(MOST OR ALL OF THE TIME)</p>	
		1	2	3	4	
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SECTION Q. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q1	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ Q5
Q2	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ Q10 → Q14
Q4	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ Q10
Q5	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
Q6	RECORD THE HUSBAND/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NUMBER <input type="text"/> <input type="text"/>	
Q10	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
Q11	CHECK Q10: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MARRIED/LIVED WITH A MAN ONLY ONCE ↓ In what month and year did you start living with your husband/partner? </div> <div style="text-align: center;"> MARRIED/LIVED WITH A MAN MORE THAN ONCE ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him? </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ Q14
Q12	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
Q14	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER ... 95	→ Q24
Q15	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ Q24
Q16	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	
Q17	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CLIENT 06 OTHER 96 (SPECIFY)	→ Q19


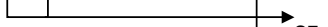
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
Q18	For how long have you had a sexual relationship with this man?	DAYS1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
Q19	Have you had sex with any other man in the last 12 months?	YES 1 NO 2 → Q24																																	
Q20	The last time you had sexual intercourse with another man, was a condom used?	YES 1 NO 2																																	
Q21	What is your relationship to this other man? IF MAN IS "BOYFRIEND" OR "FIANCÉ", ASK: Was your boyfriend/fiancé living with you when you last had sex? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 → Q23 MAN IS BOYFRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CLIENT 06 OTHER 96 (SPECIFY)																																	
Q22	For how long have you had sexual relations with this man?	DAYS1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
Q23	In total, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																																	
Q24	Do you know of a place where a person can get condoms?	YES 1 NO 2 → R1																																	
Q25	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. <div style="text-align: center;">_____</div> (NAME OF PLACE) Any other place? RECORD ALL SOURCES MENTIONED.	<i>PUBLIC SECTOR</i> INSTITUTE HOSPITALA OBLAST HOSPITALB CITY HOSPITALC RAYON HOSPITALD LOCAL OUTPATIENT CLINICE WORKPLACEF SVPG GOVT HEALTH CENTERH FAMILY PLANNING CLINICI OTHER PUBLIC _____ J (SPECIFY) <i>PRIVATE MEDICAL SECTOR</i> PRIVATE HOSPITALK PRIVATE CLINICL PRIVATE DOCTORM FAMILY PLANNING CLINICN OTHER PRIVATE MEDICAL _____ O (SPECIFY) <i>OTHER SOURCE</i> PHARMACYP SHOP/MARKETPLACEQ FRIEND/RELATIVER OTHERX (SPECIFY) DON'T KNOWZ																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q26	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION R. HIV/AIDS AND OTHER STIs



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
R1	Now I have to talk to you about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ R24
R2	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ R9
R3	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL HEALER N OTHER W (SPECIFY) OTHER X (SPECIFY) DON'T KNOW Z	
R4	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
R5	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
R6	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
R7	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
R8	Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	YES 1 NO 2 DON'T KNOW 8	
R9	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
R10	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ R13

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
R11	When can the virus that causes AIDS be transmitted from a mother to a child? During pregnancy? During delivery? By breastfeeding?	<table> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>DURING PREG</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	DURING PREG	1	2	8	DURING DELIVERY.....	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
DURING PREG	1	2	8																
DURING DELIVERY.....	1	2	8																
BREASTFEEDING	1	2	8																
R13	CHECK Q1: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A MAN </div> <div style="text-align: center;"> <input type="checkbox"/> NOT CURRENTLY MARRIED/NOT LIVING WITH A MAN </div> </div>		→ R15																
R14	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2																	
R15	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	<table> <tr> <td></td><td>ACCEPT- ABLE</td><td>NOT ACCEPT- ABLE</td></tr> <tr> <td>ON THE RADIO.....</td><td>1</td><td>2</td></tr> <tr> <td>ON THE TV</td><td>1</td><td>2</td></tr> <tr> <td>IN NEWSPAPERS.....</td><td>1</td><td>2</td></tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	ON THE RADIO.....	1	2	ON THE TV	1	2	IN NEWSPAPERS.....	1	2					
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R16	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE 8																	
R19	Should children age 12-14 years be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS..... 8																	
R20	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	→ R24																
R21	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DK/NOT SURE/DEPENDS..... 8																	
R22	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2																	
R24	(Apart from AIDS,) have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→ R33																
R31	CHECK Q14 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> HAS HAD SEXUAL INTERCOURSE </div> <div style="text-align: center;"> <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE </div> </div>		→ S7																
R32	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 sexually transmitted disease?	YES 1 NO 2 DK..... 8																	
R33	Sometimes, a woman experiences an abnormal genital discharge. During the last 12 months, have you had an abnormal genital discharge?	YES 1 NO 2 DK..... 8																	
R34	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DK..... 8																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
R35	CHECK R32-R34: HAS HAD AN INFECTION <input type="checkbox"/>  HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/> 		S7															
R36	The last time you had (PROBLEM FROM R32/R33/R34), did you seek any advice or treatment?	YES 1 NO 2	R38															
R37	The last time you had (PROBLEM FROM R32/R33/R34), did you do any of the following? Did you... Go to a clinic, hospital or private doctor? Consult a traditional healer? Seek advice from or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td><td>1</td><td>2</td></tr> <tr> <td>TRADITIONAL HEALER</td><td>1</td><td>2</td></tr> <tr> <td>SHOP/PHARMACY</td><td>1</td><td>2</td></tr> <tr> <td>FRIENDS/RELATIVES</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	
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R38	When you had (PROBLEM FROM R32/R33/R34), did you inform the person with whom you were having sex?	YES 1 NO 2 SOME/NOT ALL 3 DID NOT HAVE PARTNER..... 4	S7															
R39	When you had (PROBLEM FROM R32/R33/R34), did you do anything to avoid infecting your partners(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED..... 3	S7															
R40	What did you do to avoid infecting your partner(s)? Did you... Use medicine? Stop having sex? Use a condom while having sex?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>USE MEDICINE.....</td><td>1</td><td>2</td></tr> <tr> <td>STOP SEX.....</td><td>1</td><td>2</td></tr> <tr> <td>USE CONDOM.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	USE MEDICINE.....	1	2	STOP SEX.....	1	2	USE CONDOM.....	1	2				
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SECTION S. WOMEN'S WORK AND OTHER TOPICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
S7	Aside from your own housework, are you currently working?	YES1 NO2	→S10
S8	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES1 NO2	→S10
S9	Have you done any work in the last 12 months?	YES1 NO2	→S19
S10	What is your usual occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
S11	CHECK S10: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> WORKS IN AGRICULTURE </div> <div style="text-align: center;"> <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE </div> </div>		→S13
S12	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, do you work on someone else's land, or do you work on a kolkhoz?	OWN LAND1 FAMILY LAND2 RENTED LAND3 SOMEONE ELSE'S LAND4 KOLKHOZ5	
S13	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER1 FOR SOMEONE ELSE2 SELF-EMPLOYED3	
S14	Do you usually work at home or away from home?	HOME1 AWAY2	
S15	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR1 SEASONALLY/PART OF THE YEAR2 ONCE IN A WHILE3	
S16	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY1 CASH AND KIND2 IN KIND ONLY3 NOT PAID4	→S19
S17	Who mainly decides how the money you earn will be used?	RESPONDENT1 HUSBAND/PARTNER2 RESPONDENT AND HUSBAND/PARTNER JOINTLY3 MOTHER-IN-LAW4 SOMEONE ELSE5 RESPONDENT AND SOMEONE ELSE JOINTLY6	
S18	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE1 LESS THAN HALF2 ABOUT HALF3 MORE THAN HALF4 ALL5 NONE, HER INCOME IS ALL SAVED6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP	
S19	<p>PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)</p>	<p>PRES/ LISTEN.</p> <p>CHILDREN <10 1 2 8</p> <p>HUSBAND 1 2 8</p> <p>OTHER MALES 1 2 8</p> <p>OTHER FEMALES 1 2 8</p>	<p>PRES/ NOT LISTEN.</p>	<p>NOT PRS</p>		
S20	<p>CHECK Q1 AND Q2:</p> <p>EVER MARRIED <input type="checkbox"/> </p> <p>NEVER MARRIED <input type="checkbox"/>  S28</p>					
S22	<p>I would now like to ask some questions about your (current/last) (husband/partner).</p> <p>How long did you know your (current/last) (husband/partner) before you (married him/started living together)?</p>	<p>MET ON THE WEDDING DAY1</p> <p>LESS THAN ONE MONTH2</p> <p>1 MONTH TO LESS THAN 1 YEAR3</p> <p>1 YEAR OR MORE4</p>				
S23	<p>Before you (got married/started living with your partner), was he related to you in any way?</p>	<p>YES1</p> <p>NO2</p>			S25	
S24	<p>What type of relationship was it?</p>	<p>FIRST COUSIN ON FATHER'S SIDE1</p> <p>FIRST COUSIN ON MOTHER'S SIDE2</p> <p>SECOND COUSIN3</p> <p>UNCLE4</p> <p>OTHER BLOOD RELATIVE5</p> <p>BROTHER-IN-LAW6</p> <p>OTHER NON-BLOOD RELATIVE7</p>				
S25	<p>Who chose your (current/last) husband/partner?</p>	<p>RESPONDENT CHOSE1</p> <p>RESPONDENT AND HUSBAND/ PARTNER CHOSE EACH OTHER2</p> <p>RESPONDENT WITH SOMEONE ELSE CHOSE3</p> <p>RESPONDENT'S FAMILY CHOSE4</p> <p>HUSBAND/PARTNER OR HIS FAMILY CHOSE RESPONDENT5</p> <p>SOMEONE ELSE CHOSE6</p>				
S26	<p>Do any of your husband's/partner's relatives usually live in this house with you?</p> <p>IF YES: Which of your husband's/partner's relatives usually live with you?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHERA</p> <p>FATHERB</p> <p>BROTHER(S)C</p> <p>SISTER(S)D</p> <p>WIFE(WIVES) OF BROTHER(S)E</p> <p>HUSBAND(S) OF SISTER(S)F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO/NONEY</p>				
S27	<p>Now I would like to ask you some questions about financial matters. I ask these questions only to understand more about the financial position of women.</p> <p>Please tell me if you alone, or jointly with your husband or someone else own....</p> <p>Any land?</p> <p>The house/dwelling you live in?</p> <p>Any other house, apartment, or dwelling?</p> <p>A car?</p> <p>Jewelry or gems?</p> <p>Livestock such as (GIVE LOCAL EXAMPLES)?</p>	<p>DOES NOT OWN</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>OWNS JOINTLY</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>OWNS ALONE</p> <p>3→</p> <p>3→</p> <p>3→</p> <p>3→</p> <p>3→</p> <p>3→</p>	<p>If you ever need to, can you sell (ASSET) without anyone else's permission?</p> <p>YES NO DK</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p> <p>1 2 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																								
S28	Do you yourself control the money needed to buy the following things? Vegetables or fruits? Clothes for yourself? Any kind of medicine for yourself? Toiletries for yourself like (GIVE LOCAL EXAMPLES)?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>SOME</th><th>DOES NOT BUY</th></tr> </thead> <tbody> <tr> <td>VEG/FRUIT</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>CLOTHES</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>MEDICINE.....</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr> <td>TOILETRIES ..</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>		YES	NO	SOME	DOES NOT BUY	VEG/FRUIT	1	2	3	4	CLOTHES	1	2	3	4	MEDICINE.....	1	2	3	4	TOILETRIES ..	1	2	3	4																																																
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S29	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family or relatives? Visits to your own friends in the neighborhood? What food should be cooked each day? Whether or not you should work to earn money? Whether or not to use contraception?	<p>RESPONDENT =1 HUSBAND/PARTNER =2 RESPONDENT & HUSBAND/PARTNER JOINTLY=3 MOTHER-IN-LAW=4 SOMEONE ELSE =5 RESPONDENT & SOMEONE ELSE JOINTLY=6 DECISION NOT MADE /NOT APPLICABLE=7</p> <table> <thead> <tr> <th></th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th></tr> </thead> <tbody> <tr> <td>HEALTH CARE</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td>LARGE PURCHASE</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td>DAILY PURCHASE</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td>VISITS-FAMILY</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td>VISITS-FRIENDS</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td>FOOD</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td>WORK</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr> <td>CONTRACEPTION</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> </tbody> </table>		1	2	3	4	5	6	7	HEALTH CARE	1	2	3	4	5	6	7	LARGE PURCHASE	1	2	3	4	5	6	7	DAILY PURCHASE	1	2	3	4	5	6	7	VISITS-FAMILY	1	2	3	4	5	6	7	VISITS-FRIENDS	1	2	3	4	5	6	7	FOOD	1	2	3	4	5	6	7	WORK	1	2	3	4	5	6	7	CONTRACEPTION	1	2	3	4	5	6	7	
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S30	Are you usually permitted to go to the following places on your own, only if someone accompanies you, or not at all? To the local market to buy things? To a local health center or doctor? To homes of friends in the neighborhood?	<table> <thead> <tr> <th></th><th>ALONE</th><th>NOT ALONE</th><th>NOT AT ALL</th></tr> </thead> <tbody> <tr> <td>MARKET</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>HEALTH CENTER</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FRIENDS</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		ALONE	NOT ALONE	NOT AT ALL	MARKET	1	2	3	HEALTH CENTER	1	2	3	FRIENDS	1	2	3																																																									
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S31	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>HAS STD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER WOMEN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>RECENT BIRTH</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TIRED/MOOD</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8																																																					
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S32	Sometimes a husband is annoyed or angered by things that his wife does. 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?	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>GOES OUT</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>NEGL. CHILDREN</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>ARGUES</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>REFUSES SEX</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BURNS FOOD</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		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																																																	
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S33	With the end of Soviet rule, many persons lost their job. Did you lose your job at any time during the past 10 years?	YES1 NO2																																																																									
S34	CHECK S7 – S8: NO CODE '1'; NOT EMPLOYED <input type="checkbox"/>	ANY CODE '1'; EMPLOYED <input type="checkbox"/>	S36																																																																								
S35	You are currently not working. Is that because you do not wish to work, or because you have been unable to find work?	DOES NOT WISH TO WORK1 UNABLE TO FIND WORK2 OTHER6 (SPECIFY)																																																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
S36	<p>AVERAGE THE DIASTOLIC AND AVERAGE THE SYSTOLIC BLOOD PRESSURE FROM THE TWO BLOOD PRESSURE MEASUREMENTS. COMPLETE THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT ACCORDING TO THE BLOOD PRESSURE TRAINING PROTOCOL. USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL.</p> <p>Adult Blood Pressure Value Box</p> <table> <thead> <tr> <th rowspan="2">SYSTOLIC</th> <th colspan="6">DIASTOLIC</th> </tr> <tr> <th><84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>110-119</th> <th>≥120</th> </tr> </thead> <tbody> <tr> <td><129</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>180-209</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥210</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </tbody> </table>			SYSTOLIC	DIASTOLIC						<84	85-89	90-99	100-109	110-119	≥120	<129	1	2	3	4	5	6	130-139	2	2	3	4	5	6	140-159	3	3	3	4	5	6	160-179	4	4	4	4	5	6	180-209	5	5	5	5	5	6	≥210	6	6	6	6	6	6
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≥210	6	6	6	6	6	6																																																				
S36 A	The Ministry of Health wants to thank you for participating in this survey. If the Ministry desires to obtain more information about the health of your family, may an interviewer return to your house and ask additional questions?	YES 1 NO 2																																																								
S37	RECORD THE TIME	HOUR..... MINUTES	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>																																																							

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

**2002 UZBEKISTAN HEALTH EXAMINATION SURVEY
MEN'S INDIVIDUAL QUESTIONNAIRE**

IDENTIFICATION																												
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																											
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OBLAST																												
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MAHALLAH/SSG																												
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NAME AND LINE NUMBER OF RESPONDENT _____																												

INTERVIEWER VISITS															
	1	2	3	FINAL VISIT											
DATE				DAY <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table;"><tr><td>2</td><td>0</td><td>0</td><td>2</td></tr></table> NAME <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table> RESULT <table border="1" style="display: inline-table;"><tr><td></td></tr></table>					2	0	0	2			
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INTERVIEWER'S NAME															
RESULT*															
NEXT VISIT: DATE				TOTAL NO. OF VISITS <table border="1" style="display: inline-table;"><tr><td></td></tr></table>											
TIME															
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED															

4. LANGUAGE OF INTERVIEW 5. NATIVE LANGUAGE OF RESPONDENT 6. WHETHER TRANSLATOR USED	UZBEK 1 1 YES 1	RUSSIAN 2 2 NO 2	OTHER 3 3
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SUPERVISOR NAME _____ <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table> DATE _____			FIELD EDITOR NAME _____ <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table> DATE _____			OFFICE EDITOR <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>			KEYED BY <table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>		

SECTION A: RESPONDENT'S BACKGROUND AND GENERAL HEALTH

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. This information will help the government to plan health services. The survey usually takes between 45 minutes and 1 hour to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Later, during the interview I would like to measure your blood pressure and pulse. This will be done two times during the interview. This is a harmless procedure. The results of this blood pressure and pulse measurement will be given to you after the interview and an explanation of the meaning of your blood pressure and pulse numbers. Elevated blood pressure or pulse is dangerous to your health, and it is important to know your numbers. We will give you the results of this test but we will not be able to provide you with any further testing of treatment. A brochure has been given to you explaining the physical examination part of the survey. Please read it before the health technician comes to collect specimens and sign it on the back if you agree to participate.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOESN'T AGREE TO BE INTERVIEWED 2 ►END
↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A1	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> MINUTES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
A2	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
A3	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ALWAYS 95 → A4A VISITOR 96 → A4B	
A4	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
A4A	In the last 12 months, have you ever traveled away from your home community and slept away?	YES 1 NO 2 → A5	
A4B	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
A4C	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
A5	In what month and year were you born?	MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> DON'T KNOW MONTH 98 YEAR <table border="1" style="display: inline-table; width: 60px; height: 20px; vertical-align: middle;"></table> DON'T KNOW YEAR 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A6	How old were you at your last birthday? COMPARE AND CORRECT A5 AND/OR A6 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/>	
A7	Have you ever attended school?	YES 1 NO 2	→ A10
A8	What is the highest level of school you attended? PROBE: Was it primary, secondary, PTU/SPTU, tekhnikum or higher?	SCHOOL, GYMNASIUM 1 PTU/SPTU, LICEE 2 TEKNIKUM, COLLEGE 3 UNIVERSITY/INSTITUTE 4	
A9	What is the highest (grade/form/year) you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	
A10	Are you currently working?	YES 1 NO 2	→ A10C
A10 A	Have you done any work in the last 12 months?	YES 1 NO 2	→ A10C
A10 B	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED 4 OTHER 6 (SPECIFY)	→ A17
A10 C	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	
A11	CHECK A10C: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ A13
A12	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, do you work on someone else's land, or do you work on a kolkhoz?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 KOLKHOZ 5	
A13	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
A14	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	→ A17
A15	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A17	What is your religion? PROBE: Are you Muslim, Christian, another religion, or do you not practice any religion?	MUSLIM1 CHRISTIAN2 NO RELIGION3 OTHER 6 (SPECIFY)	
A18	What is your nationality? PROBE: Are you Uzbek, Russian, Karakalpak, Tajik, or another nationality?	UZBEK1 RUSSIAN2 KARAKALPAK3 TAJIK4 OTHER 6 (SPECIFY) DON'T KNOW8	
A29	In general, would you say your health is: excellent, very good, good, fair, or poor?	EXCELLENT1 VERY GOOD2 GOOD3 FAIR4 POOR5	
A30	Think about the two weeks ending yesterday, have you cut down on any of the things you usually do about the house, at work or in your free time because you were sick or injured?	YES1 NO2	→ A33
A31	How many days did you cut down your activities during these two weeks, including Saturdays and Sundays?	DAYS..... <input type="text"/> <input type="text"/>	
A32	On how many of these days were you in bed for all or most of the day?	DAYS..... <input type="text"/> <input type="text"/>	

A33	Now I am going to ask you some questions about long-standing illnesses. ASK A33A –F (FIRST COLUMN). IF 'YES' ASK A34-A36. IF 'NO' OR 'DK' FOLLOW SKIP PATTERN. Have you ever, at any time in your life had:		A34 Was the (CONDITION) diagnosed by a doctor?	A35 Have you had (CONDITION) in the past 12 months?	A36 For the (CONDITION), did you take drugs or have you been under treatment in the past 12 months?
A	Asthma?	YES.....1 NO2 DK8 (SKIP TO A33B) ←	YES1 NO2	YES1 NO2	YES1 NO2
B	Diabetes?	YES.....1 NO2 DK8 (SKIP TO A33C) ←	YES1 NO2	YES1 NO2	YES1 NO2
C	Chronic bronchitis or emphysema?	YES.....1 NO2 DK8 (SKIP TO A33D) ←	YES1 NO2	YES1 NO2	YES1 NO2
D	Chronic depression?	YES.....1 NO2 DK8 (SKIP TO A33E) ←	YES1 NO2	YES1 NO2	YES1 NO2
E	Goiter?	YES.....1 NO2 DK8 (SKIP TO A33F) ←	YES1 NO2	YES1 NO2	YES1 NO2

A33	<p>Now I am going to ask you some questions about long-standing illnesses.</p> <p>ASK A33A –F (FIRST COLUMN). IF 'YES' ASK A34-A36. IF 'NO' OR 'DK' FOLLOW SKIP PATTERN.</p> <p>Have you ever, at any time in your life had:</p>		A34 Was the (CONDITION) diagnosed by a doctor?	A35 Have you had (CONDITION) in the past 12 months?	A36 For the (CONDITION), did you take drugs or have you been under treatment in the past 12 months?
F	<p>Any other illnesses or condition that lasted longer than 3 months?</p> <p>IF YES, ASK:</p> <p>Which illnesses or condition? (MAXIMUM 3 ILLNESSES)</p>	<p>YES..... 1</p> <p>_____ (SPECIFY)</p> <p>_____ (SPECIFY)</p> <p>_____ (SPECIFY)</p> <p>NO 2 (SKIP TO D1) ←</p>	<p>YES1 NO2</p> <p>YES1 NO2</p> <p>YES1 NO2</p>	<p>YES1 NO2</p> <p>YES1 NO2</p> <p>YES1 NO2</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>

SECTION D. NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
D1	<p>Now I'd like to talk about you and certain aspects about your health.</p> <p>These next questions are about the foods you eat.</p> <p>During the last six months, have you gone without eating food for one day or more?</p>	<p>YES 1</p> <p>NO 2 → D3</p>	
D2	<p>What were the reasons for not eating food for one day or more?</p> <p>RECORD ALL MENTIONED.</p>	<p>DID NOT HAVE ENOUGH MONEY TO BUY FOOD A</p> <p>DID NOT HAVE FOOD AT HOME B</p> <p>HAD A MEDICAL PROBLEM C</p> <p>RELIGIOUS FAST D</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
D3	<p>Now I'm going to ask some questions about the foods that you ate in the last seven days.</p> <p>In the past week, on how many days did you consume:</p> <p>q. cheese, yoghurt, kefir, ice cream, milk or other milk products?</p> <p>r. eggs?</p> <p>s. red meats?</p> <p>t. fish or poultry?</p> <p>u. beans, peas, or legumes?</p> <p>v. Nuts or seeds?</p> <p>w. roots and tubers such as white potatoes, turnips, radishes, or beet root?</p> <p>x. dark green leafy vegetables or condiments such as parsley, dill, spinach, rahon, cilantro, basil, mint? Do not include lettuce or cabbage.</p> <p>y. Other fresh vegetables including vegetables in stews, soups, and salads?</p> <p>z. foods prepared with tomato paste?</p> <p>aa. pickled or canned vegetables?</p> <p>bb. fresh fruits?</p> <p>cc. dried fruits?</p> <p>dd. canned fruits?</p> <p>ee. bread, rice, pasta, cereal, cookies, biscuits or similar products made with wheat or white flour?</p> <p>ff. sugary foods, confectionery, pastry, cakes, chocolates, or sweets?</p> <p>IF NONE, RECORD '0'.</p>	<p>a..... <input type="text"/></p> <p>b..... <input type="text"/></p> <p>c..... <input type="text"/></p> <p>d..... <input type="text"/></p> <p>e..... <input type="text"/></p> <p>f..... <input type="text"/></p> <p>g..... <input type="text"/></p> <p>h..... <input type="text"/></p> <p>i..... <input type="text"/></p> <p>j..... <input type="text"/></p> <p>k..... <input type="text"/></p> <p>l..... <input type="text"/></p> <p>m..... <input type="text"/></p> <p>n..... <input type="text"/></p> <p>o..... <input type="text"/></p> <p>p..... <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
D4	<p>How many days in the past week have you eaten foods prepared as follows:</p> <p>a. Fried</p> <p>b. Boiled</p> <p>c. Stewed</p> <p>d. Baked</p> <p>e. Grilled</p> <p>IF NONE, RECORD '0'.</p>	<p>a.....<input type="text"/></p> <p>b.....<input type="text"/></p> <p>c.....<input type="text"/></p> <p>d.....<input type="text"/></p> <p>e.....<input type="text"/></p>	
D5	While eating, do you ever add salt to your cooked food? I'm not asking about salt used in cooking the food.	<p>YES1</p> <p>NO2</p>	→ D7
D6	Do you add salt, <u>all</u> of the time, <u>most</u> of the time, or only <u>occasionally</u> ?	<p>ALL THE TIME1</p> <p>MOST OF THE TIME2</p> <p>OCCASIONALLY3</p>	
D7	Before eating, do you ever add fat, oil, butter or cream to cooked foods, breads or salads? I'm not asking about fat, oil, butter or cream used in preparing the food.	<p>YES1</p> <p>NO2</p>	→ D9
D8	Do you add fat, oil, butter or cream <u>all</u> of the time, <u>most of the time</u> or only <u>occasionally</u> ?	<p>ALL THE TIME1</p> <p>MOST OF THE TIME2</p> <p>OCCASIONALLY3</p>	
D9	In the past 12 months, have you unintentionally lost weight without going on any diet or food restriction?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW8</p>	→ E1
D10	How many kilos did you lose?	<p>LESS THAN 1 KG1</p> <p>1-3 KG2</p> <p>MORE THAN 3 KG3</p> <p>DON'T KNOW8</p>	

SECTION E. PHYSICAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
E1	<p>I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be a physically active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.</p> <p>Now, think about all the <u>vigorous</u> activities which take <u>hard physical effort</u> that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, jogging, or fast bicycling. Think about <u>only</u> those physical activities that you did for at least 10 minutes at a time.</p> <p>During the past 7 days, on how many days did you do vigorous physical activities?</p> <p>INCLUDE ALL ACTIVITIES AND JOBS.</p>	<p>DAYS <input type="checkbox"/></p> <p>NONE 0 → E3</p> <p>DON'T KNOW 8 → E3</p>	
E2	<p>How much time in total did you (usually spend on one of those days/spend on that day) doing <u>vigorous</u> physical activities?</p> <p>PROBE: Think about only those physical activities that you did for at least 10 minutes at a time.</p> <p>IF THE RESPONDENT CAN'T ANSWER BECAUSE THE TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: The last day you did vigorous physical activities, what is the total amount of time you spent?</p>	<p>HOURS <input type="text"/> <input type="text"/></p> <p>AND</p> <p>MINUTES PER DAY <input type="text"/> <input type="text"/></p>	
E3	<p>Now think about other activities which take <u>moderate physical effort</u> that you did in the last 7 days.</p> <p>Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads and bicycling at a regular pace. Do not include walking. Again, think about <u>only</u> those physical activities that you did for at least 10 minutes at a time.</p> <p>During the last 7 days, on how many days did you do <u>moderate</u> physical activities?</p> <p>INCLUDE ALL ACTIVITIES AND JOBS.</p>	<p>DAYS <input type="checkbox"/></p> <p>NONE 0 → E5</p> <p>DON'T KNOW 8 → E5</p>	
E4	<p>How much time in total did you (usually spend on one of those days/spend on that day) doing <u>moderate</u> physical activities?</p> <p>PROBE: Think about only those physical activities that you did for at least 10 minutes at a time.</p> <p>IF THE RESPONDENT CAN'T ANSWER BECAUSE THE TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: The last day you did moderate physical activities, what is the total amount of time you spent?</p>	<p>HOURS <input type="text"/> <input type="text"/></p> <p>AND</p> <p>MINUTES PER DAY <input type="text"/> <input type="text"/></p>	
E5	<p>Now think about the time you spent <u>walking</u> in the last 7 days.</p> <p>This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure.</p> <p>During the last 7 days, on how many days did you walk for at least 10 minutes at a time?</p> <p>INCLUDE ALL ACTIVITIES AND JOBS.</p>	<p>DAYS <input type="checkbox"/></p> <p>NONE 0 → E7</p> <p>DON'T KNOW 8 → E7</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
E6	<p>How much time in total did you (usually) spend walking on (one of those days/that day)?</p> <p>IF THE RESPONDENT CAN'T ANSWER BECAUSE THE TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: The last day you were walking, what is the total amount of time you spent?</p>	<p>HOURS..... <input type="text"/> <input type="text"/></p> <p>AND</p> <p>MINUTES PER DAY..... <input type="text"/> <input type="text"/></p>	
E7	<p>Now think about the time you spent <u>sitting</u> on weekdays during the last 7 days. Include time spent at work, at home, while doing coursework and during leisure time.</p> <p>This may include time spent sitting at a desk, visiting friends, traveling on a bus, or lying down to watch television.</p> <p>During the last 7 days, how much time in total did you usually spend sitting on a <u>weekday</u>?</p> <p>INCLUDE TIME SPENT LYING DOWN (AWAKE) AS WELL AS SITTING.</p> <p>IF THE RESPONDENT CAN'T ANSWER BECAUSE THE PATTERN OF TIME SPENT VARIES WIDELY FROM DAY TO DAY, ASK: What is the total amount of time you spent sitting last Wednesday?</p>	<p>HOURS PER DAY..... <input type="text"/> <input type="text"/></p> <p>AND</p> <p>MINUTES PER DAY..... <input type="text"/> <input type="text"/></p>	

SECTION F. HEALTH CARE ACCESS AND UTILIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F1	<p>The next questions are about hospitalization in any hospital or clinic except rehabilitation clinics and sanatoria.</p> <p>During the past 12 months, have you been in a hospital as an inpatient, that is overnight or longer?</p>	<p>YES 1</p> <p>NO 2 → F11</p>	
F2	<p>How many separate stays in hospitals as an inpatient have you had in the past 12 months?</p> <p>COUNT ALL THE STAYS THAT ENDED IN THIS PERIOD.</p>	<p>NUMBER OF STAYS <input type="text"/> <input type="text"/></p>	
F3	<p>How many nights in total did you spend in hospitals during this/these inpatient stay(s)?</p>	<p>NUMBER OF NIGHTS <input type="text"/> <input type="text"/></p>	
F4	<p>Thinking of the (last) time you stayed in the hospital as an inpatient, who referred you?</p>	<p>SVP 1</p> <p>OTHER GOVERNMENT DOCTOR 2</p> <p>PRIVATE DOCTOR 3</p> <p>RURAL CLINIC 4</p> <p>OTHER DOCTOR 6</p> <p>(SPECIFY)</p> <p>SELF 7</p>	
F5	<p>Thinking of the (last) time you stayed in the hospital as an inpatient, why were you in the hospital?</p>	<p>ACCIDENT/INJURY 01</p> <p>ILLNESS/HEALTH COMPLAINT 02</p> <p>CHECK UP 03</p> <p>MEDICAL EXAMINATION 04</p> <p>DIAGNOSTIC TEST/OBSERVATION 05</p> <p>RENEWAL OF PERSCRIPTION 06</p> <p>OPERATION 07 → F7</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
F6	<p>Did you undergo an operation?</p>	<p>YES 1</p> <p>NO 2</p>	
F7	<p>CHECK F2:</p> <p>MORE THAN ONE STAY <input type="checkbox"/> ONE STAY <input type="checkbox"/></p>		→ F9
F8	<p>How many nights were you in the hospital during your last stay?</p>	<p>NUMBER OF NIGHTS <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F9	In what kind of hospital did you stay: was this a government, private, workplace, or some other kind of facility? IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT FACILITY.	PUBLIC SECTOR INSTITUTE HOSPITAL..... 11 OBLAST HOSPITAL 12 CITY HOSPITAL 13 RAYON HOSPITAL 14 POLYCLINIC..... 15 WORKPLACE 16 SVP 17 SPECIALIZED HOSP/DISPENS..... 18 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE DOCTOR 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
F11	During the past 12 months, have you been admitted to a health care facility as a day patient; that is, admitted to a health care facility bed, but you did not remain overnight?	YES 1 NO 2 → F16	
F12	How many times have you been admitted as a day patient in the past 12 months?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
F13	Thinking of the (last) time you stayed in a health care facility as a day patient, why were you in the health care facility?	ACCIDENT/INJURY01 ILLNESS/HEALTH COMPLAINT.....02 CHECK UP03 MEDICAL EXAMINATION.....04 DIAGNOSTIC TEST/OBSERVATION05 RENEWAL OF PERSCRIPTION.....06 OPERATION07 → F14 OTHER _____ 96 (SPECIFY)	
F13B	Did you undergo an operation?	YES1 NO2	
F14	In what kind of health care facility did you stay: was this a government, private, workplace, or some other kind of facility? IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.	PUBLIC SECTOR INSTITUTE HOSPITAL..... 11 OBLAST HOSPITAL 12 CITY HOSPITAL 13 RAYON HOSPITAL 14 POLYCLINIC..... 15 WORKPLACE 16 SVP 17 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE DOCTOR 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F16	During the past 4 weeks, did you consult a health care provider or a specialist for your own health needs, that is, not while accompanying a family member or someone else for their health needs.	YES1 NO2	→ F22
F16A	How many times did you consult a health care provider/specialist for your own health needs?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	
F17	Thinking about the (last) time you consulted a health care provider/specialist, what was the main reason for the consultation?	ACCIDENT/INJURY01 ILLNESS/HEALTH COMPLAINT02 CHECK UP03 MEDICAL EXAMINATION.....04 DIAGNOSTIC TEST/OBSERVATION05 RENEWAL OF PERScription.....06 OPERATION07 OTHER96 (SPECIFY)	
F18	What kind of provider/specialist did you see?	DOCTOR.....01 FELDSHER02 NURSE03 TRADITIONAL HEALER04 INFECTIOUS DISEASE DOCTOR11 CARDIOLOGIST12 GERONTOLOGIST13 ONCOLOGIST14 RHEUMATOLOGIST15 DERMATOLOGIST/VENEROLOGIST ...16 ENDOCRINOLOGIST17 EAR, NOSE AND THROAT SPEC./ ALLERGIST18 EYE SPECIALIST19 GENERAL SURGEON20 GASTRO-ENTEROLOGIST21 GYNAECOLOGIST22 LUNG SPECIALIST.....23 NEUROLOGIST24 ORTHOPAEDIC SPECIALIST25 PSYCHIATRIST26 UROLOGIST27 OTHER96 (SPECIFY) DON'T KNOW98	
F19	Did the consultation with the health care provider/specialist take place in a facility, at your own home, by telephone, or somewhere else?	AT FACILITY1 AT HOME2 BY TELEPHONE3 OTHER6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F20	Was this a government, private, or workplace health care provider/specialist? IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL11</p> <p>OBLAST HOSPITAL.....12</p> <p>CITY HOSPITAL.....13</p> <p>RAYON HOSPITAL14</p> <p>POLYCLINIC15</p> <p>WORKPLACE.....16</p> <p>SVP.....17</p> <p>SPECIALIZED HOSP/DISPENS.18</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL31</p> <p>PRIVATE CLINIC32</p> <p>PRIVATE DOCTOR33</p> <p>OTHER PRIVATE MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	
F22	During the past 4 weeks, did you, for your own health needs, consult a doctor in an accident or emergency center or casualty department of a hospital?	<p>YES1</p> <p>NO2 → F26</p>	
F22A	How many times did you consult a doctor in an accident or emergency center or casualty department?	<p>NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p>	
F23	Thinking of the (last) time you consulted a doctor in an accident or emergency center or casualty department, was this a government, private, or workplace health care facility? IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL11</p> <p>OBLAST HOSPITAL.....12</p> <p>CITY HOSPITAL.....13</p> <p>RAYON HOSPITAL14</p> <p>POLYCLINIC15</p> <p>WORKPLACE.....16</p> <p>SVP.....17</p> <p>SPECIALIZED HOSP/DISPENS.18</p> <p>OTHER PUBLIC _____ 26</p> <p>(SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL31</p> <p>PRIVATE CLINIC32</p> <p>PRIVATE DOCTOR33</p> <p>OTHER PRIVATE MEDICAL _____ 36</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>	
F24	What was the main reason for the consultation?	<p>ACCIDENT/INJURY01</p> <p>ILLNESS/HEALTH COMPLAINT02</p> <p>CHECK UP03</p> <p>MEDICAL EXAMINATION.....04</p> <p>DIAGNOSTIC TEST/OBSERVATION05</p> <p>RENEWAL OF PERSCRIPTION.....06</p> <p>OPERATION07</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	

SECTION G. BLOOD PRESSURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G1	These next questions are about blood pressure. Has your blood pressure ever been checked by a doctor or other health professional?	YES1 NO2	→ G8
G1A	Who took your blood pressure?	SVP1 OTHER DOCTOR2 OTHER NURSE3 FELDSHER4 OTHER6 (SPECIFY)	
G2	When was the last time you had your blood pressure checked by a doctor or other health professional?	LESS THAN 6 MONTHS AGO1 6 - 11 MONTHS AGO2 1 - 5 YEARS AGO3 MORE THAN 5 YEARS AGO4 DON'T KNOW8	
G3	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES1 NO2 DON'T KNOW8	→ G8
G4	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES1 NO2 DON'T KNOW8	
G5	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES1 NO2	→ G8
G6	Who told you this?	SVP1 OTHER DOCTOR2 OTHER NURSE3 FELDSHER4 OTHER6 (SPECIFY)	
G6A	Did the doctor or the other health professional tell you to: a. take prescribed medicine? b. control your weight or lose weight? c. cut down on salt in your diet? d. exercise more? e. cut down on alcohol? f. stop smoking? g. do other things? PROBE: What other things?	YES NO TAKE MEDICINE 1 2 CONTROL WEIGHT 1 2 CUT DOWN SALT 1 2 EXERCISE 1 2 CUT DOWN ALCOHOL 1 2 STOP SMOKING 1 2 DO OTHER THINGS 1 2 ↓ (SPECIFY)	
G7	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 consumption? f. stopping smoking?	YES NO N/A TAKE MEDICINE 1 2 3 CONTROL WEIGHT 1 2 3 CUT DOWN SALT 1 2 3 EXERCISE 1 2 3 CUT DOWN ALCOHOL 1 2 3 STOP SMOKING 1 2 3	
G8	Have you ever had your blood cholesterol checked?	YES1 NO2 DON'T KNOW6	→ G12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G9	When was the last time you had your blood cholesterol checked?	LESS THAN 6 MONTHS AGO1 6 - 11 MONTHS AGO2 1 - 5 YEARS AGO3 MORE THAN 5 YEARS AGO4 DON'T KNOW8	
G10	Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?	YES1 NO2	→ G12
G11	Who told you this?	SVP1 OTHER DOCTOR2 OTHER NURSE3 FELDsher4 OTHER6 (SPECIFY)	

G12	Before proceeding further with the questionnaire, please let me measure your blood pressure and pulse. MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE							
		SYSTOLIC	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>						
		DIASTOLIC	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>						
BLOOD PRESSURE NOT MEASURED	995								
PULSE	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>								
		PULSE NOT MEASURED	995						

SECTION H. RESPIRATORY AND ALLERGY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H1	These next questions are about breathing and allergies. In the past 12 months, have you had a cough on most days for 3 consecutive months or more?	YES1 NO2	→ H3
H2	For how many years have you had this cough?	YEARS LESS THAN ONE YEAR00 DON'T KNOW98	
H3	In the past 12 months, have you brought up phlegm on most days for 3 consecutive months or more?	YES1 NO2	→ H5
H4	For how many years have you had trouble with phlegm?	YEARS LESS THAN ONE YEAR00 DON'T KNOW98	
H5	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	YES1 NO2	
H6	In the past 12 months, have you had wheezing or whistling in your chest at any time?	YES1 NO2	→ J3
H7	How many episodes of wheezing or whistling have you had in the past 12 months?	CONTINUOUS95 EPISODES DON'T KNOW98	
H7A	In the past 12 months, have you gone to a health facility for one of these episodes of wheezing or whistling?	YES1 NO2	→ J3
H8	In the past 12 months, how many times were you hospitalized overnight or longer for these episodes of wheezing or whistling? IF NONE, RECORD '00'.	TIMES..... DON'T KNOW98	
H9	In the past 12 months, how many times have you gone to a health facility, without being hospitalized overnight, for one of these episodes of wheezing or whistling? IF NONE, RECORD '00'.	TIMES..... DON'T KNOW98	
H10	Who referred you to this/these health facility/facilities? IF MORE THAN ONE PERSON, ASK: Who referred you most recently?	SVP1 OTHER DOCTOR2 OTHER NURSE3 FELDSHER4 SELF5 OTHER6 (SPECIFY)	

SECTION J. TUBERCULOSIS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
J3	Have you ever heard of an illness called tuberculosis?	YES 1 NO 2	→ K10
J4	Did you know that tuberculosis can be completely cured with proper medication?	YES 1 NO 2	
J5	What signs or symptoms would lead you think that a person has tuberculosis? Any others? 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 Y	→ J8
J6	What are the symptoms of tuberculosis that would convince you to seek medical assistance? Any others? 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 Y	
J8	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHING 1 OTHER 6 (SPECIFY) DON'T KNOW 8	
J10	If a family member of yours had tuberculosis and that person completed the hospital treatment for tuberculosis, would you be willing to take care of him or her at home during further treatment?	YES 1 NO 2 DON'T KNOW/DEPENDS 8	
J12	Have you ever been told by a doctor or other health professional that you had tuberculosis?	YES 1 NO 2	→ K10
J13	About how long has it been since a doctor or other health professional last told you that you have tuberculosis?	LESS THAN 6 MONTHS 1 6 – 11 MONTHS 2 1 – 5 YEARS 3 MORE THAN 5 YEARS 4 DON'T KNOW 8	
J13A	Who told you?	DOCTOR 1 FELDSHER 2 NURSE 3 TRADITIONAL HEALER 4 SPECIALIST 5 OTHER 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
J14	Were you ever hospitalized because of your tuberculosis?	YES 1 NO 2	

SECTION K. SMOKING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
K10	Now I'd like to ask you about tobacco use. There are many forms of tobacco about which I will ask. Have you smoked at least 100 cigarettes during your entire life?	YES1 NO2	→ K27
K11	How old were you when you <u>first</u> started smoking cigarettes fairly regularly?	AGE NEVER SMOKED REGULARLY00 DON'T KNOW98	
K12	Do you smoke cigarettes <u>now</u> ?	YES1 NO2	→ K19
K16	About how many cigarettes do you smoke per day?	LESS THAN 1 PER DAY00 CIGARETTES PER DAY VARIES66	
K17	For approximately how many years have you smoked this amount? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS	
K18	Was there ever a period of a year or more when you smoked more than (NUMBER IN K16) cigarettes/packs per day?	YES1 NO2	→ K21
K19	During the period when you were smoking the most, about how many cigarettes per day did you <u>usually</u> smoke?	LESS THAN 1 PER DAY00 CIGARETTES PER DAY VARIES66	
K20	For how many years did you smoke that amount? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS	
K21	Have you ever quit smoking for a period of <u>one year or longer</u> ?	YES1 NO2	→ K27
K22	Did you quit smoking because you had a health problem that was either caused or made worse by smoking?	YES1 NO2 DON'T KNOW8	
K23	Since you <u>first</u> started smoking, how many years <u>altogether</u> have you stayed off cigarettes? IF LESS THAN ONE YEAR, RECORD '00'.	YEARS	
K24	CHECK K12: YES, SMOKES NOW <input type="checkbox"/> NO <input type="checkbox"/>		→ K27
K25	About how old were you when you last smoked cigarettes fairly regularly? PROBE: How old were you when you quit smoking cigarettes?	AGE NEVER SMOKED REGULARLY00 DON'T KNOW98	→ K27

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
K26	About how many cigarettes per day did you usually smoke at that time?	LESS THAN 1 PER DAY00 CIGARETTES PER DAY <input type="text"/> <input type="text"/> VARIES66	
K27	Have you ever used nas?	YES1 NO2 → K53	
K28	At what age did you first start using nas fairly regularly?	AGE <input type="text"/> <input type="text"/> NEVER USED REGULARLY00 DON'T KNOW98	
K29	Do you use nas <u>now</u> ?	YES1 NO2 → K33	
K30	How many times do you use nas per day or per week?	NAS TIMES PER DAY1 <input type="text"/> <input type="text"/> PER WEEK2 <input type="text"/> <input type="text"/> VARIES666 → K53	
K33	About how old were you when you <u>last</u> used nas fairly regularly?	AGE <input type="text"/> <input type="text"/> NEVER USED REGULARLY00 DON'T KNOW98	
K44	Did you quit using nas because you had a problem that was caused or made worse because you used it?	YES1 NO2 DON'T KNOW8	
K53	Have you smoked at least 20 cigars or 20 pipes of tobacco in your entire life?	YES1 NO2	

SECTION L. ALCOHOL CONSUMPTION AND NARCOTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
L1	Now I would like to ask you about alcohol. Have you ever drunk an alcohol-containing beverage?	YES1 NO2 → L10	
L2	Have you drunk alcohol in the last 12 months?	YES1 NO2 → L10	
L5	Do you sometimes take a drink in the morning when you first get up?	YES1 NO2	
L6	During the past year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?	YES1 NO2	
L7	During the past year, have you had a feeling of guilt or remorse after drinking?	YES1 NO2	
L8	During the past year, have you failed to do what was normally expected of you because of drinking?	YES1 NO2	
L9	During the past year, have you lost friends because of your drinking?	YES1 NO2	
L10	In your opinion, how serious a problem is narcotics in the country? Is it a very serious problem, a somewhat serious problem, a moderate problem, a minor problem, or not a problem?	VERY SERIOUS1 SOMEWHAT SERIOUS2 MODERATE PROBLEM3 MINOR PROBLEM4 NOT A PROBLEM5	
L11	Do you know anyone personally who uses narcotics on a regular basis?	YES1 NO2 DON'T KNOW8	

SECTION M. DENTAL

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M1	How would you describe the condition of your natural teeth: excellent, very good, good, fair or poor?	EXCELLENT 1 VERY GOOD 2 GOOD 3 FAIR 4 POOR 5 HAS NO NATURAL TEETH 6	
M10	During the past 3 years, have you been to the dentist for routine check-ups?	YES 1 NO 2	→ M12
M11	During the past 3 years, how often have you gone to the dentist for routine check-ups?	2 OR MORE TIMES A YEAR 1 ONCE A YEAR 2 LESS THAN ONCE A YEAR 3 DON'T KNOW 8	
M12	In the past 12 months, have you had any dental problem?	YES 1 NO 2	→ M15
M13	Did you consult anyone about this problem?	YES 1 NO 2	→ M15
M14	Whom did you consult? PROBE: Anyone else? RECORD ALL MENTIONED.	DENTIST A STOMATOLOGIST B SVP C TABIB/FAITH HEALER D HOME/SELF-TREATMENT/ RELATIVES E OTHER _____ X (SPECIFY)	
M15	Do you need any type of dental care now?	YES 1 NO 2	→ N1
M16	What type of dental care do you need now? PROBE: Any other dental care needs? RECORD ALL MENTIONED.	CHECK-UP A CLEANING B TEETH FILLED OR REPLACED (FOR EXAMPLE, FILLINGS, CROWNS AND/OR BRIDGES) C TEETH PULLED D GUM TREATMENT E DENTURE WORK F RELIEF OF PAIN G WORK TO IMPROVE APPEARANCE (FOR EXAMPLE, BRACES OR BONDING) H OTHER _____ X (SPECIFY) DON'T KNOW Z	

SECTION N. INJURY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
N1	Now I'd like to ask you about any injuries or poisonings that happened during the past 3 months . In the past three months, were you injured seriously enough that you could not perform routine work for at least half a day?	YES1 NO2	
N2	In the past three months, were you poisoned to the extent that you could not perform routine work for at least half a day?	YES1 NO2	
N3	CHECK N1 & N2: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>AT LEAST ONE 'YES' <input type="checkbox"/></div> <div>NOT A SINGLE 'YES' <input type="checkbox"/></div> </div> <div style="text-align: right; margin-top: -20px;">→ N16</div>		
N4	In the past three months, did you seek medical attention because you were (injured/poisoned)?	YES1 NO2	→ N7
N5	How many times during the past three months did you seek medical advice because you were (injured/poisoned)?	NUMBER <input type="text"/> <input type="text"/>	
N6	I'd like to ask you some questions about your (most recent) injury/poisoning incident. Where did you receive medical advice or treatment for this incident?	PUBLIC SECTOR INSTITUTE HOSPITAL..... 11 OBLAST HOSPITAL 12 CITY HOSPITAL 13 RAYON HOSPITAL 14 POLYCLINIC..... 15 WORKPLACE..... 16 SVP 17 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 PRIVATE DOCTOR 33 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER..... 96 (SPECIFY) DON'T KNOW 98	
N7	When did the (most recent) injury/poisoning incident happen?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO..... 2 <input type="text"/> <input type="text"/>	
N8	Was this incident work-related?	YES1 NO2	
N9	Where did the incident occur?	HOME/RESIDENCE.....01 FARM/RANCH.....02 STREET/HIGHWAY03 TRADE/SERVICE AREA.....04 INDUSTRIAL /CONSTRUCTION AREA .05 OTHER WORKSITE/OFFICE.....06 SCHOOL07 OTHER PUBLIC BUILDING08 SPORTS/ATHLETIC AREA.....09 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
N10	What type of activity were you doing at the time of the incident? VITAL ACTIVITIES INCLUDE EATING, SLEEPING, AND PERSONAL GROOMING.	SPORTS01 LEISURE02 TRAVELING03 PAID WORK04 UNPAID WORK05 EDUCATIONAL ACTIVITY06 VITAL ACTIVITY07 OTHER _____ 96 (SPECIFY)	
N11	Did this incident result from an unintentional event or an intentional act?	UNINTENTIONAL1 INTENTIONAL ACT2	
N11 A	Who caused this incident?	SELF11 FAMILY WIFE21 MOTHER-IN-LAW22 FATHER IN-LAW23 OTHER IN-LAW24 MOTHER25 FATHER26 OTHER FAMILY27 NON-FAMILY FRIEND/ACQUAINTANCE31 NEIGHBOR32 CLASSMATE33 TEACHER34 EMPLOYER35 COLLEAGUE36 TEAMMATE/COMPETITOR37 STRANGER38 ANIMAL39 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
N12	What was the cause of the injury?	<p><u>TRANSPORTATION-BASED</u></p> <p>MOTOR VEHICLE.....11</p> <p>PEDESTRIAN-VEHICLE CRASH.....12</p> <p>MOTORCYCLE.....13</p> <p>BICYCLE.....14</p> <p>TRACTOR.....15</p> <p>OTHER TRANSPORTATION.....16</p> <p>_____</p> <p>(SPECIFY)</p> <p><u>NON-TRANSPORTATION BASED</u></p> <p>FALL (LESS THAN 1 METER).....21</p> <p>FALL (1 METER OR MORE).....22</p> <p>STRUCK OR CRUSHED.....23</p> <p>GUNSHOT.....24</p> <p>AGRICULTURAL STAB/CUT.....25</p> <p>OTHER STAB/CUT.....26</p> <p>FIRE/BURN.....27</p> <p>ELECTROCUTION.....28</p> <p>SMOKE INHALATION.....29</p> <p>POISONING.....30</p> <p>SCALD.....31</p> <p>SEXUAL VIOLENCE.....32</p> <p>OTHER PHYSICAL ASSAULT.....33</p> <p>NEAR-DROWNING.....34</p> <p>ANIMAL RELATED.....35</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>→ N14</p>
N13	Were you injured as the driver of a vehicle, a passenger in a vehicle, a bicycle rider, or as a pedestrian?	<p>DRIVER OF A VEHICLE.....1</p> <p>PASSENGER IN A VEHICLE.....2</p> <p>BICYCLE RIDER.....3</p> <p>PEDESTRIAN.....4</p>	
N14	As a result of this incident, did you miss any days of work or school?	<p>YES.....1</p> <p>NO.....2</p>	<p>→ N16</p>
N15	How many days?	<p>DAYS OF WORK..... 1 <input type="text"/> <input type="text"/></p> <p>DAYS OF SCHOOL..... 2 <input type="text"/> <input type="text"/></p>	
N16	<p>Before proceeding further with the questionnaire, let me measure your blood pressure and pulse.</p> <p>MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.</p>	<p>BLOOD PRESSURE</p> <p>SYSTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>BLOOD PRESSURE NOT MEASURED.....995</p> <p>PULSE..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>PULSE NOT MEASURED.....995</p>	

SECTION P. MENTAL HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
P1	I'm going to read some statements that describe how people sometimes feel. Please tell me how many days last week you felt this way, if any.	LESS THAN 1 DAY (RARELY OR NONE OF THE TIME)	1-2 DAYS (SOME OR A LITTLE OF THE TIME)	3-4 DAYS (OCCASIONALLY OR A MODERATE AMOUNT OF TIME)	5-7 DAYS MOST OR ALL OF THE TIME	
	a. I was bothered by things that usually don't bother me.	1	2	3	4	
	b. I did not feel like eating; my appetite was poor.	1	2	3	4	
	c. I felt that I could not shake off the blues.	1	2	3	4	
	d. I felt that I was just as good as other people.	1	2	3	4	
	e. I had trouble keeping my mind on what I was doing.	1	2	3	4	
	f. I felt depressed.	1	2	3	4	
	g. I felt that everything I did was an effort.	1	2	3	4	
	h. I felt hopeful about the future.	1	2	3	4	
	i. I thought my life had been a failure.	1	2	3	4	
	j. I felt fearful.	1	2	3	4	
	k. My sleep was restless.	1	2	3	4	
	l. I was happy.	1	2	3	4	
	m. I talked less than usual.	1	2	3	4	
	n. I felt lonely.	1	2	3	4	
	o. People were unfriendly.	1	2	3	4	
	p. I enjoyed life.	1	2	3	4	
	q. I had crying spells.	1	2	3	4	
	r. I felt sad.	1	2	3	4	
	s. I felt that people disliked me.	1	2	3	4	
	t. I could not get going.	1	2	3	4	

SECTION Q. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q1	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→ Q8A → Q9 → Q16
Q6	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partners?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4	
Q7	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ Q9 → Q16
Q8	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ Q9
Q8A	RECORD THE WIFE/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NUMBER.....	
Q9	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
Q10	<p>CHECK Q9:</p> <div style="display: flex; justify-content: space-around;"> <div> <p>MARRIED/LIVED WITH A WOMAN ONLY ONCE</p> <p>In what month and year did you start living with your wife/partner?</p> </div> <div> <p>MARRIED/LIVED WITH A WOMAN MORE THAN ONCE</p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <p>MONTH DON'T KNOW MONTH98</p> <p>YEAR DON'T KNOW YEAR9998</p> </div> <div> <p>→ Q16</p> </div> </div>	
Q11	How old were you when you started living with her?	AGE.....	
Q16	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse with a woman (if ever)?</p>	NEVER00 AGE IN YEARS FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER.....95	→ Q48
Q17	<p>When was the last time you had sexual intercourse with a woman?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO..... 3 YEARS AGO 4	→ Q48
Q18	The last time you had sexual intercourse with a woman, was a condom used?	YES1 NO2	→ Q24

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
Q19	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV01 RESPONDENT WANTED TO PREVENT PREGNANCY02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS04 PARTNER REQUESTED/INSISTED05 OTHER 96 (SPECIFY) DON'T KNOW98																	
Q24	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER.....01 WOMAN IS GIRLFRIEND/FIANCÉE02 OTHER FRIEND03 CASUAL ACQUAINTANCE04 RELATIVE05 COMMERCIAL SEX WORKER06 OTHER 96 (SPECIFY)	→ Q26																
Q25	For how long have you had sexual relations with this woman?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
Q26	Have you had sex with any other woman in the last 12 months?	YES1 NO2	→ Q45																
Q27	The last time you had sexual intercourse with another woman, was a condom used?	YES1 NO2	→ Q33																
Q28	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV01 RESPONDENT WANTED TO PREVENT PREGNANCY02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS04 PARTNER REQUESTED/INSISTED05 OTHER 96 (SPECIFY) DON'T KNOW98																	
Q33	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER.....01 WOMAN IS GIRLFRIEND/FIANCÉE02 OTHER FRIEND03 CASUAL ACQUAINTANCE04 RELATIVE05 COMMERCIAL SEX WORKER06 OTHER 96 (SPECIFY)	→ Q35																
Q34	For how long have you had sexual relations with this woman?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
Q35	Other than these two women, have you had sex with any other woman in the last 12 months?	YES1 NO2	→ Q45								
Q36	The last time you had sexual intercourse with this third woman, was a condom used?	YES1 NO2	→ Q42								
Q37	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT A PREGNANCY02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS04 PARTNER REQUESTED/INSISTED05 OTHER 96 (SPECIFY) DON'T KNOW98									
Q42	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER.....01 WOMAN IS GIRLFRIEND/FIANCÉE02 OTHER FRIEND03 CASUAL ACQUAINTANCE04 RELATIVE05 COMMERCIAL SEX WORKER06 OTHER 96 (SPECIFY)	→ Q44								
Q43	For how long have you had sexual relations with this woman?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
Q44	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
Q45	Have you ever paid for sex?	YES1 NO2	→ Q48								
Q46	How long ago was the last time you paid for sex? RECORD 'YEARS AGO' ONLY IF LAST PAID SEX WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTHS AGO..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									→ Q48
Q47	The last time that you paid for sex, was a condom used on that occasion?	YES1 NO2									
Q48	Do you know of a place where a person can get condoms?	YES1 NO2	→ Q52								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q50	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITALA</p> <p>OBLAST HOSPITAL.....B</p> <p>CITY HOSPITAL.....C</p> <p>RAYON HOSPITALD</p> <p>LOCAL OUTPATIENT CLINIC.E</p> <p>WORKPLACE.....F</p> <p>SVPG</p> <p>GOVT HEALTH CENTERH</p> <p>FAMILY PLANNING CLINICI</p> <p>OTHER PUBLIC _____ J</p> <p>(SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITALK</p> <p>PRIVATE CLINICL</p> <p>PRIVATE DOCTORM</p> <p>FAMILY PLANNING CLINICN</p> <p>OTHER PRIVATE MEDICAL _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACYP</p> <p>SHOP/MARKETPLACEQ</p> <p>FRIEND/RELATIVER</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOWZ</p>	
Q51	If you wanted to, could you yourself get a condom?	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/UNSURE8</p>	
Q52	Have you been circumcised?	<p>YES1</p> <p>NO2</p>	

SECTION R. HIV/AIDS AND OTHER STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
R1	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO2	→ R24																
R2	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO2 DON'T KNOW.....8	→ R9																
R3	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C LIMIT NUMBER OF SEXUAL PARTNERS.. D AVOID SEX WITH PROSTITUTES..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS J AVOID SHARING RAZORS/NEEDLES K AVOID KISSING..... L AVOID MOSQUITO BITES..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW..... Z																	
R4	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other partners?	YES.....1 NO2 DON'T KNOW.....8																	
R5	Can a person get the AIDS virus from mosquito bites?	YES.....1 NO2 DON'T KNOW.....8																	
R6	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES.....1 NO2 DON'T KNOW.....8																	
R7	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES.....1 NO2 DON'T KNOW.....8																	
R8	Can a person get the AIDS virus by getting injections with a needle that was already used by someone else?	YES.....1 NO2 DON'T KNOW.....8																	
R9	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO2 DON'T KNOW.....8																	
R10	Can the virus that causes AIDS be transmitted from a mother to a child?	YES.....1 NO2 DON'T KNOW.....8	→ R13																
R11	When can the virus that causes AIDS be transmitted from a mother to a child? During pregnancy? During delivery? By breastfeeding?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>DURING PREG</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>DURING DELIVERY.....</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	DURING PREG	1	2	8	DURING DELIVERY.....	1	2	8	BREASTFEEDING	1	2	8	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
R13	CHECK Q1: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		R15
R14	Have you ever talked with (your wife/the woman you are living with) about ways to prevent getting the virus that causes AIDS?	YES.....1 NO2	
R15	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE ACCEPT- ABLE ON THE RADIO.....1 2 ON THE TV.....1 2 IN NEWSPAPERS.....1 2	
R16	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES.....1 NO2 DON'T KNOW/UNSURE8	
R19	Should children age 12-14 years be taught about using a condom to avoid AIDS?	YES.....1 NO2 DON'T KNOW/UNSURE/DEPENDS8	
R20	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO2 DON'T KNOW.....8	R24
R21	Would you want to be tested for the AIDS virus?	YES.....1 NO2 DK/NOT SURE/DEPENDS.....8	
R22	Do you know a place where you could go to get an AIDS test?	YES.....1 NO2	
R24	(Apart from AIDS,) have you heard about (other) infections that can be transmitted through sexual contact?	YES.....1 NO2	R33
R31	CHECK Q16: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		U1
R32	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 sexually-transmitted disease?	YES.....1 NO2 DON'T KNOW.....8	
R33	Sometimes, men experience a discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES.....1 NO2 DON'T KNOW.....8	
R34	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES.....1 NO2 DON'T KNOW.....8	
R35	CHECK R32-R34: HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		U1
R36	The last time you had (PROBLEM(S) FROM R32/R33/R34), did you seek any kind of advice or treatment?	YES.....1 NO2	R38

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
R37	The last time you had (PROBLEM(S) FROM R32/R33/R34), did you do any of the following? Did you.... Go to a clinic, hospital or private doctor? Consult a traditional healer? Seek advice or buy medicines in a shop or pharmacy? Ask for advice from friends or relatives?	YES NO CLINIC/HOSPITAL 1 2 TRADITIONAL HEALER.....1 2 SHOP/PHARMACY1 2 FRIENDS/RELATIVES1 2		
R38	When you had (PROBLEM(S) FROM R32/R33/R34), did you inform the person(s) with whom you were having sex?	YES.....1 NO2 SOME/ NOT ALL3 DID NOT HAVE A PARTNER.....4		→ U1
R39	When you had (PROBLEM(S) FROM R32/R33/R34), did you do anything to avoid infecting your sexual partner(s)?	YES.....1 NO2 PARTNER(S) ALREADY INFECTED3		→ U1
R40	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	YES NO USE MEDICINE.....1 2 STOP SEX..... 1 2 USE CONDOM1 2		

SECTION U. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
U1	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUSBAND	WIFE	BOTH	DON'T KNOW/DEPENDS	
	a) making large household purchases?	a. 1	2	3	8	
	b) making small daily household purchases?	b. 1	2	3	8	
	c) deciding when to visit family, friends or relatives?	c. 1	2	3	8	
	d) deciding what to do with the money she earns for her work?	d. 1	2	3	8	
	e) deciding how many children to have and when to have them?	e. 1	2	3	8	
U2	Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...	YES	NO		DON'T KNOW/DEPENDS	
	a) If she goes out without telling him?	1.	8	1	2	
	b) If she neglects the children?	2.	8	1	2	
	c) If she argues with him?	3.	8	1	2	
	d) If she refuses to have sex with him?	4.	8	1	2	
	e) If she burns the food?	5.	8	1	2	
U3	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...	YES	NO		DON'T KNOW/DEPENDS	
	a) She is tired and not in the mood?	a. 1	2		8	
	b) She has recently given birth?	b. 1	2		8	
	c) She knows her husband has sex with other women?	c. 1	2		8	
	d) She knows her husband has a sexually transmitted disease?	d. 1	2		8	
U4	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...	YES	NO		DON'T KNOW/DEPENDS	
	a) Get angry and reprimand her?	a. 1	2		8	
	b) Refuse to give her money or other means of financial support?	b. 1	2		8	
	c) Use force and have sex with her even if she doesn't want to?	c. 1	2		8	
	d) Go and have sex with another woman?	d. 1	2		8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
U5	<p>AVERAGE THE DIASTOLIC AND AVERAGE THE SYSTOLIC BLOOD PRESSURE FROM THE TWO BLOOD PRESSURE MEASUREMENTS. COMPLETE THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT ACCORDING TO THE BLOOD PRESSURE TRAINING PROTOCOL. USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL.</p> <p>Adult Blood Pressure Value Box</p> <table> <thead> <tr> <th rowspan="2">SYSTOLIC</th> <th colspan="6">DIASTOLIC</th> </tr> <tr> <th><84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>110-119</th> <th>≥120</th> </tr> </thead> <tbody> <tr> <td><129</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>180-209</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥210</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </tbody> </table>			SYSTOLIC	DIASTOLIC						<84	85-89	90-99	100-109	110-119	≥120	<129	1	2	3	4	5	6	130-139	2	2	3	4	5	6	140-159	3	3	3	4	5	6	160-179	4	4	4	4	5	6	180-209	5	5	5	5	5	6	≥210	6	6	6	6	6	6
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THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS.																																																										
U6	RECORD THE TIME.	HOUR <table border="1"><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr></table>																																																								

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____