

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

IDENTIFICATION																												
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>																											
NAME OF HOUSEHOLD HEAD _____																												
CLUSTER NUMBER .....																												
HOUSEHOLD NUMBER .....																												
OBLAST .....																												
RAYON .....																												
MAHALLAH/SSG .....																												
URBAN/RURAL (URBAN=1, RURAL=2) .....																												
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE .....																												
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																												
NAME AND LINE NUMBER OF RESPONDENT _____																												

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

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		
DATE _____	DATE _____										

**SECTION A: RESPONDENT'S BACKGROUND AND GENERAL HEALTH**

INTRODUCTION AND CONSENT

**INFORMED CONSENT**

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

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

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

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

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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



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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
A17	What is your religion?  PROBE: Are you Muslim, Christian, another religion, or do you not practice any religion?	MUSLIM .....1 CHRISTIAN .....2 NO RELIGION .....3  OTHER ..... 6 (SPECIFY)	
A18	What is your nationality?  PROBE: Are you Uzbek, Russian, Karakalpak, Tajik, or another nationality?	UZBEK .....1 RUSSIAN .....2 KARAKALPAK .....3 TAJIK .....4  OTHER ..... 6 (SPECIFY) DON'T KNOW .....8	
A29	In general, would you say your health is: excellent, very good, good, fair, or poor?	EXCELLENT .....1 VERY GOOD .....2 GOOD .....3 FAIR .....4 POOR .....5	
A30	Think about the two weeks ending yesterday, have you cut down on any of the things you usually do about the house, at work or in your free time because you were sick or injured?	YES .....1 NO .....2	→ A33
A31	How many days did you cut down your activities during these two weeks, including Saturdays and Sundays?	DAYS.....	<input type="text"/> <input type="text"/>
A32	On how many of these days were you in bed for all or most of the day?	DAYS.....	<input type="text"/> <input type="text"/>

A33	Now I am going to ask you some questions about long-standing illnesses. ASK A33A –F (FIRST COLUMN). IF 'YES' ASK A34-A36. IF 'NO' OR 'DK' FOLLOW SKIP PATTERN.  Have you ever, at any time in your life had:	A34 Was the (CONDITION) diagnosed by a doctor?	A35 Have you had (CONDITION) in the past 12 months?	A36 For the (CONDITION), did you take drugs or have you been under treatment in the past 12 months?
A	Asthma?  YES.....1 NO .....2 DK .....8 (SKIP TO A33B) ←	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
B	Diabetes?  YES.....1 NO .....2 DK .....8 (SKIP TO A33C) ←	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
C	Chronic bronchitis or emphysema?  YES.....1 NO .....2 DK .....8 (SKIP TO A33D) ←	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
D	Chronic depression?  YES.....1 NO .....2 DK .....8 (SKIP TO A33E) ←	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2
E	Goiter?  YES.....1 NO .....2 DK .....8 (SKIP TO A33F) ←	YES .....1 NO .....2	YES .....1 NO .....2	YES .....1 NO .....2

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

SECTION D. NUTRITION

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
D4	How many days in the past week have you eaten foods prepared as follows: a. Fried b. Boiled c. Stewed d. Baked e. Grilled  IF NONE, RECORD '0'.	a..... <input type="checkbox"/> b..... <input type="checkbox"/> c..... <input type="checkbox"/> d..... <input type="checkbox"/> e..... <input type="checkbox"/>	
D5	While eating, do you ever add salt to your cooked food? I'm not asking about salt used in cooking the food.	YES .....1 NO .....2	→ D7
D6	Do you add salt, <u>all</u> of the time, <u>most</u> of the time, or only <u>occasionally</u> ?	ALL THE TIME .....1 MOST OF THE TIME .....2 OCCASIONALLY .....3	
D7	Before eating, do you ever add fat, oil, butter or cream to cooked foods, breads or salads? I'm not asking about fat, oil, butter or cream used in preparing the food.	YES .....1 NO .....2	→ D9
D8	Do you add fat, oil, butter or cream <u>all</u> of the time, <u>most of the time</u> or only <u>occasionally</u> ?	ALL THE TIME .....1 MOST OF THE TIME .....2 OCCASIONALLY .....3	
D9	In the past 12 months, have you unintentionally lost weight without going on any diet or food restriction?	YES .....1 NO .....2 DON'T KNOW .....8	→ E1
D10	How many kilos did you lose?	LESS THAN 1 KG .....1 1-3 KG .....2 MORE THAN 3 KG .....3 DON'T KNOW .....8	

SECTION E. PHYSICAL ACTIVITY

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

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

SECTION F. HEALTH CARE ACCESS AND UTILIZATION

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F9	<p>In what kind of hospital did you stay: was this a government, private, workplace, or some other kind of facility?</p> <p>IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT FACILITY.</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL..... 11</p> <p>OBLAST HOSPITAL..... 12</p> <p>CITY HOSPITAL..... 13</p> <p>RAYON HOSPITAL..... 14</p> <p>POLYCLINIC..... 15</p> <p>WORKPLACE..... 16</p> <p>SVP..... 17</p> <p>SPECIALIZED HOSP/DISPENS..... 18</p> <p>OTHER PUBLIC</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC..... 32</p> <p>PRIVATE DOCTOR..... 33</p> <p>OTHER PRIVATE MEDICAL</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER_____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	
F11	<p>During the past 12 months, have you been admitted to a health care facility as a day patient; that is, admitted to a health care facility bed, but you did not remain overnight?</p>	<p>YES.....1</p> <p>NO.....2</p>	→ F16
F12	<p>How many times have you been admitted as a day patient in the past 12 months?</p>	<p>NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p>	
F13	<p>Thinking of the (last) time you stayed in a health care facility as a day patient, why were you in the health care facility?</p>	<p>ACCIDENT/INJURY.....01</p> <p>ILLNESS/HEALTH COMPLAINT.....02</p> <p>CHECK UP.....03</p> <p>MEDICAL EXAMINATION.....04</p> <p>DIAGNOSTIC TEST/OBSERVATION.....05</p> <p>RENEWAL OF PERSCRIPTION.....06</p> <p>OPERATION.....07</p> <p>OTHER_____ 96</p> <p>(SPECIFY)</p>	→ F14
F13B	<p>Did you undergo an operation?</p>	<p>YES.....1</p> <p>NO.....2</p>	
F14	<p>In what kind of health care facility did you stay: was this a government, private, workplace, or some other kind of facility?</p> <p>IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL..... 11</p> <p>OBLAST HOSPITAL..... 12</p> <p>CITY HOSPITAL..... 13</p> <p>RAYON HOSPITAL..... 14</p> <p>POLYCLINIC..... 15</p> <p>WORKPLACE..... 16</p> <p>SVP..... 17</p> <p>OTHER PUBLIC</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL..... 31</p> <p>PRIVATE CLINIC..... 32</p> <p>PRIVATE DOCTOR..... 33</p> <p>OTHER PRIVATE MEDICAL</p> <p>_____ 36</p> <p>(SPECIFY)</p> <p>OTHER_____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW..... 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F16	During the past 4 weeks, did you consult a health care provider or a specialist for your own health needs, that is, not while accompanying a family member or someone else for their health needs.	YES .....1 NO .....2	→ F22
F16A	How many times did you consult a health care provider/specialist for your own health needs?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>	
F17	Thinking about the (last) time you consulted a health care provider/specialist, what was the main reason for the consultation?	ACCIDENT/INJURY .....01 ILLNESS/HEALTH COMPLAINT .....02 CHECK UP .....03 MEDICAL EXAMINATION.....04 DIAGNOSTIC TEST/OBSERVATION ....05 RENEWAL OF PERSCRIPTION.....06 OPERATION .....07  OTHER _____ 96 (SPECIFY)	
F18	What kind of provider/specialist did you see?	DOCTOR.....01 FELDSHER .....02 NURSE .....03  TRADITIONAL HEALER .....04  INFECTIOUS DISEASE DOCTOR .....11 CARDIOLOGIST .....12 GERONTOLOGIST .....13 ONCOLOGIST .....14 RHEUMATOLOGIST .....15 DERMATOLOGIST/VENEROLOGIST ...16 ENDOCRINOLOGIST .....17 EAR, NOSE AND THROAT SPEC./ ALLERGIST .....18 EYE SPECIALIST .....19 GENERAL SURGEON .....20 GASTRO-ENTEROLOGIST .....21 GYNAECOLOGIST .....22 LUNG SPECIALIST.....23 NEUROLOGIST .....24 ORTHOPAEDIC SPECIALIST .....25 PSYCHIATRIST .....26 UROLOGIST .....27  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98	
F19	Did the consultation with the health care provider/specialist take place in a facility, at your own home, by telephone, or somewhere else?	AT FACILITY .....1 AT HOME .....2 BY TELEPHONE.....3  OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
F20	<p>Was this a government, private, or workplace health care provider/specialist?</p> <p>IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL .....11  OBLAST HOSPITAL .....12  CITY HOSPITAL .....13  RAYON HOSPITAL .....14  POLYCLINIC .....15  WORKPLACE .....16  SVP .....17  SPECIALIZED HOSP/DISPENS. ....18</p> <p>OTHER PUBLIC _____ 26  (SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL .....31  PRIVATE CLINIC .....32  PRIVATE DOCTOR .....33  OTHER PRIVATE MEDICAL _____ 36  (SPECIFY)</p> <p>OTHER _____ 96  (SPECIFY)</p> <p>DON'T KNOW .....98</p>	
F22	<p>During the past 4 weeks, did you, for your own health needs, consult a doctor in an accident or emergency center or casualty department of a hospital?</p>	<p>YES .....1  NO .....2 → F26</p>	
F22A	<p>How many times did you consult a doctor in an accident or emergency center or casualty department?</p>	<p>NUMBER OF TIMES..... <input type="text"/> <input type="text"/></p>	
F23	<p>Thinking of the (last) time you consulted a doctor in an accident or emergency center or casualty department, was this a government, private, or workplace health care facility?</p> <p>IF GOVERNMENT, PROBE TO DISCOVER WHAT KIND OF GOVERNMENT PROVIDER.</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL .....11  OBLAST HOSPITAL .....12  CITY HOSPITAL .....13  RAYON HOSPITAL .....14  POLYCLINIC .....15  WORKPLACE .....16  SVP .....17  SPECIALIZED HOSP/DISPENS. ....18</p> <p>OTHER PUBLIC _____ 26  (SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL .....31  PRIVATE CLINIC .....32  PRIVATE DOCTOR .....33  OTHER PRIVATE MEDICAL _____ 36  (SPECIFY)</p> <p>OTHER _____ 96  (SPECIFY)</p> <p>DON'T KNOW .....98</p>	
F24	<p>What was the main reason for the consultation?</p>	<p>ACCIDENT/INJURY .....01  ILLNESS/HEALTH COMPLAINT .....02  CHECK UP .....03  MEDICAL EXAMINATION .....04  DIAGNOSTIC TEST/OBSERVATION ....05  RENEWAL OF PERSCRIPTION .....06  OPERATION .....07</p> <p>OTHER _____ 96  (SPECIFY)</p>	

SECTION G. BLOOD PRESSURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G1	These next questions are about blood pressure. Has your blood pressure ever been checked by a doctor or other health professional?	YES .....1 NO .....2	→ G8
G1A	Who took your blood pressure?	SVP .....1 OTHER DOCTOR .....2 OTHER NURSE .....3 FELDSHER .....4 OTHER .....6 (SPECIFY)	
G2	When was the last time you had your blood pressure checked by a doctor or other health professional?	LESS THAN 6 MONTHS AGO .....1 6 - 11 MONTHS AGO .....2 1 - 5 YEARS AGO .....3 MORE THAN 5 YEARS AGO .....4 DON'T KNOW .....8	
G3	Have you ever been told by a doctor or other health professional that you had hypertension or high blood pressure?	YES .....1 NO .....2 DON'T KNOW .....8	→ G8
G4	Were you told on 2 or more different visits that you had hypertension or high blood pressure?	YES .....1 NO .....2 DON'T KNOW .....8	
G5	Did a doctor or other health professional tell you what to do about your hypertension or high blood pressure?	YES .....1 NO .....2	→ G8
G6	Who told you this?	SVP .....1 OTHER DOCTOR .....2 OTHER NURSE .....3 FELDSHER .....4 OTHER .....6 (SPECIFY)	
G6A	Did the doctor or the other health professional tell you to:  a. take prescribed medicine? ..... b. control your weight or lose weight? ..... c. cut down on salt in your diet? ..... d. exercise more? ..... e. cut down on alcohol? ..... f. stop smoking? g. do other things?  PROBE: What other things?	YES    NO  TAKE MEDICINE ..... 1    2 CONTROL WEIGHT ..... 1    2 CUT DOWN SALT ..... 1    2 EXERCISE ..... 1    2 CUT DOWN ALCOHOL ..... 1    2 STOP SMOKING ..... 1    2 DO OTHER THINGS ..... 1    2 ↓ (SPECIFY)	
G7	To lower your hypertension or high blood pressure, are you now:  a. taking prescribed medicine? ..... b. controlling your weight or losing weight? ..... c. cutting down on salt in your diet? ..... d. exercising? ..... e. cutting down on alcohol consumption? ..... f. stopping smoking? .....	YES    NO    N/A  TAKE MEDICINE ..... 1    2    3 CONTROL WEIGHT ..... 1    2    3 CUT DOWN SALT ..... 1    2    3 EXERCISE ..... 1    2    3 CUT DOWN ALCOHOL .... 1    2    3 STOP SMOKING ..... 1    2    3	
G8	Have you ever had your blood cholesterol checked?	YES .....1 NO .....2 DON'T KNOW .....6	→ G12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
G9	When was the last time you had your blood cholesterol checked?	LESS THAN 6 MONTHS AGO .....1 6 - 11 MONTHS AGO.....2 1 - 5 YEARS AGO .....3 MORE THAN 5 YEARS AGO.....4 DON'T KNOW .....8	
G10	Have you ever been told by a doctor or other health professional that your blood cholesterol level was high?	YES .....1 NO .....2 → G12	
G11	Who told you this?	SVP .....1 OTHER DOCTOR .....2 OTHER NURSE .....3 FELDHER .....4 OTHER .....6 (SPECIFY)	

G12	Before proceeding further with the questionnaire, please let me measure your blood pressure and pulse.  MEASURE BLOOD PRESSURE AND PULSE ON RIGHT ARM AND RECORD RESULTS.	BLOOD PRESSURE  SYSTOLIC ..... DIASTOLIC.....  BLOOD PRESSURE NOT MEASURED .....995  PULSE .....  PULSE NOT MEASURED .....995	
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SECTION H. RESPIRATORY AND ALLERGY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H1	These next questions are about breathing and allergies. In the past 12 months, have you had a cough on most days for 3 consecutive months or more?	YES .....1 NO .....2	→ H3
H2	For how many years have you had this cough?	YEARS ..... <input type="text"/> <input type="text"/> LESS THAN ONE YEAR .....00 DON'T KNOW .....98	
H3	In the past 12 months, have you brought up phlegm on most days for 3 consecutive months or more?	YES .....1 NO .....2	→ H5
H4	For how many years have you had trouble with phlegm?	YEARS ..... <input type="text"/> <input type="text"/> LESS THAN ONE YEAR .....00 DON'T KNOW .....98	
H5	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	YES .....1 NO .....2	
H6	In the past 12 months, have you had wheezing or whistling in your chest at any time?	YES .....1 NO .....2	→ J3
H7	How many episodes of wheezing or whistling have you had in the past 12 months?	CONTINUOUS .....95 EPISODES ..... <input type="text"/> <input type="text"/> DON'T KNOW .....98	
H7A	In the past 12 months, have you gone to a health facility for one of these episodes of wheezing or whistling?	YES .....1 NO .....2	→ J3
H8	In the past 12 months, how many times were you hospitalized overnight or longer for these episodes of wheezing or whistling? IF NONE, RECORD '00'.	TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW .....98	
H9	In the past 12 months, how many times have you gone to a health facility, without being hospitalized overnight, for one of these episodes of wheezing or whistling? IF NONE, RECORD '00'.	TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW .....98	
H10	Who referred you to this/these health facility/facilities?  IF MORE THAN ONE PERSON, ASK: Who referred you most recently?	SVP .....1 OTHER DOCTOR .....2 OTHER NURSE .....3 FELDSHER .....4 SELF .....5 OTHER _____ 6 (SPECIFY)	

SECTION J. TUBERCULOSIS

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

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

SECTION K. SMOKING

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
K26	About how many cigarettes per day did you usually smoke at that time?	LESS THAN 1 PER DAY .....00 CIGARETTES PER DAY ..... <input type="text"/> <input type="text"/> VARIES .....66	
K27	Have you ever used nas?	YES .....1 NO .....2 → K53	
K28	At what age did you first start using nas fairly regularly?	AGE ..... <input type="text"/> <input type="text"/> NEVER USED REGULARLY .....00 DON'T KNOW .....98	
K29	Do you use nas <u>now</u> ?	YES .....1 NO .....2 → K33	
K30	How many times do you use nas per day or per week?	NAS TIMES PER DAY .....1 <input type="text"/> <input type="text"/> PER WEEK .....2 <input type="text"/> <input type="text"/> VARIES .....666 → K53	
K33	About how old were you when you <u>last</u> used nas fairly regularly?	AGE ..... <input type="text"/> <input type="text"/> NEVER USED REGULARLY .....00 DON'T KNOW .....98	
K44	Did you quit using nas because you had a problem that was caused or made worse because you used it?	YES .....1 NO .....2 DON'T KNOW .....8	
K53	Have you smoked at least 20 cigars or 20 pipes of tobacco in your entire life?	YES .....1 NO .....2	

SECTION L. ALCOHOL CONSUMPTION AND NARCOTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
L1	Now I would like to ask you about alcohol. Have you ever drunk an alcohol-containing beverage?	YES .....1 NO .....2	→ L10
L2	Have you drunk alcohol in the last 12 months?	YES .....1 NO .....2	→ L10
L5	Do you sometimes take a drink in the morning when you first get up?	YES .....1 NO .....2	
L6	During the past year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?	YES .....1 NO .....2	
L7	During the past year, have you had a feeling of guilt or remorse after drinking?	YES .....1 NO .....2	
L8	During the past year, have you failed to do what was normally expected of you because of drinking?	YES .....1 NO .....2	
L9	During the past year, have you lost friends because of your drinking?	YES .....1 NO .....2	
L10	In your opinion, how serious a problem is narcotics in the country?  Is it a very serious problem, a somewhat serious problem, a moderate problem, a minor problem, or not a problem?	VERY SERIOUS .....1 SOMEWHAT SERIOUS .....2 MODERATE PROBLEM .....3 MINOR PROBLEM .....4 NOT A PROBLEM .....5	
L11	Do you know anyone personally who uses narcotics on a regular basis?	YES .....1 NO .....2 DON'T KNOW .....8	

SECTION M. DENTAL

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

SECTION N. INJURY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
N1	<p>Now I'd like to ask you about any <b>injuries or poisonings</b> that happened during the <b>past 3 months</b>.</p> <p>In the past three months, were you injured seriously enough that you could not perform routine work for at least half a day?</p>	<p>YES .....1 NO .....2</p>	
N2	<p>In the past three months, were you poisoned to the extent that you could not perform routine work for at least half a day?</p>	<p>YES .....1 NO .....2</p>	
N3	<p>CHECK N1 &amp; N2:</p> <p align="center">           AT LEAST ONE 'YES' <input type="checkbox"/>                                              NOT A SINGLE 'YES' <input type="checkbox"/> </p> <p align="right">→ N16</p>		
N4	<p>In the past three months, did you seek medical attention because you were (injured/poisoned)?</p>	<p>YES .....1 NO .....2</p>	→ N7
N5	<p>How many times during the past three months did you seek medical advice because you were (injured/poisoned)?</p>	<p>NUMBER ..... <input type="text"/> <input type="text"/></p>	
N6	<p>I'd like to ask you some questions about your (most recent) injury/poisoning incident.</p> <p>Where did you receive medical advice or treatment for this incident?</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL..... 11 OBLAST HOSPITAL ..... 12 CITY HOSPITAL ..... 13 RAYON HOSPITAL ..... 14 POLYCLINIC..... 15 WORKPLACE ..... 16 SVP ..... 17</p> <p>OTHER PUBLIC _____ 26 (SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL ..... 31 PRIVATE CLINIC ..... 32 PRIVATE DOCTOR ..... 33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	
N7	<p>When did the (most recent) injury/poisoning incident happen?</p>	<p>DAYS AGO ..... 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO ..... 2 <input type="text"/> <input type="text"/></p>	
N8	<p>Was this incident work-related?</p>	<p>YES .....1 NO .....2</p>	
N9	<p>Where did the incident occur?</p>	<p>HOME/RESIDENCE .....01 FARM/RANCH.....02 STREET/HIGHWAY .....03 TRADE/SERVICE AREA .....04 INDUSTRIAL /CONSTRUCTION AREA .05 OTHER WORKSITE/OFFICE.....06 SCHOOL .....07 OTHER PUBLIC BUILDING .....08 SPORTS/ATHLETIC AREA.....09 OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
N10	What type of activity were you doing at the time of the incident?  VITAL ACTIVITIES INCLUDE EATING, SLEEPING, AND PERSONAL GROOMING.	SPORTS .....01 LEISURE .....02 TRAVELING .....03 PAID WORK .....04 UNPAID WORK .....05 EDUCATIONAL ACTIVITY .....06 VITAL ACTIVITY .....07 OTHER _____ 96 (SPECIFY)	
N11	Did this incident result from an unintentional event or an intentional act?	UNINTENTIONAL .....1 INTENTIONAL ACT .....2	
N11 A	Who caused this incident?	SELF .....11  <b>FAMILY</b> WIFE .....21 MOTHER-IN-LAW .....22 FATHER IN-LAW .....23 OTHER IN-LAW .....24 MOTHER .....25 FATHER .....26 OTHER FAMILY .....27  <b>NON-FAMILY</b> FRIEND/ACQUAINTANCE .....31 NEIGHBOR .....32 CLASSMATE .....33 TEACHER .....34 EMPLOYER .....35 COLLEAGUE .....36 TEAMMATE/COMPETITOR .....37 STRANGER .....38 ANIMAL .....39  OTHER _____ 96 (SPECIFY)	

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

SECTION P. MENTAL HEALTH

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

SECTION Q. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q1	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	→ Q8A
Q6	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partners?	REGULAR PARTNER(S) ONLY ..... 1 OCCASIONAL PARTNER(S) ONLY ..... 2 REGULAR AND OCCASIONAL PARTNERS ..... 3 NO SEXUAL PARTNER ..... 4	
Q7	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	→ Q9 → Q16
Q8	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ Q9
Q8A	RECORD THE WIFE/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER..... <input type="text"/> <input type="text"/>	
Q9	Have you been married or lived with a woman only once, or more than once?	ONCE ..... 1 MORE THAN ONCE ..... 2	
Q10	CHECK Q9:  MARRIED/LIVED WITH A WOMAN ONLY ONCE      MARRIED/LIVED WITH A WOMAN MORE THAN ONCE  In what month and year did you start living with your wife/partner?      Now we will talk 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	→ Q16
Q11	How old were you when you started living with her?	AGE..... <input type="text"/> <input type="text"/>	
Q16	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.  How old were you when you first had sexual intercourse with a woman (if ever)?	NEVER ..... 00  AGE IN YEARS..... <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER..... 95	→ Q48
Q17	When was the last time you had sexual intercourse with a woman?  RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <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"/>	→ Q48
Q18	The last time you had sexual intercourse with a woman, was a condom used?	YES ..... 1 NO ..... 2	→ Q24

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
Q19	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV .....01 RESPONDENT WANTED TO PREVENT PREGNANCY .....02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY ..... 03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS .....04 PARTNER REQUESTED/INSISTED .....05  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98									
Q24	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:  Was your girlfriend/fiancée living with you when you last had sex with her?  IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER.....01 WOMAN IS GIRLFRIEND/FIANCÉE .....02 OTHER FRIEND .....03 CASUAL ACQUAINTANCE .....04 RELATIVE .....05 COMMERCIAL SEX WORKER .....06  OTHER _____ 96 (SPECIFY)	→ Q26								
Q25	For how long have you had sexual relations with this woman?	DAYS ..... 1 <table border="1" data-bbox="1230 758 1317 806"><tr><td></td><td></td></tr></table> WEEKS ..... 2 <table border="1" data-bbox="1230 806 1317 854"><tr><td></td><td></td></tr></table> MONTHS ..... 3 <table border="1" data-bbox="1230 854 1317 903"><tr><td></td><td></td></tr></table> YEARS ..... 4 <table border="1" data-bbox="1230 903 1317 951"><tr><td></td><td></td></tr></table>									
Q26	Have you had sex with any other woman in the last 12 months?	YES .....1 NO .....2	→ Q45								
Q27	The last time you had sexual intercourse with another woman, was a condom used?	YES .....1 NO .....2	→ Q33								
Q28	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV .....01 RESPONDENT WANTED TO PREVENT PREGNANCY .....02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY .....03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS .....04 PARTNER REQUESTED/INSISTED .....05  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98									
Q33	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:  Was your girlfriend/fiancée living with you when you last had sex with her?  IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER.....01 WOMAN IS GIRLFRIEND/FIANCÉE .....02 OTHER FRIEND .....03 CASUAL ACQUAINTANCE .....04 RELATIVE .....05 COMMERCIAL SEX WORKER .....06  OTHER _____ 96 (SPECIFY)	→ Q35								
Q34	For how long have you had sexual relations with this woman?	DAYS ..... 1 <table border="1" data-bbox="1230 1671 1317 1719"><tr><td></td><td></td></tr></table> WEEKS ..... 2 <table border="1" data-bbox="1230 1719 1317 1768"><tr><td></td><td></td></tr></table> MONTHS ..... 3 <table border="1" data-bbox="1230 1768 1317 1816"><tr><td></td><td></td></tr></table> YEARS ..... 4 <table border="1" data-bbox="1230 1816 1317 1864"><tr><td></td><td></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
Q35	Other than these two women, have you had sex with any other woman in the last 12 months?	YES .....1 NO .....2	→ Q45																
Q36	The last time you had sexual intercourse with this third woman, was a condom used?	YES .....1 NO .....2	→ Q42																
Q37	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV ..... 01 RESPONDENT WANTED TO PREVENT A PREGNANCY .....02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY .....03 DID NOT TRUST PARTNER/FELT PARTNER HAD OTHER PARTNERS .....04 PARTNER REQUESTED/INSISTED .....05  OTHER _____ 96 (SPECIFY) DON'T KNOW .....98																	
Q42	What is your relationship to this woman?  IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK:  Was your girlfriend/fiancée living with you when you last had sex with her?  IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER.....01 WOMAN IS GIRLFRIEND/FIANCÉE .....02 OTHER FRIEND .....03 CASUAL ACQUAINTANCE .....04 RELATIVE .....05 COMMERCIAL SEX WORKER .....06  OTHER _____ 96 (SPECIFY)	→ Q44																
Q43	For how long have you had sexual relations with this woman?	DAYS ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS ..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	
Q44	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	
Q45	Have you ever paid for sex?	YES .....1 NO .....2	→ Q48																
Q46	How long ago was the last time you paid for sex?  RECORD 'YEARS AGO' ONLY IF LAST PAID SEX WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO ..... 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS AGO..... 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS AGO ..... 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																	→ Q48
Q47	The last time that you paid for sex, was a condom used on that occasion?	YES .....1 NO .....2																	
Q48	Do you know of a place where a person can get condoms?	YES .....1 NO .....2	→ Q52																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Q50	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p><i>PUBLIC SECTOR</i></p> <p>INSTITUTE HOSPITAL .....A</p> <p>OBLAST HOSPITAL.....B</p> <p>CITY HOSPITAL.....C</p> <p>RAYON HOSPITAL.....D</p> <p>LOCAL OUTPATIENT CLINIC.....E</p> <p>WORKPLACE.....F</p> <p>SVP .....G</p> <p>GOVT HEALTH CENTER .....H</p> <p>FAMILY PLANNING CLINIC .....I</p> <p>OTHER PUBLIC _____ J</p> <p>(SPECIFY)</p> <p><i>PRIVATE MEDICAL SECTOR</i></p> <p>PRIVATE HOSPITAL .....K</p> <p>PRIVATE CLINIC .....L</p> <p>PRIVATE DOCTOR .....M</p> <p>FAMILY PLANNING CLINIC .....N</p> <p>OTHER PRIVATE MEDICAL _____ O</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>PHARMACY .....P</p> <p>SHOP/MARKETPLACE .....Q</p> <p>FRIEND/RELATIVE .....R</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW .....Z</p>	
Q51	If you wanted to, could you yourself get a condom?	<p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW/UNSURE .....8</p>	
Q52	Have you been circumcised?	<p>YES .....1</p> <p>NO .....2</p>	

SECTION R. HIV/AIDS AND OTHER STIs

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
R1	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO .....2	→ R24
R2	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO .....2 DON'T KNOW.....8	→ R9
R3	What can a person do?  Anything else?  RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX..... A USE CONDOMS..... B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER..... C LIMIT NUMBER OF SEXUAL PARTNERS.. D AVOID SEX WITH PROSTITUTES..... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS..... F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY..... H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS ..... J AVOID SHARING RAZORS/NEEDLES ..... K AVOID KISSING..... L AVOID MOSQUITO BITES..... M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER..... N  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW..... Z	
R4	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other partners?	YES.....1 NO .....2 DON'T KNOW.....8	
R5	Can a person get the AIDS virus from mosquito bites?	YES.....1 NO .....2 DON'T KNOW.....8	
R6	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES.....1 NO .....2 DON'T KNOW.....8	
R7	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES.....1 NO .....2 DON'T KNOW.....8	
R8	Can a person get the AIDS virus by getting injections with a needle that was already used by someone else?	YES.....1 NO .....2 DON'T KNOW.....8	
R9	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO .....2 DON'T KNOW.....8	
R10	Can the virus that causes AIDS be transmitted from a mother to a child?	YES.....1 NO .....2 DON'T KNOW.....8	→ R13
R11	When can the virus that causes AIDS be transmitted from a mother to a child?  During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG ..... 1 2 8 DURING DELIVERY..... 1 2 8 BREASTFEEDING ..... 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
R13	CHECK Q1:  YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		R15
R14	Have you ever talked with (your wife/the woman you are living with) about ways to prevent getting the virus that causes AIDS?	YES.....1 NO .....2	
R15	In your opinion, is it acceptable or unacceptable for AIDS to be discussed:  on the radio? on the TV? in newspapers?	ACCEPT- NOT ACCEPT- ABLE ABLE ON THE RADIO..... 1 2 ON THE TV..... 1 2 IN NEWSPAPERS..... 1 2	
R16	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES.....1 NO .....2 DON'T KNOW/UNSURE .....8	
R19	Should children age 12-14 years be taught about using a condom to avoid AIDS?	YES.....1 NO .....2 DON'T KNOW/UNSURE/DEPENDS .....8	
R20	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO .....2 DON'T KNOW.....8	R24
R21	Would you want to be tested for the AIDS virus?	YES.....1 NO .....2 DK/NOT SURE/DEPENDS.....8	
R22	Do you know a place where you could go to get an AIDS test?	YES.....1 NO .....2	
R24	(Apart from AIDS,) have you heard about (other) infections that can be transmitted through sexual contact?	YES.....1 NO .....2	R33
R31	CHECK Q16:  HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		U1
R32	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?	YES.....1 NO .....2 DON'T KNOW.....8	
R33	Sometimes, men experience a discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES.....1 NO .....2 DON'T KNOW.....8	
R34	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES.....1 NO .....2 DON'T KNOW.....8	
R35	CHECK R32-R34:  HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		U1
R36	The last time you had (PROBLEM(S) FROM R32/R33/R34), did you seek any kind of advice or treatment?	YES.....1 NO .....2	R38

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
R37	<p>The last time you had (PROBLEM(S) FROM R32/R33/R34), did you do any of the following? Did you....</p> <p>Go to a clinic, hospital or private doctor?  Consult a traditional healer?  Seek advice or buy medicines in a shop or pharmacy?  Ask for advice from friends or relatives?</p>	<p style="text-align: right;">YES NO</p> <p>CLINIC/HOSPITAL ..... 1 2  TRADITIONAL HEALER.....1 2  SHOP/PHARMACY .....1 2  FRIENDS/RELATIVES .....1 2</p>	
R38	<p>When you had (PROBLEM(S) FROM R32/R33/R34), did you inform the person(s) with whom you were having sex?</p>	<p>YES.....1  NO .....2  SOME/ NOT ALL .....3  DID NOT HAVE A PARTNER.....4</p>	<p>→ U1</p>
R39	<p>When you had (PROBLEM(S) FROM R32/R33/R34), did you do anything to avoid infecting your sexual partner(s)?</p>	<p>YES.....1  NO .....2  PARTNER(S) ALREADY INFECTED .....3</p>	<p>→ U1</p>
R40	<p>What did you do to avoid infecting your partner(s)? Did you....</p> <p>Use medicine?  Stop having sex?  Use a condom when having sex?</p>	<p style="text-align: right;">YES NO</p> <p>USE MEDICINE.....1 2  STOP SEX..... 1 2  USE CONDOM.....1 2</p>	

SECTION U. ATTITUDES TOWARD WOMEN

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																							
U5	<p>AVERAGE THE DIASTOLIC AND AVERAGE THE SYSTOLIC BLOOD PRESSURE FROM THE TWO BLOOD PRESSURE MEASUREMENTS. COMPLETE THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT ACCORDING TO THE BLOOD PRESSURE TRAINING PROTOCOL. USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL.</p> <p><b>Adult Blood Pressure Value Box</b></p> <table border="1"> <thead> <tr> <th data-bbox="203 499 342 525" rowspan="2">SYSTOLIC</th> <th colspan="6" data-bbox="691 436 834 462">DIASTOLIC</th> </tr> <tr> <th data-bbox="570 468 618 493">&lt;84</th> <th data-bbox="626 468 691 493">85-89</th> <th data-bbox="699 468 764 493">90-99</th> <th data-bbox="773 468 862 493">100-109</th> <th data-bbox="870 468 959 493">110-119</th> <th data-bbox="967 468 1032 493">≥120</th> </tr> </thead> <tbody> <tr> <td data-bbox="203 527 269 552">&lt;129</td> <td data-bbox="570 527 589 552">1</td> <td data-bbox="626 527 646 552">2</td> <td data-bbox="699 527 719 552">3</td> <td data-bbox="773 527 792 552">4</td> <td data-bbox="870 527 889 552">5</td> <td data-bbox="967 527 987 552">6</td> </tr> <tr> <td data-bbox="203 554 293 579">130-139</td> <td data-bbox="570 554 589 579">2</td> <td data-bbox="626 554 646 579">2</td> <td data-bbox="699 554 719 579">3</td> <td data-bbox="773 554 792 579">4</td> <td data-bbox="870 554 889 579">5</td> <td data-bbox="967 554 987 579">6</td> </tr> <tr> <td data-bbox="203 581 293 606">140-159</td> <td data-bbox="570 581 589 606">3</td> <td data-bbox="626 581 646 606">3</td> <td data-bbox="699 581 719 606">3</td> <td data-bbox="773 581 792 606">4</td> <td data-bbox="870 581 889 606">5</td> <td data-bbox="967 581 987 606">6</td> </tr> <tr> <td data-bbox="203 609 293 634">160-179</td> <td data-bbox="570 609 589 634">4</td> <td data-bbox="626 609 646 634">4</td> <td data-bbox="699 609 719 634">4</td> <td data-bbox="773 609 792 634">4</td> <td data-bbox="870 609 889 634">5</td> <td data-bbox="967 609 987 634">6</td> </tr> <tr> <td data-bbox="203 636 293 661">180-209</td> <td data-bbox="570 636 589 661">5</td> <td data-bbox="626 636 646 661">5</td> <td data-bbox="699 636 719 661">5</td> <td data-bbox="773 636 792 661">5</td> <td data-bbox="870 636 889 661">5</td> <td data-bbox="967 636 987 661">6</td> </tr> <tr> <td data-bbox="203 663 269 688">≥210</td> <td data-bbox="570 663 589 688">6</td> <td data-bbox="626 663 646 688">6</td> <td data-bbox="699 663 719 688">6</td> <td data-bbox="773 663 792 688">6</td> <td data-bbox="870 663 889 688">6</td> <td data-bbox="967 663 987 688">6</td> </tr> </tbody> </table>	SYSTOLIC	DIASTOLIC						<84	85-89	90-99	100-109	110-119	≥120	<129	1	2	3	4	5	6	130-139	2	2	3	4	5	6	140-159	3	3	3	4	5	6	160-179	4	4	4	4	5	6	180-209	5	5	5	5	5	6	≥210	6	6	6	6	6	6		
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THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS.																																																										
U6	RECORD THE TIME.	HOUR ..... <input type="text"/> <input type="text"/> MINUTES ..... <input type="text"/> <input type="text"/>																																																								

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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**SUPERVISOR'S OBSERVATIONS**

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_