

**2014 LESOTHO DEMOGRAPHIC AND HEALTH SURVEY
 MAN'S QUESTIONNAIRE**

IDENTIFICATION																																													
PLACE NAME _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">EA NUMBER</td> <td style="width: 40%; text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>NAME OF HOUSEHOLD HEAD _____</td> <td>HH NUMBER</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>EA NUMBER</td> <td>ECOLOGICAL ZONE</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>HOUSEHOLD NUMBER</td> <td>DISTRICT*</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)</td> <td>URBAN/RURAL</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>DISTRICT CODE*</td> <td></td> <td></td> </tr> <tr> <td>URBAN/RURAL (URBAN=1, RURAL=2)</td> <td></td> <td></td> </tr> </table>	EA NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>							NAME OF HOUSEHOLD HEAD _____	HH NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>							EA NUMBER	ECOLOGICAL ZONE	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					HOUSEHOLD NUMBER	DISTRICT*	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					LESOTHO ECOLOGICAL ZONE (LOWLANDS=1, FOOTHILLS=2, MOUNTAINS=3, SENQU RIVER VALLEY=4)	URBAN/RURAL	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					DISTRICT CODE*			URBAN/RURAL (URBAN=1, RURAL=2)		
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INTERVIEWER VISITS								
	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	DAY <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
RESULT CODE**	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"> <tr><td>2</td><td>0</td><td>1</td><td>4</td></tr> </table>	2	0	1	4
2	0	1	4					
NEXT VISIT: DATE	_____	_____		INT. NUMBER <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
TIME	_____	_____		RESULT CODE** <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
				TOTAL NUMBER OF VISITS <table border="1" style="width: 20px; height: 20px; float: right;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				

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

LANGUAGE OF QUESTIONNAIRE*** 2	LANGUAGE OF INTERVIEW*** <input type="checkbox"/>	***LANGUAGE CODES: 1 SESOTHO 2 ENGLISH	TRANSLATOR USED (YES = 1, NO = 2) <input type="checkbox"/>
LANGUAGE OF QUESTIONNAIRE*** English			

<p style="text-align: center;">SUPERVISOR</p> NAME _____ DATE _____ <table border="1" style="width: 30px; height: 20px; float: right;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>							<p>*DISTRICT CODES:</p> <table style="width: 100%;"> <tr> <td>01 BUTHA-BUTHE</td> <td>05 MAFETENG</td> <td>09 MOKHOTLONG</td> </tr> <tr> <td>02 LERIBE</td> <td>06 MOHALE'S HOEK</td> <td>10 THABA-TSEKA</td> </tr> <tr> <td>03 BERA</td> <td>07 QUTHING</td> <td></td> </tr> <tr> <td>04 MASERU</td> <td>08 QACHA'S NEK</td> <td></td> </tr> </table>	01 BUTHA-BUTHE	05 MAFETENG	09 MOKHOTLONG	02 LERIBE	06 MOHALE'S HOEK	10 THABA-TSEKA	03 BERA	07 QUTHING		04 MASERU	08 QACHA'S NEK	
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SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

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

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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



101	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>								
101B	<p>During the interview I would like to measure your blood pressure. This will be done three times during the interview. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart.</p> <p>The results of this blood pressure measurement will be given to you after the interview together with an explanation of the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey.</p> <p>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.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at any time not to participate in the blood pressure measures.</p> <p>Would you allow me to proceed to take your blood pressure measurement at this time?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES 1 RESPONDENT DOES NOT AGREE 2 → 102</p>									



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
101C	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 minutes: a) Eaten anything? b) Had coffee, tea, cola or other drink that has caffeine? c) Smoked any tobacco product?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) EATEN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) HAD CAFFEINATED DRINK ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) SMOKED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) EATEN	1	2	b) HAD CAFFEINATED DRINK ..	1	2	c) SMOKED	1	2									
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a) EATEN	1	2																					
b) HAD CAFFEINATED DRINK ..	1	2																					
c) SMOKED	1	2																					
101D	May I begin the process of measuring your blood pressure? BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																					
101E	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE CUFF SIZE. RECORD THE CODE FOR THE CUFF SIZE.	SMALL: 17 CM – 22 CM 1 MEDIUM: 23 CM – 32 CM 2 LARGE: 33 CM – 42 CM 3																					
101F	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>SYSTOLIC</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>DIASTOLIC</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>REFUSED</td> <td colspan="3" style="text-align: right;">994</td> </tr> <tr> <td>TECHNICAL PROBLEMS</td> <td colspan="3" style="text-align: right;">995</td> </tr> <tr> <td>OTHER</td> <td colspan="3" style="text-align: right;">996</td> </tr> </tbody> </table>	SYSTOLIC				DIASTOLIC				REFUSED	994			TECHNICAL PROBLEMS	995			OTHER	996			
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DIASTOLIC																							
REFUSED	994																						
TECHNICAL PROBLEMS	995																						
OTHER	996																						
102	In what month and year were you born?	MONTH <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW YEAR 9998																					
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																					
104	Have you ever attended school?	YES 1 NO 2	→ 108																				
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 VOCATIONAL/TECHNICAL TRAINING AFTER PRIMARY 2 SECONDARY/HIGH 3 VOCATIONAL/TECHNICAL TRAINING AFTER SECONDARY/HIGH 4 COLLEGE 5 GRADUATE/POST GRADUATE 6																					
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR ... <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	CHECK 105: PRIMARY <input type="checkbox"/> VOCATIONAL / TECH. <input type="checkbox"/> AFTER PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> OR HIGHER <input type="checkbox"/>		→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' <input type="checkbox"/> OR '4' <input type="checkbox"/> RECORDED <input type="checkbox"/> CODE '1' OR '5' <input type="checkbox"/> RECORDED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
113	What religion do you belong to? IF CHRISTIAN: What church do you belong to?	ROMAN CATHOLIC CHURCH 01 LESOTHO EVANGELICAL CHURCH 02 METHODIST 03 ANGLICAN CHURCH 04 SEVENTH DAY ADVENTIST 05 PENTECOSTAL 06 OTHER CHRISTIAN 07 ISLAM 08 HINDU 09 NONE 10 OTHER RELIGION 96	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 122
116	In the last 12 months, have you been away from home for more than one month at a time?	YES 1 NO 2	→ 122
117	The last time you were away for more than a month, how many months were you away? IF 12 MONTHS OR MORE, RECORD '95.'	NUMBER OF MONTHS <input type="text"/> <input type="text"/> 12 OR MORE MONTHS 95	
118	Where did you go?	ELSEWHERE IN LESOTHO 1 RSA 2 OTHER 3	
120	Why did you go there? PROBE: What was the main purpose of your trip?	WORK 1 SCHOOL/UNIVERSITY 2 FAMILY/MARRIAGE 3 ACCESS HEALTH OR OTHER SERVICES 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	CHECK 117: '1' or '2' MONTHS <input type="checkbox"/>  '3' OR MORE MONTHS <input type="checkbox"/>		→ 125
122	In the last 5 years, how many times have you been away from home for three or more months at a time?	NUMBER OF TIMES <input type="text"/> <input type="text"/> NONE 00	→ 201
123	The most recent time you were away from home for three or more months, where did you go?	ELSEWHERE IN LESOTHO 1 RSA 2 OTHER 3	
124	Why did you go there? PROBE: What was the main purpose of your trip?	WORK 1 SCHOOL/UNIVERSITY 2 FAMILY/MARRIAGE 3 ACCESS HEALTH OR OTHER SERVICES 4 OTHER 6	→ 201
125	Including the time you already mentioned, in the last 5 years, how many times have you been away from home for three or more months at a time?	NUMBER OF TIMES <input type="text"/> <input type="text"/> ONE TIME 01	

SECTION 2. REPRODUCTION

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last three months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Read about family planning on billboards, posters, pamphlets?	<p style="text-align: right;">YES NO</p> a) RADIO 1 2 b) TELEVISION 1 2 c) NEWSPAPER OR MAGAZINE . 1 2 d) BILLBOARDS, POSTERS, PAMPHLET 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES 1 NO 2	
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	<p style="text-align: right;">DIS- AGREE AGREE DK</p> a) CONTRACEPTION WOMAN'S BUSINESS 1 2 8 b) GET PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 311
308	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	<p>Where is that? Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>FAMILY PLANNING CLINIC D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>LESOTHO PLANNED PARENTHOOD I</p> <p>PSI/NEW START CENTER J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL L</p> <p>CHAL HEALTH CENTER M</p> <p>CHAL HEALTH POST N</p> <p>RED CROSS HEALTH CENTER O</p> <p>CBD P</p> <p>VILLAGE HEALTH WORKER Q</p> <p>SUPPORT GROUPS R</p> <p>FACILITY OUTSIDE LESOTHO S</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>CHURCH U</p> <p>PEER EDUCATORS V</p> <p>FRIEND/RELATIVE W</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
310	If you wanted to, could you yourself get a male condom?	<p>YES 1</p> <p>NO 2</p>	
311	<p>CHECK 301 (08): KNOWS FEMALE CONDOM</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: right;">→ 401</p>		
312	Do you know of a place where a person can get female condoms?	<p>YES 1</p> <p>NO 2</p>	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>Where is that? Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>FAMILY PLANNING CLINIC D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>LESOTHO PLANNED PARENTHOOD I</p> <p>PSI/NEW START CENTER J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL L</p> <p>CHAL HEALTH CENTER M</p> <p>CHAL HEALTH POST N</p> <p>RED CROSS HEALTH CENTER O</p> <p>CBD P</p> <p>VILLAGE HEALTH WORKER Q</p> <p>SUPPORT GROUPS R</p> <p>FACILITY OUTSIDE LESOTHO S</p> <p>OTHER SOURCE</p> <p>SHOP T</p> <p>CHURCH U</p> <p>PEER EDUCATORS V</p> <p>FRIEND/RELATIVE W</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
314	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	<input type="checkbox"/> → 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	<input type="checkbox"/> → 410															
404	Is your (wife/partner) living with you now or is she staying elsewhere? PROBE IF SHE IS STAYING ELSEWHERE: Elsewhere in Lesotho or outside of Lesotho?	LIVING WITH HIM 1 STAYING ELSEWHERE IN LESOTHO . 2 STAYING ELSEWHERE OUTSIDE LESOTHO 3	→ 405															
404A	Does she stay there for work or another reason?	WORK 1 OTHER REASON 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) 1 NO (ONLY ONE) 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>408 ASK 408 FOR EACH PERSON.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>LINE NUMBER</th> <th>AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>										
NAME	LINE NUMBER	AGE																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/> (405 = 2)</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/> (405 = 1)</p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 411A															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411 411A	In what month and year did you start living with your (wife/partner)? Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413 CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 501
415 Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.			
416	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→ 418 → 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
418	The last time you had sexual intercourse (with this second/ third person), was a condom used?	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←	YES 1 NO 2 (SKIP TO 420) ←
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
420	What was your relationship to this person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) _____ (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) _____ (SKIP TO 423) ←	WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE ... 4 CLIENT/PROSTITUTE 5 OTHER 6 (SPECIFY) _____ (SKIP TO 423) ←
421	CHECK 410:	MARRIED MARRIED ONLY MORE ONCE THAN <input type="text"/> ONCE OR BLANK (SKIP TO 423) ←	MARRIED MARRIED ONLY MORE ONCE THAN <input type="text"/> ONCE OR BLANK (SKIP TO 423) ←	MARRIED MARRIED ONLY MORE ONCE THAN <input type="text"/> ONCE OR BLANK (SKIP TO 423) ←
422	CHECK 414:	FIRST TIME WHEN STARTED LIVING OTHER WITH FIRST WIFE <input type="text"/> (SKIP TO 424) ↓	FIRST TIME WHEN STARTED LIVING OTHER WITH FIRST WIFE <input type="text"/> (SKIP TO 424) ↓	FIRST TIME WHEN STARTED LIVING OTHER WITH FIRST WIFE <input type="text"/> (SKIP TO 424) ↓
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
425	How old is this person?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98
426	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 417 IN NEXT COLUMN) ← NO 2 (SKIP TO 428) ←	YES 1 (GO BACK TO 417 IN NEXT COLUMN) ← NO 2 (SKIP TO 428) ←	
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/>	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/>	→ 430
429	CHECK 420 AND 418 (ALL COLUMNS): OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/>	→ 433 → 434
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES 1 NO 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): CONDOM USED <input type="checkbox"/>	NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 438 → 438

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>You told me that a condom was used the last time you had sex. From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>OTHER PUBLIC SECTOR 15</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>LESOTHO PLANNED PARENTHOOD 24</p> <p>PSI/NEW START CENTER 25</p> <p>OTHER PRIVATE MEDICAL SECTOR 26</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>CHAL HEALTH POST 33</p> <p>RED CROSS HEALTH CENTER 41</p> <p>CBD 51</p> <p>VILLAGE HEALTH WORKER 52</p> <p>SUPPORT GROUPS 53</p> <p>FACILITY OUTSIDE LESOTHO 61</p> <p>OTHER SOURCE</p> <p>SHOP 71</p> <p>CHURCH 72</p> <p>PEER EDUCATORS 73</p> <p>FRIEND/RELATIVE 74</p> <p>OTHER 86</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUCD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>FEMALE CONDOM G</p> <p>RHYTHM METHOD K</p> <p>WITHDRAWAL L</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 509
502	CHECK 439: MAN NOT STERILIZED <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 506 → 509
505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE (WIVES)/PARTNER(S) STERILIZED 4 UNDECIDED/DON'T KNOW 8	→ 509
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/>	WIFE/PARTNER PREGNANT <input type="checkbox"/>	→ 509
a) How long would you like to wait from now before the birth of (a/another) child?	b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 COUPLE INFECUND 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON/NOW 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
600A	<p>CHECK 101B:</p> <p>AGREED TO MEASUREMENT <input type="checkbox"/></p> <p>DID NOT AGREE TO MEASUREMENT <input type="checkbox"/></p>	<p><input type="checkbox"/> → 601</p>	601
600B	<p>May I measure your blood pressure at this time?</p> <p>_____ INTERVIEWER SIGNATURE</p> <p>_____ DATE</p> <p>RESPONDENT AGREES <input type="checkbox"/></p> <p>↓</p> <p>RECORD OUTCOME OF BLOOD PRESSURE MEASUREMENT.</p> <p>RESPONDENT DOES NOT AGREE <input type="checkbox"/></p> <p>↓</p> <p>RECORD 994.</p>	<p>SYSTOLIC <input type="text"/><input type="text"/><input type="text"/></p> <p>DIASTOLIC <input type="text"/><input type="text"/><input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEMS 995</p> <p>OTHER 996</p>	
601	Have you done any work in the last seven days?	<p>YES 1</p> <p>NO 2</p>	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	<p>YES 1</p> <p>NO 2</p>	→ 604
603	Have you done any work in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	<p>_____</p> <p>_____ <input type="text"/><input type="text"/></p> <p>_____</p>	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	<p>THROUGHOUT THE YEAR 1</p> <p>SEASONALLY/PART OF THE YEAR . . . 2</p> <p>ONCE IN A WHILE 3</p>	
606	Are you paid in cash or kind for this work or are you not paid at all?	<p>CASH ONLY 1</p> <p>CASH AND KIND 2</p> <p>IN KIND ONLY 3</p> <p>NOT PAID 4</p>	
606A	Where do you usually work? In your home community, elsewhere in Lesotho, or outside Lesotho?	<p>HOME COMMUNITY 1</p> <p>ELSEWHERE IN LESOTHO 2</p> <p>OUTSIDE LESOTHO 3</p>	→ 607
606B	The last time you worked away from your home community, how long were you away from home?	<p>DAYS 1 <input type="text"/><input type="text"/></p> <p>WEEKS 2 <input type="text"/><input type="text"/></p> <p>MONTHS 3 <input type="text"/><input type="text"/></p> <p>ONE YEAR OR MORE 996</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	612																								
608	CHECK 606: CODE 1 OR 2 RECORDED <input type="checkbox"/>	OTHER <input type="checkbox"/>	610																								
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 OTHER 6 (SPECIFY)																									
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)																									
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/ PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)																									
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGL. CHILDREN .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGL. CHILDREN .	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX ...	1	2	8	e) BURNS FOOD	1	2	8	
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c) ARGUES	1	2	8																								
d) REFUSES SEX ...	1	2	8																								
e) BURNS FOOD	1	2	8																								

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 723																
702	Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8																	
703	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
704	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
705	Can people get HIV by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
706	Can people get HIV because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8																	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8																	
707A	Can AIDS be cured?	YES 1 NO 2 DON'T KNOW 8	↳ 708																
707B	What can cure AIDS? PROBE: Anything else?	MODERN DRUGS/ANTIRETROVIRALS A HERBS B PRAYER/GOD C OTHER X DON'T KNOW Z																	
708	Can HIV be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) DURING PREG. . . .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) DURING PREG. . . .	1	2	8	b) DURING DELIVERY .	1	2	8	c) BREASTFEEDING .	1	2	8	
	YES	NO	DK																
a) DURING PREG. . . .	1	2	8																
b) DURING DELIVERY .	1	2	8																
c) BREASTFEEDING .	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓	OTHER <input type="checkbox"/> →	→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested to see if you have HIV?	YES 1 NO 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95																	
714	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. HEALTH POST 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>OTHER PUBLIC SECTOR _____ 15</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>LESOTHO PLANNED PARENTHOOD 24</p> <p>PSI/NEW START CENTER 25</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL 31</p> <p>CHAL HEALTH CENTER 32</p> <p>CHAL HEALTH POST 33</p> <p>RED CROSS HEALTH CENTER 41</p> <p>VILLAGE HEALTH WORKER 51</p> <p>SUPPORT GROUPS 52</p> <p>FACILITY OUTSIDE LESOTHO 61</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 717A</p>
716	<p>Do you know of a place where people can go to get tested for HIV?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 717A</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST C</p> <p>FAMILY PLANNING CLINIC D</p> <p>OTHER PUBLIC SECTOR _____ E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC F</p> <p>PHARMACY G</p> <p>PRIVATE DOCTOR H</p> <p>LESOTHO PLANNED PARENTHOOD I</p> <p>PSI/NEW START CENTER J</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ K</p> <p>(SPECIFY)</p> <p>CHAL</p> <p>CHAL HOSPITAL L</p> <p>CHAL HEALTH CENTER M</p> <p>CHAL HEALTH POST N</p> <p>RED CROSS HEALTH CENTER O</p> <p>VILLAGE HEALTH WORKER P</p> <p>SUPPORT GROUPS Q</p> <p>FACILITY OUTSIDE LESOTHO R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717A	Some individuals choose not to go for HIV testing and counseling. In your opinion, why is this so? PROBE: Any other reason?	ALREADY KNOW STATUS A FEEL THEY ARE NOT AT RISK B FEAR OF RESULTS C FEAR OF STIGMA/DISCRIMINATION . D FEAR OF DEATH E FEAR OF DEPRESSION F DON'T KNOW WHERE TO GET HTC . G FEAR OF GETTING INFECTED DURING TEST H FEAR OF PARTNERS' REACTION ... I LACK OF KNOWLEDGE/IGNORANCE . J FATALISM/NO CURE K TOO EXPENSIVE L OTHER REASON X DON'T KNOW Z	
717B	CHECK 712: HAS NOT BEEN TESTED FOR HIV <input type="checkbox"/> HAS BEEN TESTED FOR HIV <input type="checkbox"/>		→ 718
717C	What is the main reason you have not been tested for HIV?	ALREADY KNOW STATUS 01 NOT AT RISK 02 FEAR OF RESULTS 03 FEAR OF STIGMA/DISCRIMINATION . 04 FEAR OF DEATH 05 FEAR OF DEPRESSION 06 DON'T KNOW WHERE TO GET HTC . 07 FEAR OF GETTING INFECTED DURING TEST 08 FEAR OF PARTNERS' REACTION ... 09 LACK OF KNOWLEDGE/IGNORANCE . 10 FATALISM/NO CURE 11 TOO EXPENSIVE 12 OTHER REASON 96 DON'T KNOW 98	
718	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW 8	
719	If a member of your family got infected with HIV, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
721	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> NOT HEARD ABOUT AIDS <input type="checkbox"/> a) Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?		YES 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 732
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 727
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES 1 NO 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 732
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 732
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL A GOVT. HEALTH CENTER B GOVT. HEALTH POST C FAMILY PLANNING CLINIC D OTHER PUBLIC SECTOR E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F PHARMACY G PRIVATE DOCTOR H LESOTHO PLANNED PARENTHOOD I PSI/NEW START CENTER J OTHER PRIVATE MEDICAL SECTOR K (SPECIFY) CHAL CHAL HOSPITAL L CHAL HEALTH CENTER M CHAL HEALTH POST N RED CROSS HEALTH CENTER O VILLAGE HEALTH WORKER P SUPPORT GROUPS Q FACILITY OUTSIDE LESOTHO R OTHER SOURCE SHOP S CHURCH T FRIEND/RELATIVE U TRADITIONAL HEALER V OTHER X (SPECIFY)	
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with other women?	YES 1 NO 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
801A	Now I would like to ask you about something else. Since age 15, have you ever had the following symptoms: a) Cough for two weeks or more? b) Fever for two weeks or more? c) Sweating at night? d) Weight loss?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) COUGH 2+ WEEKS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) FEVER 2+ MORE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NIGHT SWEATING</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) WEIGHT LOSS</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) COUGH 2+ WEEKS	1	2	b) FEVER 2+ MORE	1	2	c) NIGHT SWEATING	1	2	d) WEIGHT LOSS	1	2	
	YES	NO																
a) COUGH 2+ WEEKS	1	2																
b) FEVER 2+ MORE	1	2																
c) NIGHT SWEATING	1	2																
d) WEIGHT LOSS	1	2																
801B	CHECK 801A: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> YES ↓ YES		→ 801L															
801C	Did you seek consultation or treatment for the symptoms?	YES 1 NO 2	→ 801E															
801D	What is the main reason you did not seek treatment for the symptoms?	SYMPTOMS HARMLESS 1 COST 2 DISTANCE 3 EMBARRASSED 4 LONG QUEUE 5 OTHER 6	→ 801L															
801E	The last time you had such symptoms, where did you first go for advice or treatment? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST 13 OTHER PUBLIC SECTOR 16 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 PHARMACY 22 PVT DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 RED CROSS HEALTH CENTER 41 VILLAGE HEALTH WORKER 51 SUPPORT GROUPS 52 FACILITY OUTSIDE LESOTHO 61 OTHER SOURCE SHOP 71 CHURCH 72 FRIENDS/RELATIVES 73 TRADITIONAL HEALER 74 OTHER 96																
801F	How soon after the symptom(s) appeared did you first seek consultation or treatment?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> <input type="checkbox"/> MONTHS 3 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998																
801G	Were you told by a doctor or a nurse that you had tuberculosis?	YES 1 NO 2	→ 801L															
801H	Were you given any medicine to treat TB?	YES 1 NO 2	→ 801J															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801I	How long were you told to take the medicine?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW/DON'T REMEMBER . . . 98	
801J	Did you go anywhere else for advice or treatment after you were told that you had tuberculosis?	YES 1 NO 2	→ 802
801K	Where did you go? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST 13 OTHER PUBLIC SECTOR 16 PRIVATE MEDICAL SECTOR PVT HOSPITAL/CLINIC 21 PHARMACY 22 PVT DOCTOR 23 OTHER PRIVATE MEDICAL SECTOR 26 CHAL CHAL HOSPITAL 31 CHAL HEALTH CENTER 32 RED CROSS HEALTH CENTER ... 41 VILLAGE HEALTH WORKER 51 SUPPORT GROUPS 52 FACILITY OUTSIDE LESOTHO ... 61 OTHER SOURCE SHOP 71 CHURCH 72 FRIENDS/RELATIVES 73 TRADITIONAL HEALER 74 OTHER 96	→ 802
801L	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 805A
802	How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS ... B THROUGH TOUCHING A PERSON WITH TB C THROUGH SHARING FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X DON'T KNOW Z	
803	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
804A	Would you be willing to work with someone who has been previously treated for tuberculosis?	YES 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
804B	<p>What signs or symptoms would lead you to think that a person has tuberculosis?</p> <p>PROBE: Any other signs or symptoms?</p> <p>RECORD ALL MENTIONED.</p>	COUGHING A COUGHING WITH SPUTUM B COUGHING FOR SEVERAL WEEKS . C FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHT SWEATING G PAIN IN CHEST OR BACK H TIREDNESS/FATIGUE I WEIGHT LOSS J OTHER X NO SYMPTOMS Y DON'T KNOW Z	
804C	<p>What do you think is the cause of tuberculosis?</p> <p>PROBE: Any other causes?</p> <p>RECORD ALL MENTIONED.</p>	MICROBES/GERMS/BACTERIA A INHERITED B LIFESTYLE C SMOKING D ALCOHOL DRINKING E EXPOSURE TO COLD TEMP. F DUST/POLLUTION G MINING H OTHER X DON'T KNOW Z	
805A	<p>Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?</p>	YES 1 NO 2 DON'T KNOW 8	→ 805C
805B	<p>How old were you when you got traditionally circumcised?</p>	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) . 95 DON'T KNOW 98	
805C	<p>Some men are medically circumcised, that is the foreskin is completely removed from the penis by a health worker. Are you medically circumcised?</p>	YES 1 NO 2 DON'T KNOW 8	→ 806
805D	<p>How old were you when you got medically circumcised?</p>	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) . 95 DON'T KNOW 98	
806	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 809
807	<p>Among these injections, how many were administered by a doctor, a nurse, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS GREATER THAN 90, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/> NONE 00	→ 809
808	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Do you currently smoke cigarettes, either manufactured or hand-rolled?	YES 1 NO 2	→ 811
810	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/>	
811	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 812A
812	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C OTHER X	
812A	Now I want to talk about diabetes. Have you ever heard of an illness called diabetes?	YES 1 NO 2	→ 812E
812AA	What are symptoms of diabetes? PROBE: Any other symptoms? RECORD ALL MENTIONED.	FREQUENT URINATION A FEELING VERY THIRSTY B FEELING VERY HUNGRY C EXTREME FATIGUE D BLURRY VISION E CUTS/BRUISES SLOW TO HEAL F WEIGHT LOSS G PAIN/TINGLING/NUMBNESS IN HANDS AND FEET H OTHER X DON'T KNOW Z	
812B	Have you ever been told by a doctor or a nurse that you have diabetes?	YES 1 NO 2	→ 812E
812C	Are you taking medications for diabetes?	YES 1 NO 2	→ 812E
812D	How do you take the medicine?	INJECTED 1 ORALLY 2 BOTH INJECTED AND ORALLY 3	
812E	Now I want to talk about blood pressure. Before this survey, has your blood pressure ever been checked?	YES 1 NO 2	→ 812J
812F	When was the last time you had your blood pressure checked?	LESS THAN 6 MONTHS AGO 1 6 - 11 MONTHS AGO 2 1 - 5 YEARS AGO 3 MORE THAN 5 YEARS AGO 6 DON'T KNOW 8	
812G	Who took your blood pressure?	DOCTOR/NURSE 1 PHARMACIST 2 SELF 3 OTHER 6 DON'T KNOW 8	
812H	Have you ever been told by a doctor or a nurse that you have high blood pressure?	YES 1 NO 2	→ 812J
812I	To lower your blood pressure, are you now: a) Taking prescribed medicine? b) Controlling your weight or losing weight? c) Cutting down on salt in your diet? d) Exercising? e) Cutting down on alcohol consumption? f) Stopping smoking? g) Taking traditional medicine/herbs?	YES NO N/A a) TAKE MEDICINE 1 2 3 b) CONTROL WEIGHT 1 2 3 c) CUT DOWN SALT 1 2 3 d) EXERCISE 1 2 3 e) CUT DOWN ALCOHOL 1 2 3 f) STOP SMOKING 1 2 3 g) TRAD. MED./HERBS ... 1 2 3	

SECTION 9. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
901	CHECK Q600B AND Q817: SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH Q600B AND Q817 ↓	SYSTOLIC <u>AND</u> DIASTOLIC BLOOD PRESSURE MEASURES NOT <input type="checkbox"/> RECORDED IN BOTH IN BOTH Q600B AND Q817 <div style="text-align: right;">→ 907</div>			
902	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BLOOD PRESSURE FROM Q600B AND Q817.				
903	BLOOD PRESSURE MEASUREMENTS FROM Q600B	<table border="0" style="width: 100%;"> <tr> <td align="center" style="width: 50%;"> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> <td align="center" style="width: 50%;"> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>				
904	BLOOD PRESSURE MEASUREMENTS FROM Q817	<table border="0" style="width: 100%;"> <tr> <td align="center" style="width: 50%;"> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> <td align="center" style="width: 50%;"> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>				
905	RECORD THE SUM OF THE SYSTOLIC AND DIASTOLIC MEASURES.	<table border="0" style="width: 100%;"> <tr> <td align="center" style="width: 50%;"> SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> <td align="center" style="width: 50%;"> SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
SUM SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	SUM DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>				
906	CALCULATE THE AVERAGE SYSTOLIC AND DIASTOLIC PRESSURES BY DIVIDING THE SUM IN Q905 BY 2.	<table border="0" style="width: 100%;"> <tr> <td align="center" style="width: 50%;"> AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> <td align="center" style="width: 50%;"> AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table> <div style="text-align: right;">→ 911</div>	AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
AVERAGE SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>				
907	CHECK Q817: SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q817 ↓	BOTH SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE RECORDED IN Q817 <div style="text-align: right;">→ 910</div>			
908	CHECK Q600B: SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE NOT RECORDED IN Q600B ↓	BOTH SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE RECORDED IN Q600B <div style="text-align: right;">→ 910</div>			
909	CHECK Q102F: SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE RECORDED IN Q102F ↓	BOTH SYSTOLIC <u>AND</u> <input type="checkbox"/> DIASTOLIC BLOOD PRESSURE <u>NOT</u> RECORDED IN Q102F <div style="text-align: right;">→ 913</div>			
910	RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE.	<table border="0" style="width: 100%;"> <tr> <td align="center" style="width: 50%;"> SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> <td align="center" style="width: 50%;"> DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	
SYSTOLIC <input type="text"/> <input type="text"/> <input type="text"/>	DIASTOLIC <input type="text"/> <input type="text"/> <input type="text"/>				

911

USE THE TABLE BELOW TO DETERMINE THE CORRECT CODE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM.

CIRCLE THE **ROW** IN WHICH THE VALUE FOR THE **SYSTOLIC** BLOOD PRESSURE FROM Q906 OR Q910 IS FOUND.

THEN CIRCLE THE **COLUMN** IN WHICH THE VALUE FOR THE **DIASTOLIC** BLOOD FROM Q906 OR Q910 IS FOUND.

THE VALUE WHERE THE ROW AND COLUMN YOU HAVE RECORDED INTERSECT IN THE TABLE WILL BE USED IN COMPLETING Q912.

AVERAGE SYSTOLIC PRESSURE	AVERAGE DIASTOLIC PRESSURE					
	<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

912

RECORD THE NUMBER YOU RECORDED IN Q911 IN THE CHART BELOW. THEN USE THE INSTRUCTIONS TO THE RIGHT OF THAT NUMBER TO COMPLETE A BLOOD PRESSURE FINDINGS REPORT FORM FOR THE RESPONDENT. GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS HE/SHE MAY HAVE.

	RESPONDENT'S BLOOD PRESSURE CATEGORY	CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE <u>WITHIN</u> :
1	NORMAL/OPTIMAL	1 YEAR
2	NORMAL/MILDLY HIGH	1 YEAR
3	NORMAL/MODERATELY HIGH	2 MONTHS
4	ABNORMAL/MILDLY ELEVATED	1 MONTH
5	ABNORMAL/MODERATELY ELEVATED	1 WEEK
6	ABNORMAL/SEVERELY ELEVATED	IMMEDIATELY

913

THANK THE RESPONDENT AND ADVISE THAT THE RESPONDENT OR OTHER MEMBERS OF THE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERVIEWS OR OTHER SURVEY ACTIVITIES IN THE FUTURE.

Thank you for taking the time to answer these questions. We may return to interview you or other members of your household again or to ask you to participate in other survey activities in the future. We hope that you will agree at that time.

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____