QUESTIONNAIRES

Questionnaire Serial No. _____

29 May 2013

MINISTRY OF HEALTH AND SOCIAL SERVICES
2013 NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION

NAME AND CODE OF REGION _____

PLACE (LOCALITY) NAME _____

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

IS HOUSEHOLD SELECTED FOR MAN'S SURVEY? (YES = 1, NO = 2) . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0 1 3
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS
TIME	_____	_____		

* RESULT CODES:
1   COMPLETED
2   NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3   ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4   POSTPONED
5   REFUSED
6   DWELLING VACANT OR ADDRESS NOT A DWELLING
7   DWELLING DESTROYED
8   DWELLING NOT FOUND
9   OTHER _____
                    (SPECIFY)

IS HOUSEHOLD SELECTED FOR MAN'S SURVEY?

YES 1   NO 2

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN 15-64 .... 0 0

TOTAL ELIGIBLE WOMEN 15-49 .... 0 0

TOTAL ELIGIBLE MEN 15-64 .... 0 0

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

LANGUAGE OF QUESTIONNAIRE: **3**   LANGUAGE OF RESPONDENT: _____

LANGUAGE OF INTERVIEW**   TRANSLATOR USED (YES=1; NO=2)

LANGUAGE** CODES:
1 AFRIKAANS   3 ENGLISH   5 RUKWANGALI   7 OSHIWAMBO
2 DAMARA/NAMA   4 OTJIHERERO   6 SILOZI   8 OTHER

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

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INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with the Ministry of Health and Social Services. We are conducting a survey about health all over Namibia. The information we collect will help the government to plan health services. Your household was selected for the survey. I would like to ask you some questions about your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential, are protected by the statistics law, and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, participation is voluntary, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person(s) listed on this card.

GIVE CARD WITH CONTACT INFORMATION

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____   DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER — MARITAL STATUS	IF AGE 0-17 YEARS — SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS			
1	2	3	4	5	6	7	8	9	10	11	12
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-24 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.
01			M 1 F 2	Y 1 N 2	Y 1 N 2	IN YEARS		Y 1 N 2 — 8 DK → GO TO 11		Y 1 N 2 — 8 DK → GO TO 13	
02			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	
03			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	
04			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	
05			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	
06			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	
07			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	
08			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	
09			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	
10			1 2	1 2	1 2			1 2 — 8 → GO TO 11		1 2 — 8 → GO TO 13	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE/HUSBAND/PARTNER
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS		IF AGE 0-4 YEARS	ELIGIBILITY						
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE		BIRTH REGIS-TRATION	WOMEN	IF HOUSEHOLD SELECTED FOR MAN'S SURVEY					
	13	14	15	16	17	18	19	20	21	22	23	24
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During this school year, what level and grade is (NAME) attending? SEE CODES BELOW.	Does (NAME) have a birth certificate? IF NO, PROBE: Has (NAME)'s birth ever been registered with the civil authority? 1 = HAS CERTIFICATE 2 = REGISTERED 3 = HAS ONLY HOSPITAL CARD 4 = NEITHER CERTIFICATE NOR REGISTERED 8 = DON'T KNOW	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-64	CIRCLE LINE NUMBER OF ALL WOMEN AGE 35-64	CIRCLE LINE NUMBER OF ALL MEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-64	CIRCLE LINE NUMBER OF ALL MEN AGE 35-64	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5 YEARS
01	Y N 1 2 ↓ GO TO 18	LEVEL GRADE ☐☐	Y N 1 2 ↓ GO TO 18	LEVEL GRADE ☐☐	☐	01	01	01	01	01	01	01
02	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	02	02	02	02	02	02	02
03	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	03	03	03	03	03	03	03
04	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	04	04	04	04	04	04	04
05	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	05	05	05	05	05	05	05
06	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	06	06	06	06	06	06	06
07	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	07	07	07	07	07	07	07
08	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	08	08	08	08	08	08	08
09	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	09	09	09	09	09	09	09
10	1 2 ↓ GO TO 18	☐☐	1 2 ↓ GO TO 18	☐☐	☐	10	10	10	10	10	10	10

CODES FOR Qs. 14 AND 16: EDUCATION

LEVEL
1 = PRIMARY
2 = SECONDARY
3 = HIGHER
6 = PRE-PRIMARY
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 14 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 16)
98 = DON'T KNOW

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			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		Y N DK 1 2 — 8 GO TO 11		Y N DK 1 2 — 8 GO TO 13	
11			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	
12			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	
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14			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	
15			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	
16			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	
17			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	
18			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	
19			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	
20			1 2	1 2	1 2			1 2 — 8 GO TO 11		1 2 — 8 GO TO 13	

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed? YES ☐ → ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ → ADD TO TABLE   NO ☐

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06 = PARENT
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12	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	12	12	12	12	12	12	12
13	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	13	13	13	13	13	13	13
14	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	14	14	14	14	14	14	14
15	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	15	15	15	15	15	15	15
16	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	16	16	16	16	16	16	16
17	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	17	17	17	17	17	17	17
18	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	18	18	18	18	18	18	18
19	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	19	19	19	19	19	19	19
20	1 2 ↓ GO TO 18	☐ ☐☐	1 2 ↓ GO TO 18	☐ ☐☐	☐	20	20	20	20	20	20	20

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HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY . . . . 1 WEEKLY . . . . 2 MONTHLY . . . . 3 LESS THAN MONTHLY . . . . 4 NEVER 5	

102	What is the main source of drinking water for members of your household?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED TO YARD/PLOT 12
		   PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		   PROTECTED WELL 31
		   UNPROTECTED WELL 32
		WATER FROM SPRING
		   PROTECTED SPRING 41
		   UNPROTECTED SPRING 42
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		   IRRIGATION CHANNEL) 81
		BOTTLED WATER 91
		
		OTHER _____ 96
		          (SPECIFY)
			→ 105
			
			→ 105

103	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back?	MINUTES . . . . [ ][ ][ ] DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 107

106	What do you usually do to make the water safer to drink?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		BOIL . . . . A
		ADD BLEACH/CHLORINE . . . . B
		STRAIN THROUGH A CLOTH C
		USE WATER FILTER (CERAMIC/
		   SAND/COMPOSITE/ETC.) . . . . D
		LET IT STAND AND SETTLE . . . . E
		
		OTHER _____ X
		       (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

107	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET
		  FLUSH TO PIPED SEWER
		    SYSTEM 11
		  FLUSH TO SEPTIC TANK 12
		  FLUSH TO PIT LATRINE 13
		  FLUSH TO SOMEWHERE ELSE 14
		  FLUSH, DON'T KNOW WHERE 15
		PIT LATRINE
		  VENTILATED IMPROVED
		    PIT LATRINE 21
		  PIT LATRINE WITH SLAB 22
		  PIT LATRINE WITHOUT SLAB/
		    OPEN PIT 23
		COMPOSTING TOILET 31
		BUCKET TOILET 41
		HANGING TOILET/HANGING
		  LATRINE 51
		NO FACILITY/BUSH/FIELD 61
		
		OTHER _____ 96
		          (SPECIFY)
			→110

108	Do you share this toilet facility with other households?	YES . . . . 1 NO 2	→110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . [0][ ] 10 OR MORE HOUSEHOLDS . . . . 95 DON'T KNOW 98	
110	Does your household have: Electricity? A radio? A television? A cell phone? A landline/telephone? A refrigerator/freezer? A computer/laptop? A stove? A microwave? Home internet connectivity? A wardrobe? A sofa? A bed? A table and chairs? Windows with glass?	YES NO ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 TELEVISION . . . . 1 2 CELL PHONE . . . . . 1 2 LANDLINE/TELEPHONE . . . 1 2 REFRIGERATOR/FREEZER . . 1 2 COMPUTER/LAPTOP . . . . 1 2 STOVE . . . . 1 2 MICROWAVE . . . . 1 2 HOME INTERNET . . . . 1 2 WARDROBE . . . . 1 2 SOFA . . . . 1 2 BED . . . . 1 2 TABLE AND CHAIRS . . . . 1 2 WINDOWS WITH GLASS 1 2	

111	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01
		LPG 02
		NATURAL GAS 03
		BIOGAS 04
		KEROSENE/PARAFFIN 05
		COAL, LIGNITE 06
		CHARCOAL 07
		WOOD 08
		AGRICULTURAL CROP 10
		ANIMAL DUNG 11
		
		NO FOOD COOKED
		  IN HOUSEHOLD 95
		
		OTHER _____ 96
		          (SPECIFY)
			→114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . 1 IN A SEPARATE BUILDING . . . . 2 OUTDOORS . . . . 3 OTHER _____ 6 (SPECIFY)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	

114	MAIN MATERIAL OF THE FLOOR.
	
	RECORD OBSERVATION.
		NATURAL FLOOR
		    EARTH/SAND 11
		    DUNG 12
		    MUD/CLAY 13
		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)	

115	MAIN MATERIAL OF THE ROOF.
	
	RECORD OBSERVATION.
		NATURAL ROOFING
		    NO ROOF 11
		    THATCH/PALM LEAF/GRASS 12
		    SOD 13
		RUDIMENTARY ROOFING
		    RUSTIC MAT 21
		    PALM/BAMBOO 22
		    WOOD PLANKS 23
		    CARDBOARD 24
		    STICKS WITH MUD AND DUNG 25
		    PLASTIC/PVC 26
		FINISHED ROOFING
		    CORRUGATED IRON SHEET 31
		    WOOD 32
		    CALAMINE/CEMENT FIBER 33
		    CERAMIC/BRICK TILES 34
		    CEMENT 35
		    ROOFING SHINGLES 36
		    TIN 37
		    ASBESTOS SHEET 38
		    SLATE 39
		
		OTHER _____ 96
		(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

116	MAIN MATERIAL OF THE EXTERIOR WALLS.
	
	RECORD OBSERVATION.
		NATURAL WALLS
		  NO WALLS 11
		  CANE/PALM/TRUNKS 12
		  DIRT 13
		RUDIMENTARY WALLS
		  BAMBOO WITH MUD/CLAY/DUNG 21
		  STICKS WITH MUD/CLAY/DUNG 22
		  STONE WITH MUD 23
		  UNCOVERED ADOBE 24
		  PLYWOOD 25
		  CARDBOARD 26
		  REUSED WOOD 27
		FINISHED WALLS
		  CEMENT 31
		  STONE WITH LIME/CEMENT 32
		  BRICKS 33
		  CEMENT BLOCKS/CEMENT STONES . . . 34
		  COVERED ADOBE 35
		  WOOD PLANKS/SHINGLES 36
		  CORRUGATED IRON/ZINC 37
		  TIN 38
		
		OTHER _____ 96
		              (SPECIFY)	

117	How many rooms in this household are used for sleeping?	ROOMS . . . . [ ][ ]	
118	Does any member of this household own: A watch? A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	YES NO WATCH . . . . 1 2 BICYCLE . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . 1 2 BOAT WITH MOTOR 1 2	
119	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	→ 121
120	How many hectares of agricultural land do members of this household own? IF 95 OR MORE, CIRCLE '950'.	HECTARES . . . . [ ][ ].[ ] 95 OR MORE HECTARES . . . . 950 DON'T KNOW 998	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 123

122	How many of the following animals does this household own?
	
	IF NONE, ENTER '00'.
	IF 95 OR MORE, ENTER '95'.
	IF UNKNOWN, ENTER '98'.
	
	    Cattle?
	
	    Milk cows or bulls?
	
	    Horses, donkeys, or mules?
	
	    Goats?
	
	    Sheep?
	
	    Chickens?
		CATTLE . . . . [ ][ ]
		
		COWS/BULLS . . . . [ ][ ]
		
		HORSES/DONKEYS/MULES . . . . . [ ][ ]
		
		GOATS . . . . [ ][ ]
		
		SHEEP . . . . [ ][ ]
		
		CHICKENS . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	Does any member of this household have an active bank account?	YES . . . . 1 NO 2	
123A	Have you ever heard of an illness called malaria?	YES . . . . 1 NO 2	→ 124
123B	What are the signs of malaria? PROBE: Any other signs? RECORD ALL MENTIONED.	HEADACHE . . . . A CHILLS . . . . B HIGH TEMPERATURE . . . . C BODY PAIN . . . . D LOSS OF ENERGY . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . Z	

123C	What causes malaria?
	
	PROBE: Any other causes?
	
	RECORD ALL MENTIONED.
		MOSQUITO BITES . . . . A
		RAIN . . . . B
		UNHYGIENIC ENVIRONMENT C
		SLEEPING WITH SOMEONE
		         WITH MALARIA . . . . D
		OTHER _____ X
		                 SPECIFY
		DON'T KNOW . . . . Z	

123D	What would you do if you suspected that you have malaria?	NOTHING 1
		GO TO A HEALTH FACILITY/
		        HEALTH PERSONNEL 2
		GO TO A TRADITIONAL HEALER . . . 3
		OTHER _____ 6
		                 SPECIFY
		DON'T KNOW 8	

123E	What do you do to prevent getting malaria? Anything else? RECORD ALL MENTIONED.	HAVE THE HOUSE SPRAYED . . . . A USE REPELLENTS . . . . B USE MOSQUITO NETS . . . . C USE MOSQUITO COILS . . . . D BURN LEAVES . . . . E OTHER _____ X SPECIFY DON'T KNOW . . . . Z	
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 126

125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM . . . . . A
		PRIVATE COMPANY . . . . B
		NONGOVERNMENTAL
		   ORGANIZATION (NGO) C
		
		OTHER _____ X
		             (SPECIFY)
		DON'T KNOW . . . . Z	

126	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . 1 NO 2	→ 137
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . [ ]	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL THE NETS IN THE HOUSEHOLD IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2	OBSERVED ..... 1 NOT OBSERVED ... 2
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO ... ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO ... ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
130	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ..... 11 ⌐ DAWA .... 12 ⌐ OLYSET .... 13 ⌐ YORKOOL ..... 14 ⌐ OTHER LLIN/ DK LLIN BRAND. . 16 ⌐ (SKIP TO 134) ◄— OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ..... 11 ⌐ DAWA .... 12 ⌐ OLYSET .... 13 ⌐ YORKOOL ..... 14 ⌐ OTHER LLIN/ DK LLIN BRAND. . 16 ⌐ (SKIP TO 134) ◄— OTHER BRAND ... 96 DK BRAND 98	LONG-LASTING INSECTICIDE-TREATED NET (LLIN) PERMANET ..... 11 ⌐ DAWA .... 12 ⌐ OLYSET .... 13 ⌐ YORKOOL ..... 14 ⌐ OTHER LLIN/ DK LLIN BRAND. . 16 ⌐ (SKIP TO 134) ◄— OTHER BRAND ... 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES .... 1 NO .... 2 (SKIP TO 134) ◄—│ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 134) ◄—│ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 134) ◄—│ NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO ... ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO ... ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO ... ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 136) ◄—│ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 136) ◄—│ NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 136) ◄—│ NOT SURE 8

		NET #1	NET #2	NET #3
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐	NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐ NAME_____ LINE NO. ..... ☐☐
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.

137	Please show me where members of your household most often wash their hands.	OBSERVED 1
		NOT OBSERVED,
		  NOT IN DWELLING/YARD/PLOT .... 2 ⌐
		NOT OBSERVED,
		  NO PERMISSION TO SEE .... 3 ┤
		NOT OBSERVED, OTHER REASON .... 4 ┘
		                              (SKIP TO 141) ←		

138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE .... 1 WATER IS NOT AVAILABLE 2		
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) .... A ASH, MUD, SAND .... B NONE C		

HEALTH EXPENDITURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
141	In the last six months, was a member of this household admitted overnight to stay at a health facility?	YES . . . . 1 NO 2	→ 147
142	What is the name of the household member who was last admitted overnight to stay at a health facility overnight in the last six months? RECORD NAME AND LINE NUMBER FROM COLS 1 AND 2 IN THE HOUSEHOLD SCHEDULE.	LINE NUMBER [ ][ ] NAME _____	

143	Where did (NAME in 142) most recently stay overnight for health care?	PUBLIC SECTOR
		    GOVERNMENT HOSPITAL 21
		    GOVERNMENT HEALTH CENTER . . . 22
		    GOVERNMENT HEALTH CLINIC 23
		    OTHER PUBLIC SECTOR
		
		    _____ 26
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL 31
		    PRIVATE CLINIC 32
		    OTHER PRIVATE
		        MEDICAL SECTOR
		
		    _____ 36
		            (SPECIFY)
		OTHER
		    _____ 96
		            (SPECIFY)	

144	How much money was spent by your household on (NAME in 142)'s treatment and services received during the most recent overnight stay? We want to know about all the costs for the stay, including any charges for laboratory tests, drugs, or other items.	COST . . . . [ ][ ][ ][ ][ ] NO COST/FREE . . . . 00000 IN KIND . . . . 99995 DON'T KNOW 99998	

145	What was the main reason for (NAME in 142) to seek care this most recent time?	ANTENATAL CARE/
		    DELIVERY/
		    POSTNATAL CARE 01
		MALARIA 02
		FEVER 03
		DIARRHOEA 04
		HIV/AIDS/STD 05
		OTHER ILLNESS 06
		MALNUTRITION 07
		TRAFFIC ACCIDENT/INJURY 08
		NON TRAFFIC ACCIDENT/INJURY 09
		OTHER _____ 96
		        (SPECIFY)
		DON'T KNOW 98	

146	In total, how many times did (NAME in 142) stay overnight in a health facility in the last six months?	NUMBER OF INPATIENT VISITS . . . . [ ][ ] DON'T KNOW 98	
147	In the last four weeks, did someone in this household receive care from a health provider, a pharmacy, or a traditional healer without staying overnight?	YES . . . . 1 NO 2	→ 154

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
148	What is the name of the household member who last received care from a health provider, a pharmacy, or a traditional healer without staying overnight? RECORD NAME AND LINE NUMBER FROM COLS 1 AND 2 IN THE HOUSEHOLD SCHEDULE.	LINE NUMBER ☐☐ NAME _____	

149	Now I would like to ask some questions about (NAME in 148), who consulted a provider for health care in the last four weeks, without having stayed overnight. From what type of health provider did (NAME in 148) get care most recently without staying overnight?	PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 21
		   GOVERNMENT HEALTH CENTER ... 22
		   GOVERNMENT HEALTH CLINIC 23
		   OUTREACH POINT 24
		   FIELDWORKER/COMMUNITY
		     HEALTH CARE PROVIDER 25
		   OTHER PUBLIC SECTOR
		   _____ 26
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL 31
		   PRIVATE CLINIC 32
		   PHARMACY 33
		   PRIVATE DOCTOR 34
		   OTHER PRIVATE
		     MEDICAL SECTOR
		   _____ 36
		        (SPECIFY)
		
		OTHER SOURCE
		   SHOP 41
		   TRADITIONAL PRACTITIONER 42
		
		OTHER _____ 46
		        (SPECIFY)	

150	How much money was spent by your household on (NAME in 148)'s treatment and services received from (NAME OF PROVIDER IN 149)? Please include the consulting fee and any expenses for other items including drugs and tests.	COST .... ☐☐☐☐☐ NO COST/FREE .... 00000 IN KIND .... 99995 DON'T KNOW 99998	

151	What was the main reason for (NAME in 148) to seek care this most recent time?	FAMILY PLANNING 01
		ANTENATAL CARE/
		   DELIVERY/
		   POSTNATAL CARE 02
		MALARIA 03
		FEVER 04
		DIARRHOEA 05
		HIV/AIDS/STD 06
		OTHER ILLNESS 07
		CHECK-UP/
		   PREVENTIVE CARE 08
		ACCIDENT/INJURY 09
		OTHER _____ 96
		      (SPECIFY)
		DON'T KNOW 98	

152	In total, how many times did (NAME in 148) get care from a health provider in the last four weeks, without staying overnight?	NUMBER OF OUTPATIENT VISITS .... ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
153	How many times in the last four weeks was money spent by your household for care (NAME in 148) received (without staying overnight)?	NUMBER OF OUTPATIENT VISITS FOR WHICH MONEY WAS SPENT . . . . ☐☐ DON'T KNOW 98	
154	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. EXPLAIN THAT YOU WILL TEST SALT FOR IODINE, AN IMPORTANT MICRONUTRIENT. TEST SALT FOR IODINE.	IODINE PRESENT . . . . 1 NO IODINE . . . . 2 NO SALT IN HOUSEHOLD . . . . 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)	

TABLE FOR SELECTION OF WOMEN FOR THE DOMESTIC VIOLENCE QUESTIONS

HOUSEHOLD SELECTED FOR MAN'S SURVEY?   NO . . . . . . ☐   YES ☐ → NEXT SECTION

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 18) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 18 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 18 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 18							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF SELECTED WOMAN 15-49 _____

HH LINE NUMBER OF SELECTED WOMAN 15-49 . . . . ☐☐

END HOUSEHOLD INTERVIEW.

TABLE FOR SELECTION OF MEN FOR THE DOMESTIC VIOLENCE QUESTIONS

HOUSEHOLD SELECTED FOR MAN'S SURVEY?   YES . . . . . . [ ]   NO [ ] → NEXT SECTION

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE MEN (COLUMN 21) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE MAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE MEN IN COLUMN 21 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED MAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 21 SHOWS THAT THERE ARE THREE ELIGIBLE MEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE MEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND MAN WHO IS ELIGIBLE FOR THE MAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HIS NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE MEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 21 FOR MEN							
	1	2	3	4	5	6	7	8
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NAME OF SELECTED MAN 15-49 _____

HH LINE NUMBER OF SELECTED MAN 15-49   . . . . [ ][ ]

HAND THE QUESTIONNAIRE TO THE HEALTH TECHNICIAN.

WEIGHT, HEIGHT AND HAEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5 YEARS

	HOUSEHOLD SELECTED FOR MAN'S SURVEY?	YES 1	NO .... ☐ → END	

		CHILD 1	CHILD 2	CHILD 3
201	CHECK **COLUMN 24** IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
202	LINE NUMBER FROM COLUMN 24 NAME FROM COLUMN 2	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER ...... ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY .... ☐☐ MONTH ...... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ...... ☐☐ YEAR ☐☐☐☐	DAY .... ☐☐ MONTH ...... ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER?	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300)	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300)	YES .... 1 NO .... 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	KG. ☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	KG. ☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT ... 9994 REFUSED .... 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3	LYING DOWN .... 1 STANDING UP .... 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300) OLDER 2	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300) OLDER 2	0-5 MONTHS .... 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER ...... ☐☐	LINE NUMBER ...... ☐☐	LINE NUMBER ...... ☐☐
210	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2008 or later take part in anaemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. SHOW UNOPENED PACKAGE. The blood will be tested for anaemia immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. You can say yes to the test, or you can say no. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information about the procedure, you may contact the person(s) listed on this card. Will you allow (NAME OF CHILD) to participate in the anaemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 (SIGN) _____ REFUSED 2	GRANTED .... 1 (SIGN) _____ REFUSED 2	GRANTED .... 1 (SIGN) _____ REFUSED 2
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT ..... 994 REFUSED ....995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT ..... 994 REFUSED ....995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT ..... 994 REFUSED ....995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 300.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 24 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME)'s birth date?	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐	DAY . . . . ☐☐ MONTH . . . . . ☐☐ YEAR ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2008 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300)	YES . . . . 1 NO . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3	LYING DOWN . . . . 1 STANDING UP . . . . 2 NOT MEASURED 3
208	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300) OLDER 2	0-5 MONTHS . . . . 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 300) OLDER 2
209	LINE NUMBER OF PARENT/ OTHER ADULT RESPONSIBLE FOR THE CHILD (FROM COLUMN 1 OF HOUSEHOLD SCHEDULE). RECORD '00' IF NOT LISTED.	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐	LINE NUMBER . . . . . ☐☐
210	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 209 AS RESPONSIBLE FOR CHILD.	As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia. We ask that all children born in 2008 or later take part in anaemia testing in this survey and give a few drops of blood from a finger or heel. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. SHOW UNOPENED PACKAGE. The blood will be tested for anaemia immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. You can say yes to the test, or you can say no. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information about the procedure, you may contact the person(s) listed on this card. Will you allow (NAME OF CHILD) to participate in the anaemia test?		
211	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . 1 _____ (SIGN) REFUSED 2	GRANTED . . . . 1 _____ (SIGN) REFUSED 2
212	RECORD HAEMOGLOBIN LEVEL HERE AND IN THE ANAEMIA PAMPHLET.	G/DL ☐☐.☐ NOT PRESENT . . . . .994 REFUSED . . . . .995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . .994 REFUSED . . . . .995 OTHER 996	G/DL ☐☐.☐ NOT PRESENT . . . . .994 REFUSED . . . . .995 OTHER 996
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 300.			

	HOUSEHOLD SELECTED FOR MAN'S SURVEY?	YES 1	NO		
		↓			→ END

300	CHECK **COLUMN 20 IN HOUSEHOLD SCHEDULE**. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE WOMEN AGE 35-64 FOR BLOOD GLUCOSE AND BLOOD PRESSURE MEASUREMENTS. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).

		WOMAN 1	**WOMAN 2**	**WOMAN 3**
301	LINE NUMBER FROM COLUMN 20 NAME FROM COLUMN 2.	LINE NUMBER ...... NAME _____	LINE NUMBER .... NAME _____	LINE NUMBER .... NAME _____
301A	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8
302	Now I am going to ask you to participate in several physical measurements or tests. I will explain each measurement or test before starting the procedure. You will be free to say yes or no to each one. Before taking the measurements, I am going to ask a few questions about yourself.			
303	AGE How old were you at your last birthday?	YEARS	YEARS	YEARS ......

304	MARITAL STATUS What is your current marital status?	CURRENTLY IN UNION 1
		 DIVORCED/SEPARATED .. 2
		 WIDOWED 3
		 NEVER MARRIED/
		   NEVER IN UNION 4
			CURRENTLY IN UNION 1
			 DIVORCED/SEPARATED .. 2
			 WIDOWED 3
			 NEVER MARRIED/
			   NEVER IN UNION 4
				CURRENTLY IN UNION 1
				 DIVORCED/SEPARATED .. 2
				 WIDOWED 3
				 NEVER MARRIED/
				   NEVER IN UNION 4

305	EDUCATION Have you ever attended school?	YES .... 1 NO .... 2 (GO TO 307) ↵	YES .... 1 NO .... 2 (GO TO 307) ↵	YES .... 1 NO .... 2 (GO TO 307) ↵
306	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY .... 1 SECONDARY .... 2 HIGHER 3	PRIMARY .... 1 SECONDARY .... 2 HIGHER 3	PRIMARY .... 1 SECONDARY .... 2 HIGHER 3
307	WORK Are you currently working?	YES .. .. 1 NO .. .. 2 (GO TO 309) ↵	YES .... 1 NO .... 2 (GO TO 309) ↵	YES.. .... 1 NO .. .. 2 (GO TO 309) ↵
308	What is your occupation, that is what is the kind of work you mainly do?	_____ _____ _____	_____ _____ _____	_____ _____ _____
309	**ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT** I would like to measure your blood pressure. This will be done three times during the interview and it will take about ten minutes for each measurement. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart and may lead to stroke and death. The results of this blood pressure measurement will be given to you after the measurement process is completed for further follow up if necessary. I will explain the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you undergo the blood pressure measurements?			

310	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.
	
	 (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)
		GRANTED 1
		 REFUSED 2
		   (SIGN AND GO TO 317) ↵
		
		 SIGN _____ ←
		
		 RESP. NOT PRESENT 3
		   (GO TO 365) ↵
			GRANTED 1
			 REFUSED 2
			   (SIGN AND GO TO 317) ↵
			
			 SIGN _____ ←
			
			 RESP. NOT PRESENT 3
			   (GO TO 365) ↵
				GRANTED 1
				 REFUSED 2
				   (SIGN AND GO TO 317) ↵
				
				 SIGN _____ ←
				
				 RESP. NOT PRESENT 3
				   (GO TO 365) ↵

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____

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

312	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BP READING, MEASURE RESPONDENT'S ARM CIRCUMFERENCE MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD MEASUREMENT IN CENTIMETRES.	ARM . . . . ☐☐ CIRCUMFERENCE (IN CENTIMETRES)	ARM . . . . ☐☐ CIRCUMFERENCE (IN CENTIMETRES)	ARM . . . . ☐☐ CIRCUMFERENCE (IN CENTIMETRES)
313	USE THE ARM CIRCUM. MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 23 CM . . 1 MEDIUM: 24 CM – 35 CM . . 2 LARGE: 36 CM – 45 CM . . 3	SMALL: 16 CM – 23 CM . . 1 MEDIUM: 24 CM – 35 CM . . 2 LARGE: 36 CM – 45 CM . . 3	SMALL: 16 CM – 23 CM . . 1 MEDIUM: 24 CM – 35 CM . . 2 LARGE: 36 CM – 45 CM . . 3
314	RECORD TIME	HOURS . . . . . ☐☐ MINUTES . . . . ☐☐	HOURS . . . . . ☐☐ MINUTES . . . . ☐☐	HOURS . . . . . ☐☐ MINUTES . . . . ☐☐
314A	May I take your blood pressure at this time?	YES . . . . 1 NO . . . . 2 (GO TO 316) ↵	YES . . . . 1 NO . . . . 2 (GO TO 316) ↵	YES . . . . 1 NO . . . . 2 (GO TO 316) ↵
315	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 317. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON IN 316.	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐
316	RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996
317	Before this survey, has your blood pressure ever been measured?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
318	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO . . . . 2 (GO TO 321) ↵	YES . . . . 1 NO . . . . 2 (GO TO 321) ↵	YES . . . . 1 NO . . . . 2 (GO TO 321) ↵

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
319	Are you currently receiving any of the following treatment/ advice by a doctor or other health worker to control your blood pressure? Prescribed medication? Advice to reduce salt intake? Advice/treatment to lose weight? Advice/treatment to stop smoking? Advice to start/do more exercise?	YES NO PRESCR. MEDIC. . . 1 2 REDUCE SALT. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2	YES NO PRESCR. MEDIC. . . 1 2 REDUCE SALT. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2	YES NO PRESCR. MEDIC. . . 1 2 REDUCE SALT. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2
320	Are you currently taking any herbal or traditional remedies for your high blood pressure?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
320A	CHECK 310: CONSENT FOR BP MEASUREMENT	'GRANTED' 'REFUSED' □ CODE '1' CODE '2' □ CIRCLED CIRCLED ↓ (SKIP TO 326) ←	'GRANTED' 'REFUSED' □ CODE '1' CODE '2' □ CIRCLED CIRCLED ↓ (SKIP TO 326) ←	'GRANTED' 'REFUSED' □ CODE '1' CODE '2' □ CIRCLED CIRCLED ↓ (SKIP TO 326) ←
321	**HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT.**			
322	RECORD TIME	HOURS . . . . □□ MINUTES . . . . □□	HOURS . . . . □□ MINUTES . . . . □□	HOURS . . . . □□ MINUTES . . . . □□
323	May I take your blood pressure this time?	YES . . . . 1 NO . . . . 2 (GO TO 325) ←	YES . . . . 1 NO . . . . 2 (GO TO 325) ←	YES. . . . . 1 NO . . . . 2 (GO TO 325) ←
324	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 326. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON IN 325.	**BLOOD PRESSURE MEASURED** SYSTOLIC. . □□□ DIASTOLIC . . □□□	**BLOOD PRESSURE MEASURED** SYSTOLIC. . □□□ DIASTOLIC . . □□□	**BLOOD PRESSURE MEASURED** SYSTOLIC. . □□□ DIASTOLIC . . □□□
325	RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996
326	Have you ever heard of an illness called diabetes?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
327	Before this survey, has your blood glucose ever been measured?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
328	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES . . . . 1 NO . . . . 2 (GO TO 331) ←	YES . . . . 1 NO . . . . 2 (GO TO 331) ←	YES . . . . 1 NO . . . . 2 (GO TO 331) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
329	Are you currently receiving any of the following treatment/ /advice by a doctor or other health worker for your high blood glucose or diabetes? Prescribed medication such as insulin? Advice on special diet? Advice/treatment to lose weight? Advice/treatment to stop smoking? Advice to start/do more exercise?	YES NO PRESCR. MEDIC. . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2	YES NO PRESCR. MEDIC. . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2	YES NO PRESCR. MEDIC. . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2
330	Are you currently taking any herbal or traditional remedies for your high blood glucose or diabetes?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

330A	CHECK 310: CONSENT FOR BP MEASUREMENT	'GRANTED' 'REFUSED'
		☐ CODE '1' CODE '2' ☐
		   CIRCLED CIRCLED
		↓
		↓ (SKIP TO 336A) ←
			'GRANTED' 'REFUSED'
			☐ CODE '1' CODE '2' ☐
			   CIRCLED CIRCLED
			↓
			↓ (SKIP TO 336A) ←
				'GRANTED' 'REFUSED'
				☐ CODE '1' CODE '2' ☐
				   CIRCLED CIRCLED
				↓
				↓ (SKIP TO 336A) ←

331	**HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.**			
332	RECORD TIME	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	HOURS . . . . ☐☐ MINUTES . . . . ☐☐
333	May I take your blood pressure this time?	YES . . . . 1 NO . . . . 2 (GO TO 335) ←	YES . . . . 1 NO . . . . 2 (GO TO 335) ←	YES . . . . 1 NO . . . . 2 (GO TO 335) ←
334	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 336A. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON IN 335.	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐
335	RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996
335A	CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BP READINGS FROM 324 AND 334. (1) CALCULATE THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES IN 324 AND 334. (2) DIVIDE EACH SUM BY 2 AND RECORD THE AVERAGE. **PLEASE NOTE:** (1) IF THERE IS ONLY ONE BP READING, RECORD IT AS THE AVERAGE. (2) IF THERE IS MORE THAN ONE BP READING, ALWAYS EXCLUDE THE FIRST FROM THE AVERAGE. (3) IF THERE ARE ONLY TWO BP READINGS, THE 2ND IS THE AVERAGE. (4) IF ALL DIASTOLIC VALUES ARE '0', THE AVERAGE IS '0'.	**AVERAGE OF 2ND AND 3RD MEASURES:** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	**AVERAGE OF 2ND AND 3RD MEASURES:** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	**AVERAGE OF 2ND AND 3RD MEASURES:** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____

335B	USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL BASED ON AVERAGE VALUES IN 335A

ADULT BLOOD PRESSURE VALUE BOX:

DIASTOLIC

SYSTOLIC	<80	<85	85-89	90-99	100-109	≥110
<120	1	2	3	4	5	6
<130	2	2	3	4	5	6
130-139	3	3	3	4	5	6
140-159	4	4	4	4	5	6
160-179	5	5	5	5	5	6
≥180	6	6	6	6	6	6

CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE. DRAW A HORIZONTAL LINE IN THE SYSTOLIC PRESSURE ROW AND A VERTICAL LINE IN THE DIASTOLIC PRESSURE COLUMN. CIRCLE THE VALUE WHERE THE LINES MEET. CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .

336A	**ASK CONSENT FOR FASTING BLOOD SUGAR TESTING**

As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.

For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers.

If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.

Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning.

To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit.

Would you allow me to return to take your blood glucose measurement before you break your fast?

336B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. (IF 'NOT PRESENT' IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT; MAKE A 3RD APPOINTMENT.)	1ST APP. GRANTED . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3 (GO TO 365) 2ND APP. GRANTED . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3 (GO TO 365) 3RD APP. GRANTED . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3	1ST APP. GRANTED . . . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3 (GO TO 365) 2ND APP. GRANTED . . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3 (GO TO 365) 3RD APP. GRANTED . . . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3	1ST APP. GRANTED . . . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3 (GO TO 365) 2ND APP. GRANTED . . . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3 (GO TO 365) 3RD APP. GRANTED . . . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 337) SIGN _____ RESP. NOT PRESENT 3

336C	When can I come to test your blood glucose? RECORD APPOINTMENT FOR BLOOD GLUCOSE TESTING AND PROCEED TO NEXT SECTION	1ST APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ] 2ND APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ] 3RD APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ]	1ST APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ] 2ND APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ] 3RD APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ]	1ST APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ] 2ND APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ] 3RD APP. DATE _____ HOUR. . . [ ][ ] MINUTES. [ ][ ]

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____

336D	**WHEN RETURNING FOR BLOOD GLUCOSE TESTING: ASK CONSENT FOR BLOOD GLUCOSE TESTING**
	As I mentioned yesterday, we are going to measure the level of sugar in blood. As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.
	For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.
	SHOW UNOPENED PACKAGE.
	The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept other strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.
	You can say yes or no to having the blood glucose measurement now.
	Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning.
	Would you allow me to proceed to take your measurement?

336E	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)	GRANTED . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 336L) SIGN _____ RESP. NOT PRESENT . . . . 3 (GO TO 365)	GRANTED . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 336L) SIGN _____ RESP. NOT PRESENT . . . . 3 (GO TO 365)	GRANTED . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 336L) SIGN _____ RESP. NOT PRESENT . . . . 3 (GO TO 365)
336F	When was the last time you had something to eat?	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐
336G	When was the last time you had something to drink other than plain water?	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐

336H	CHECK 336F AND 336G: 8 HOURS OR MORE SINCE RESPONDENT LAST ATE OR DRANK: ☐	LESS THAN 8 HOURS ⟶ SINCE RESPONDENT LAST ATE OR DRANK:	READ TO THE RESPONDENT: As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. THEN REPEAT QUESTIONS 336A-336H.

336I	PREPARE EQUIPMENT AND SUPPLIES FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST.

336J	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . ☐☐☐☐ HOURS ☐☐ MINUTES ☐☐	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . ☐☐☐☐ HOURS ☐☐ MINUTES ☐☐	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . ☐☐☐☐ HOURS ☐☐ MINUTES ☐☐
336K	RECORD FASTING BLOOD SUGAR IN MMOL/L. IF YOUR ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE RECORD THE REASON IN 336L	MMOL/L . . . . ☐☐ ☐ (GO TO 337)	MMOL/L . . . ☐☐ ☐ (GO TO 337)	MMOL/L. . . . ☐☐ ☐ (GO TO 337)
336L	RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	**REASON BLOOD GLUCOSE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER . . . . 996 (GO TO 337)	**REASON BLOOD GLUCOSE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER . . . . 996 (GO TO 337)	**REASON BLOOD GLUCOSE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER . . . . .996 (GO TO 337)

WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR WOMEN AGE 15-64

	HOUSEHOLD SELECTED FOR MALE SURVEY?	YES .... 1 ↓	NO .... [ ] → END

337	CHECK **COLUMN 19** IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN AGE 15-64 IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).

		WOMAN 1	WOMAN 2	WOMAN 3
338	LINE NUMBER FROM COLUMN 19 NAME FROM COLUMN 2	LINE NUMBER .... [ ][ ] NAME _____	LINE NUMBER .... [ ][ ] NAME _____	LINE NUMBER .... [ ][ ] NAME _____
339	WEIGHT IN KILOGRAMS	KG. [ ][ ][ ].[ ][ ] NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. [ ][ ][ ].[ ][ ] NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. [ ][ ][ ].[ ][ ] NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996
340	HEIGHT IN CENTIMETERS	CM. [ ][ ][ ].[ ] NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	CM. [ ][ ][ ].[ ] NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	CM. [ ][ ][ ].[ ] NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996
341	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 346) ↵	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 346) ↵	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 346) ↵
342	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 346) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 346) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 346) ↵
343	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON-SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ]	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ]	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT [ ][ ]
344	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/OTHER ADULT IDENTIFIED IN 343 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. SHOW UNOPENED PACKAGE. You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you allow (NAME OF ADOLESCENT) to take the anaemia test?		
345	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 351)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 351)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 351)
346	ASK CONSENT FOR ANAEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anaemia test. anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. SHOW UNOPENED PACKAGE. You can say yes or no to the test. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you take the anaemia test?		

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
347	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 349)	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 349)	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) (IF REFUSED, GO TO 349)
348	PREGNANCY STATUS: CHECK 226 IN WOMAN'S QUESTIONNAIRE OR ASK: Are you pregnant?	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8	YES .... 1 NO .... 2 DK 8
349	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 353) ↵	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 353) ↵	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 353) ↵
350	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION). ... 1 OTHER .... 2 (GO TO 353) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 353) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 353) ↵
351	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 343 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to determine the HIV prevalence in Namibia. For the HIV test, we need to collect a few (more) drops of blood from a finger to be tested later at a lab for HIV. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities. You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you allow (NAME OF ADOLESCENT) to take the HIV test?		
352	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 362)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 362)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 _____ (SIGN) (IF REFUSED, GO TO 362)
353	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to determine the HIV prevalence in Namibia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities. You can say yes or no to the test. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you take the HIV test?		
354	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 362)	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 362)	GRANTED .... 1 RESPONDENT REFUSED ..... 2 _____ (SIGN) ☐☐☐ (IF REFUSED, GO TO 362)

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
355	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 359) ↵	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 359) ↵	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 359) ↵
356	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 359) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 359) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 359) ↵
357	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 343 AS RESPONSIBLE FOR NEVER IN UNION WOMEN AGE 15-17.	We ask you to allow the Ministry of Health and Social Services to store part of the blood sample at the laboratory for additional tests or research. You can say yes or no to storing the blood of (NAME OF ADOLESCENT) for additional testing. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
358	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1¬ PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2¬ _____ ← (SIGN) (IF REFUSED, GO TO 361)	GRANTED . . . . 1¬ PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2¬ _____ ← (SIGN) (IF REFUSED, GO TO 361)	GRANTED . . . . 1¬ PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2¬ _____ ← (SIGN) (IF REFUSED, GO TO 361)
359	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the Ministry of Health and Social Services to store part of the blood sample at the laboratory for additional tests or research. We are not certain about what additional tests might be done. You can say yes or no to storing your blood for additional testing. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
360	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1¬ RESPONDENT REFUSED . . . . . 2¬ _____ ← (SIGN) (IF GRANTED, GO TO 362)	GRANTED . . . . 1¬ RESPONDENT REFUSED . . . . . 2¬ _____ ← (SIGN) (IF GRANTED, GO TO 362)	GRANTED . . . . 1¬ RESPONDENT REFUSED . . . . . 2¬ _____ ← (SIGN) (IF GRANTED, GO TO 362)
361	ADDITIONAL TESTS	CHECK 358 AND 360: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 358 AND 360: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 358 AND 360: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
362	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
363	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . ☐☐.☐ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996
364	BAR CODE LABEL	⌐ ¬ PUT THE 1ST BAR CODE LABEL HERE. L ⌐ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	⌐ ¬ PUT THE 1ST BAR CODE LABEL HERE. L ⌐ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	⌐ ¬ PUT THE 1ST BAR CODE LABEL HERE. L ⌐ NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
365	GO BACK TO 300 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, GO TO 400.			

	HOUSEHOLD SELECTED FOR MAN'S SURVEY?	YES 1	NO		END

400	CHECK COLUMN 23 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE MEN AGE 35-64 FOR BLOOD GLUCOSE AND BLOOD PRESSURE MEASUREMENTS. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).

		MAN 1	MAN 2	MAN 3
401	LINE NUMBER FROM COLUMN 23 NAME FROM COLUMN 2.	LINE NUMBER ...... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
402	Now I am going to ask you to participate in several physical measurements or tests. I will explain each measurement or test before starting the procedure. You will be free to say yes or no to each one. Before taking the measurements, I am going to ask a few questions about yourself.			
403	AGE How old were you at your last birthday?	YEARS ...... ☐☐	YEARS ...... ☐☐	YEARS ...... ☐☐

404	MARITAL STATUS
	What is your current marital status?
		CURRENTLY IN UNION 1
		DIVORCED/SEPARATED .. 2
		WIDOWED 3
		NEVER MARRIED/
		   NEVER IN UNION 4
			CURRENTLY IN UNION 1
			DIVORCED/SEPARATED .. 2
			WIDOWED 3
			NEVER MARRIED/
			   NEVER IN UNION 4
				CURRENTLY IN UNION 1
				DIVORCED/SEPARATED .. 2
				WIDOWED 3
				NEVER MARRIED/
				   NEVER IN UNION 4

405	EDUCATION
	Have you ever attended school?
		YES 1
		NO 2
		       (GO TO 407) ↵
			YES 1
			NO 2
			       (GO TO 407) ↵
				YES........................ 1
				NO 2
				       (GO TO 407) ↵

406	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY .... 1 SECONDARY .... 2 HIGHER 3	PRIMARY .... 1 SECONDARY .... 2 HIGHER 3	PRIMARY .... 1 SECONDARY .... 2 HIGHER 3

407	WORK
	Are you currently working?
		YES 1
		NO 2
		       (GO TO 409) ↵
			YES 1
			NO 2
			       (GO TO 409) ↵
				YES.. 1
				NO 2
				       (GO TO 409) ↵

408	What is your occupation, that is what is the kind of work you mainly do?	☐☐ _____ _____	☐☐ _____ _____	☐☐ _____ _____
409	**ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT** I would like to measure your blood pressure. This will be done three times during the interview and it will take about ten minutes for each measurement. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart and may lead to stroke and death. The results of this blood pressure measurement will be given to you after the measurement process is completed for further follow up if necessary. I will explain the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you undergo the blood pressure measurements?			

410	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.
	
	(IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)
		GRANTED .... 1 ⌐
		REFUSED 2
		   (SIGN AND GO TO 417) ↵
		
		SIGN ↵
		
		RESP. NOT PRESENT 3
		   (GO TO 465) ↵
			GRANTED .... 1 ⌐
			REFUSED 2
			   (SIGN AND GO TO 417) ↵
			
			SIGN ↵
			
			RESP. NOT PRESENT 3
			   (GO TO 465) ↵
				GRANTED .... 1 ⌐
				REFUSED 2
				   (SIGN AND GO TO 417) ↵
				
				SIGN ↵
				
				RESP. NOT PRESENT 3
				   (GO TO 465) ↵

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
411	Before taking your blood pressure, I would like to ask a few questions about things that may affect thee measurements. Have you done any of the following within the past 40 min: Eaten anything? Had coffee, tea, cola or other drink that has caffeine? Smoked/used tobacco?	YES NO EATEN . . . . 1 2 HAD CAFFEINATED DRINK . . . . 1 2 SMOKED/ USED TOBACCO. . 1 2	YES NO EATEN . . . . 1 2 HAD CAFFEINATED DRINK . . . . 1 2 SMOKED/ USED TOBACCO. . 1 2	YES NO EATEN . . . . 1 2 HAD CAFFEINATED DRINK . . . . 1 2 SMOKED/ USED TOBACCO. . 1 2
412	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BP READING, MEASURE RESPONDENT'S ARM CIRCUMFERENCE MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD MEASUREMENT IN CENTIMETRES.	ARM . . . . ☐☐ CIRCUMFERENCE (IN CENTIMETRES)	ARM . . . . ☐☐ CIRCUMFERENCE (IN CENTIMETRES)	ARM . . . . ☐☐ CIRCUMFERENCE (IN CENTIMETRES)
413	USE THE ARM CIRCUM. MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 23 CM . . 1 MEDIUM: 24 CM – 35 CM . . 2 LARGE: 46 CM – 45 CM . . 3	SMALL: 16 CM – 23 CM . . 1 MEDIUM: 24 CM – 35 CM . . 2 LARGE: 46 CM – 45 CM . . 3	SMALL: 16 CM – 23 CM . . 1 MEDIUM: 24 CM – 35 CM . . 2 LARGE: 46 CM – 45 CM . . 3
414	RECORD TIME	HOURS . . . . . ☐☐ MINUTES . . . . ☐☐	HOURS . . . . . ☐☐ MINUTES . . . . ☐☐	HOURS . . . . . ☐☐ MINUTES . . . . ☐☐
414A	May I take your blood pressure at this time?	YES . . . . 1 NO . . . . 2 (GO TO 416)	YES . . . . 1 NO . . . . 2 (GO TO 416)	YES . . . . 1 NO . . . . 2 (GO TO 416)
415	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 417. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON IN 416.	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐
416	RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996
417	Before this survey, has your blood pressure ever been measured?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
418	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . . . 1 NO . . . . 2 (GO TO 421)	YES . . . . 1 NO . . . . 2 (GO TO 421)	YES . . . . 1 NO . . . . 2 (GO TO 421)

		MAN 1		MAN 2		MAN 3	
	NAME FROM COLUMN 2	NAME _____		NAME _____		NAME _____	
419	Are you currently receiving any of the following treatment/ advice by a doctor or other health worker to control your blood pressure?		YES NO		YES NO		YES NO
	Prescribed medication?	PRESCR. MEDIC. . .	1 2	PRESCR. MEDIC. . .	1 2	PRESCR. MEDIC. . .	1 2
	Advice to reduce salt intake?	REDUCE SALT. . . .	1 2	REDUCE SALT. . . .	1 2	REDUCE SALT. . . .	1 2
	Advice/treatment to lose weight?	LOSE WEIGHT. . . .	1 2	LOSE WEIGHT. . . .	1 2	LOSE WEIGHT. . . .	1 2
	Advice/treatment to stop smoking?	STOP SMOKING . .	1 2	STOP SMOKING . .	1 2	STOP SMOKING . .	1 2
	Advice to start/do more exercise?	EXERCISE	1 2	EXERCISE	1 2	EXERCISE	1 2
420	Are you currently taking any herbal or traditional remedies for your high blood pressure?	YES	1	YES	1	YES	1
		NO	2	NO	2	NO	2
420A	CHECK 410: CONSENT FOR BP MEASUREMENT	'GRANTED' 'REFUSED' ☐ CODE '1' CODE '2' ☐ CIRCLED CIRCLED ↓ (SKIP TO 426) ←		'GRANTED' 'REFUSED' ☐ CODE '1' CODE '2' ☐ CIRCLED CIRCLED ↓ (SKIP TO 426) ←		'GRANTED' 'REFUSED' ☐ CODE '1' CODE '2' ☐ CIRCLED CIRCLED ↓ (SKIP TO 426) ←	
421	**HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT.**						
422	RECORD TIME	HOURS . . . . ☐☐ MINUTES . . . . ☐☐		HOURS . . . . ☐☐ MINUTES . . . . ☐☐		HOURS . . . . ☐☐ MINUTES . . . . ☐☐	
423	May I take your blood pressure this time?	YES . . . . 1 NO . . . . 2 (GO TO 425) ←		YES . . . . 1 NO . . . . 2 (GO TO 425) ←		YES . . . . 1 NO . . . . 2 (GO TO 425) ←	
424	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 426. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON IN 425.	**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐		**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐		**BLOOD PRESSURE MEASURED** SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	
425	RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996		**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996		**REASON BLOOD PRESSURE NOT MEASURED** REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	
426	Have you ever heard of an illness called diabetes?	YES . . . . 1 NO 2		YES . . . . 1 NO 2		YES . . . . 1 NO 2	
427	Before this survey, has your blood glucose ever been measured?	YES . . . . 1 NO 2		YES . . . . 1 NO 2		YES . . . . 1 NO 2	
428	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES . . . . 1 NO . . . . 2 (GO TO 431) ←		YES . . . . 1 NO . . . . 2 (GO TO 431) ←		YES . . . . 1 NO . . . . 2 (GO TO 431) ←	

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
429	Are you currently receiving any of the following treatment/ /advice by a doctor or other health worker for your high blood glucose or diabetes?			
		YES NO	YES NO	YES NO
	Prescribed medication such as insulin?	PRESCR. MEDIC. . . 1 2	PRESCR. MEDIC. . . 1 2	PRESCR. MEDIC. . . 1 2
	Advice on special diet?	SPECIAL DIET. . . . 1 2	SPECIAL DIET. . . . 1 2	SPECIAL DIET. . . . 1 2
	Advice/treatment to lose weight?	LOSE WEIGHT. . . . 1 2	LOSE WEIGHT. . . . 1 2	LOSE WEIGHT. . . . 1 2
	Advice/treatment to stop smoking?	STOP SMOKING .. 1 2	STOP SMOKING .. 1 2	STOP SMOKING .. 1 2
	Advice to start/do more exercise?	EXERCISE 1 2	EXERCISE 1 2	EXERCISE 1 2
430	Are you currently taking any herbal or traditional remedies for your high blood glucose or diabetes?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
430A	CHECK 410: CONSENT FOR BP MEASUREMENT	'GRANTED' 'REFUSED' ☐ CODE '1' CODE '2' ☐ CIRCLED CIRCLED ↓ (SKIP TO 436A) ←	'GRANTED' 'REFUSED' ☐ CODE '1' CODE '2' ☐ CIRCLED CIRCLED ↓ (SKIP TO 436A) ←	'GRANTED' 'REFUSED' ☐ CODE '1' CODE '2' ☐ CIRCLED CIRCLED ↓ (SKIP TO 436A) ←
431	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.			
432	RECORD TIME	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	HOURS . . . . ☐☐ MINUTES . . . . ☐☐	HOURS . . . . ☐☐ MINUTES . . . . ☐☐
433	May I take your blood pressure this time?	YES . . . . 1 NO . . . . 2 (GO TO 435) ←	YES . . . . 1 NO . . . . 2 (GO TO 435) ←	YES . . . . 1 NO . . . . 2 (GO TO 435) ←
434	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 436A. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON IN 435.	BLOOD PRESSURE MEASURED SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	BLOOD PRESSURE MEASURED SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	BLOOD PRESSURE MEASURED SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐
435	RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	REASON BLOOD PRESSURE NOT MEASURED REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996	REASON BLOOD PRESSURE NOT MEASURED REFUSED . . . . 994 TECHNICAL PROBLEMS . . . 995 OTHER 996
435A	CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BP READINGS FROM 424 AND 434. (1) CALCULATE THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES IN 424 AND 434. (2) DIVIDE EACH SUM BY 2 AND RECORD THE AVERAGE. **PLEASE NOTE:** (1) IF THERE IS ONLY ONE BP READING, RECORD IT AS THE AVERAGE. (2) IF THERE IS MORE THAN ONE BP READING, ALWAYS EXCLUDE THE FIRST FROM THE AVERAGE. (3) IF THERE ARE ONLY TWO BP READINGS, THE 2ND IS THE AVERAGE. (4) IF ALL DIASTOLIC VALUES ARE '0', THE AVERAGE IS '0'.	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC. . ☐☐☐ DIASTOLIC . . ☐☐☐

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____

435B	USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL BASED ON AVERAGE VALUES IN 435A

ADULT BLOOD PRESSURE VALUE BOX:

DIASTOLIC

SYSTOLIC	<80	<85	85-89	90-99	100-109	≥110
<120	1	2	3	4	5	6
<130	2	2	3	4	5	6
130-139	3	3	3	4	5	6
140-159	4	4	4	4	5	6
160-179	5	5	5	5	5	6
≥180	6	6	6	6	6	6

CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE. DRAW A HORIZONTAL LINE IN THE SYSTOLIC PRESSURE ROW AND A VERTICAL LINE IN THE DIASTOLIC PRESSURE COLUMN. CIRCLE THE VALUE WHERE THE LINES MEET. CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .

436A	**ASK CONSENT FOR FASTING BLOOD SUGAR TESTING**

As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.

For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers.

If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.

Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning.

To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit.

Would you allow me to return to take your blood glucose measurement before you break your fast?

436B	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. (IF 'NOT PRESENT' IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT; MAKE A 3RD APPOINTMENT.)	1ST APP. GRANTED . . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465) 2ND APP. GRANTED . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465) 3RD APP. GRANTED . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465)	1ST APP. GRANTED . . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465) 2ND APP. GRANTED . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465) 3RD APP. GRANTED . . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465)	1ST APP. GRANTED . . . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465) 2ND APP. GRANTED . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465) 3RD APP. GRANTED . . . . . 1 REFUSED . . . . 2 (SIGN AND GO TO 437) SIGN _____ RESP. NOT PRESENT 3 (GO TO 465)
436C	When can I come to test your blood glucose? RECORD APPOINTMENT FOR BLOOD GLUCOSE TESTING AND PROCEED TO NEXT SECTION	1ST APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐ 2ND APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐ 3RD APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐	1ST APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐ 2ND APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐ 3RD APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐	1ST APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐ 2ND APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐ 3RD APP. DATE _____ HOUR. . . ☐☐ MINUTES. ☐☐

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____

436D	WHEN RETURNING FOR BLOOD GLUCOSE TESTING: ASK CONSENT FOR BLOOD GLUCOSE TESTING

As I mentioned yesterday, we are going to measure the level of sugar in blood. As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.

For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

SHOW UNOPENED PACKAGE.

The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept other strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.

You can say yes or no to having the blood glucose measurement now.

Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning.

Would you allow me to proceed to take your measurement?

436E	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME. (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)	GRANTED . . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 436L) SIGN _____ RESP. NOT PRESENT . . . . 3 (GO TO 465)	GRANTED . . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 436L) SIGN _____ RESP. NOT PRESENT . . . . 3 (GO TO 465)	GRANTED . . . . 1 REFUSED . . . . . 2 (SIGN AND GO TO 436L) SIGN _____ RESP. NOT PRESENT . . . . 3 (GO TO 465)
436F	When was the last time you had something to eat?	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐
436G	When was the last time you had something to drink other than plain water?	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐	HOURS MINUTES 1ST APP. ☐☐ ☐☐ 2ND APP. ☐☐ ☐☐ 3RD APP. ☐☐ ☐☐

436H	CHECK 436F AND 436G: 8 HOURS OR MORE SINCE RESPONDENT LAST ATE OR DRANK: ☐ ↓	LESS THAN 8 HOURS SINCE RESPONDENT LAST ATE OR DRANK: →	READ TO THE RESPONDENT: As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. THEN REPEAT QUESTIONS 436A-436H.

436I	PREPARE EQUIPMENT AND SUPPLIES FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST.

436J	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . ☐☐☐☐ HOURS ☐☐ MINUTES ☐☐	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . ☐☐☐☐ HOURS ☐☐ MINUTES ☐☐	DAY . . . . ☐☐ MONTH . . . . ☐☐ YEAR . ☐☐☐☐ HOURS ☐☐ MINUTES ☐☐
436K	RECORD FASTING BLOOD SUGAR IN MMOL/L. IF YOUR ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE RECORD THE REASON IN 436L	MMOL/L . . . . ☐☐☐ (GO TO 437)	MMOL/L . . . ☐☐☐ (GO TO 437)	MMOL/L . . . ☐☐☐ (GO TO 437)
436L	RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	REASON BLOOD GLUCOSE NOT MEASURED REFUSED . . . . .994 TECHNICAL PROBLEMS . . . 995 OTHER . . . . 996 (GO TO 437)	REASON BLOOD GLUCOSE NOT MEASURED REFUSED . . . . .994 TECHNICAL PROBLEMS . . . 995 OTHER . . . . 996 (GO TO 437)	REASON BLOOD GLUCOSE NOT MEASURED REFUSED . . . . .994 TECHNICAL PROBLEMS . . . 995 OTHER . . . . 996 (GO TO 437)

WEIGHT, HEIGHT, HAEMOGLOBIN MEASUREMENT AND HIV TESTING FOR MEN AGE 15-64

	HOUSEHOLD SELECTED FOR MALE SURVEY?	YES .... 1 ↓	NO .... ☐ → END	

437	CHECK COLUMN 22 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN AGE 15-64 IN 215. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). START THE MEASUREMENTS/TESTING WITH MEN 35-64 FROM THE PREVIOUS SECTION,

		MAN 1	MAN 2	MAN 3
438	LINE NUMBER FROM COLUMN 22 NAME FROM COLUMN 2	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
439	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT .... 99994 REFUSED .... 99995 OTHER 99996
440	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT .... 9994 REFUSED .... 9995 OTHER 9996
441	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 446) ↵	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 446) ↵	15-17 YEARS .... 1 18-64 YEARS .... 2 (GO TO 446) ↵
442	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) .... 1 OTHER .... 2 (GO TO 446) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 446) ↵	CODE 4 (NEVER IN UNION) ... 1 OTHER .... 2 (GO TO 446) ↵
443	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT ☐☐
444	ASK CONSENT FOR ANAEMIA TEST FROM PARENT/ OTHER ADULT IDENTIFIED IN 443 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	As part of this survey, we are asking people all over the country to take an anaemia test. Anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you and (NAME OF ADOLESCENT) right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. SHOW UNOPENED PACKAGE. You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you allow (NAME OF ADOLESCENT) to take the anaemia test?		

445	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED .... 1 ⌐
		 PARENT/OTHER RESPONSIBLE
		  ADULT REFUSED .... 2 ⌐
		
		 _____ ←
		 (SIGN)
		
		 (IF REFUSED, GO TO 451)
			GRANTED .... 1 ⌐
			 PARENT/OTHER RESPONSIBLE
			  ADULT REFUSED .... 2 ⌐
			
			 _____ ←
			 (SIGN)
			
			 (IF REFUSED, GO TO 451)
				GRANTED .... 1 ⌐
				 PARENT/OTHER RESPONSIBLE
				  ADULT REFUSED .... 2 ⌐
				
				 _____ ←
				 (SIGN)
				
				 (IF REFUSED, GO TO 451)

446	ASK CONSENT FOR ANAEMIA TEST FROM RESPONDENT.	As part of this survey, we are asking people all over the country to take an anaemia test. anaemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anaemia. For the anaemia testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for anaemia immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. SHOW UNOPENED PACKAGE. You can say yes or no to the test. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you take the anaemia test?		

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
447	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . 2⌐ ⌐ _____ (SIGN) (IF REFUSED, GO TO 449)	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . 2⌐ ⌐ _____ (SIGN) (IF REFUSED, GO TO 449)	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . 2⌐ ⌐ _____ (SIGN) (IF REFUSED, GO TO 449)
449	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 453) ↵	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 453) ↵	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 453) ↵
450	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . 1 OTHER . . . . 2 (GO TO 453) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 453) ↵	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 453) ↵
451	ASK CONSENT FOR DBS COLLECTION FROM PARENT/ OTHER ADULT IDENTIFIED IN 343 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to determine the HIV prevalence in Namibia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know (NAME OF ADOLESCENT)'s test results either. If (NAME OF ADOLESCENT) wants to know her HIV status, I can provide a list of [nearby] facilities offering counseling and testing for HIV. I will also give her a voucher for free services that can be used at any of these facilities. You can say yes to the test for (NAME OF ADOLESCENT), or you can say no. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you allow (NAME OF ADOLESCENT) to take the HIV test?		

452	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1⌐
		PARENT/OTHER RESPONSIBLE
		  ADULT REFUSED . . . . 2⌐
		⌐
		_____
		(SIGN)
		
		(IF REFUSED, GO TO 462)
			GRANTED . . . . 1⌐
			PARENT/OTHER RESPONSIBLE
			  ADULT REFUSED . . . . 2⌐
			⌐
			_____
			(SIGN)
			
			(IF REFUSED, GO TO 462)
				GRANTED . . . . 1⌐
				PARENT/OTHER RESPONSIBLE
				  ADULT REFUSED . . . . 2⌐
				⌐
				_____
				(SIGN)
				
				(IF REFUSED, GO TO 462)

453	ASK CONSENT FOR DBS COLLECTION FROM RESPONDENT.	As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to determine the HIV prevalence in Namibia. For the HIV test, we need a few (more) drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. No names will be attached so we will not be able to tell you the test results. No one else will be able to know your test results either. If you want to know whether you have HIV, I can provide you with a list of [nearby] facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities. You can say yes or no to the test. It is up to you to decide. Do you have any questions? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) on the card that was given out at the beginning. Will you take the HIV test?		
454	CIRCLE THE APPROPRIATE CODE, SIGN YOUR NAME, AND ENTER YOUR INTERVIEWER NUMBER.	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . 2⌐ ⌐ _____ (SIGN) □□□ (IF REFUSED, GO TO 462)	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . 2⌐ ⌐ _____ (SIGN) □□□ (IF REFUSED, GO TO 462)	GRANTED . . . . 1⌐ RESPONDENT REFUSED . . . . . 2⌐ ⌐ _____ (SIGN) □□□ (IF REFUSED, GO TO 462)

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
455	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 459) ↵	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 459) ↵	15-17 YEARS . . . . 1 18-64 YEARS . . . . 2 (GO TO 459) ↵
456	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 459) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 459) ↵	CODE 4 (NEVER IN UNION) . . . . . 1 OTHER . . . . 2 (GO TO 459) ↵
457	ASK CONSENT FOR ADDITIONAL TESTING FROM PARENT/OTHER ADULT IDENTIFIED IN 443 AS RESPONSIBLE FOR NEVER IN UNION MEN AGE 15-17.	We ask you to allow the Ministry of Health and Social Services to store part of the blood sample at the laboratory for additional tests or research. You can say yes or no to storing the blood of (NAME OF ADOLESCENT) for additional testing. The blood sample will not have any name or other data attached that could identify (NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for additional testing (NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
458	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 461)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 461)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 _____ (SIGN) (IF REFUSED, GO TO 461)
459	ASK CONSENT FOR ADDITIONAL TESTING FROM RESPONDENT.	We ask you to allow the Ministry of Health and Social Services to store part of the blood sample at the laboratory for additional tests or research. You can say yes or no to storing your blood for additional testing. The blood sample will not have any name or other data attached that could identify you. You do not have to agree. If you do not want the blood sample stored for additional testing, you can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for additional testing?		
460	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 462)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 462)	GRANTED . . . . 1 RESPONDENT REFUSED . . . . . 2 _____ (SIGN) (IF GRANTED, GO TO 462)
461	ADDITIONAL TESTS	CHECK 458 AND 460: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 458 AND 460: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 458 AND 460: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
462	PREPARE EQUIPMENT AND SUPPLIES ONLY FOR THE TEST(S) FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST(S).			
463	RECORD HAEMO-GLOBIN LEVEL HERE AND IN ANAEMIA PAMPHLET	G/DL . . . . □□.□ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . □□.□ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996	G/DL . . . . □□.□ NOT PRESENT . . . . 994 REFUSED . . . . 995 OTHER 996
464	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. NOT PRESENT . . . . 99994 REFUSED . . . . 99995 OTHER . . . . 99996 PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
465	GO BACK TO 400 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE MEN, END INTERVIEW.			