

Adult Census Card (Form A) (Source Document)

Village/ Town.....

SRS Unit Name & Code

SRS House No.

Surveyor Name(s) & Codes..... and

Respondent Code in relation to Head

Sl. No	Name of Individual	ID code (9-digit)	Relation to Head	Age	Sex	Resident status	Marital status	Education	Occupation	1 st visit date & time	2 nd visit date & time	3 rd visit date & time	Reason for Non-Response
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Relation to Head:
 01 =Head
 02 =Wife/ husband
 03 =Son/daughter
 04 = Son-in-law/daughter-in-law
 05 =Grandchild
 06 =Parent
 07 =Parent-in-law
 08 =Brother/ sister
 09 =Brother-in-law/sister-in-law
 10 =Niece / Nephew
 11 =Other relatives
 12 =Adopted /foster child
 13 =Not related

Sex:
 1 = Male
 2 = Female
 3 = Others

Resident status:
 1 =Usual resident of the household whether present or temporarily absent
 2 = In-migrated
 3 = Out-migrated
 4 = Died
 5 =Newly Born
 6 =Newly Born Died
 7 =Shifted into the household (within the sample unit)
 8 = Shifted out from household (within the sample unit)

Marital status:
 1 = Never Married
 2 = Married
 3 = Remarried
 4 = Widowed
 5 = Divorced
 6 = Separated
 9 = Not stated

Reason for Non-response:
 1 = Door-locked
 2 = Non-cooperation
 3 = Migration
 4 = Not present
 5 = Other (specify)

Education:
 1 = Illiterate
 2 = Literate without formal education
 3 = Below primary
 4 = Primary
 5 = Middle
 6 = Secondary/ Class-10
 7 = Hr.Sec/Class12/ Pre-University
 8 = Graduate & above
 9 = other

Occupation:
 1 =Salaried
 2 = Wage Earner
 3 = Agricultural labourer
 4 = Cultivator
 5 = Profession/Business
 6 = Non- worker
 9 = others

Contact number:
Telephone:
Mobile :

Instruction: Before going to the field, copy down family details till the bold line, from the DCO register

Age: In Completed Years

reverse page of Form A

(to be handed over as pre-publicity to each household by the part-time enumerator before the health checkup)

SRS-HEALTH CHECKUP SURVEY -- 2006

Explanatory Sheet

This is a Health Checkup survey jointly conducted by the Government of India, New Delhi and St. John's Medical College, Bangalore (or name of the local institution).

Earlier studies have shown that the health of populations is influenced by several factors like family history, personal lifestyle, diet, physical activity and living conditions. In this survey, we will be collecting information from individuals on their behaviours, body measurements and blood sample. This will enable us to gain an insight into the prevalence of determinants such as obesity, elevated blood pressure, and blood sugar and their contributions to risk of disease and death. Such information can be used for prevention of diseases in the community.

Procedures and associated hazards:

You will be required to answer simple questions related to your health, medical history, lifestyle, diet and physical activity. Measurements like height, weight, waist & hip circumference, blood pressure and lung function will also be performed. A blood spot will also be obtained. This will be associated with minimal pain. Risks associated with these procedures are very minimal and mild in nature.

All this will be done in the privacy of your house. This survey will last approximately 45 minutes.

General instructions:

We seek your participation as a volunteer in this study. Please understand that if you agree to participate in this study, you will be required to give your consent to the procedures in writing. However, even after giving consent, you are at liberty to withdraw from the study at any time.

We assure you that all the data that we collect will remain confidential and will be used for research purposes only. You will not be identified by name on any of the data that appears in research reports or publications. The data will be stored at the Institute of Public Health and Clinical Research, St. John's National Academy of Health Sciences, Bangalore and will be accessible only to the investigators.

You will be provided with a Health Checkup report at the end of the investigation.

If you have any questions or concerns regarding the study, please contact:

Dr. Prem Mony, Associate Professor, Institute of Population Health and Clinical Research (IPHCR), St. John's Medical College, Koramangala, Bangalore 560034. Tel: 080-25532037 (ext.146)

reverse page of Explanatory Sheet

(to be printed separately from the Adult Questionnaire so it can be detached after survey is over to maintain confidentiality)

SRS Health Check-up Consent Form
(Source Document)

I, _____, aged ____ years, agree to participate in the SRS (Govt. of India) Health Check-up Survey. This includes:

- ☐ Completing a questionnaire which includes information about my diet, lifestyle and medical history.
- ☐ Undertaking a physical examination, including measurement of my blood pressure, height, weight, waist & hip circumference, and breath function.
- ☐ Providing a few drops of blood which will be stored and used for measurement of factors possibly related to various forms of chronic and infectious diseases.
- I understand that I am free not to participate in this study, and can withdraw at any time without needing to give a reason and without affecting my routine medical care or participation in other surveys.
- I understand that I will be given the results of physical measurements and anaemia screening, but I will not be given all the results of the blood tests as samples will not be tested at present, but stored long-term for later analysis.
- I may be invited to participate in a repeat survey to assess changes in lifestyle and measurements
- I understand that all information provided by me will be treated confidentially, and that the St. John's National Academy of Health Sciences--Bangalore, PGI--Chandigarh, St Michael's Hospital--Toronto and the Registrar General of India are responsible for the whole project and will use the results to try to improve the prevention and treatment of common diseases, and that I shall not benefit financially from my participation.

Name of the person

Signature/ Thumb imprint

Date

Name of the interviewer

Signature/ Thumb imprint

Date

Name of witness (for illiterate participant)

Signature/ Thumb imprint

Date

Identification code of Individual:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
Address									
.....									
Pincode.....	Telephone.....								
	Mobile.....								

If you have any questions or concerns regarding the study, please contact:

Dr. Prem Mony, Asst. Professor, St. John's Research Institute, St. John's National Academy of Health Sciences, Koramangala, Bangalore 560034. Tel: 080-25532037 (ext. 146)

reverse page of Consent Sheet

Form B -- SRS Health Checkup Questionnaire

(For each adult aged 18 years and above)

(Source Document)

Health Surveyor code

& Sex

Identification code of Individual:

--	--	--	--	--	--	--	--

SRS Unit code

--	--	--	--	--	--	--	--	--	--

Date (dd/mm/yy):

/ /

Start time:

--	--	--	--

:

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am/pm

Section 1: General Information

No.	Question	Response category	Coding category	Skip to																																								
1	Blood pressure 1 (left arm – sitting):	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>/</td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td>mmHg</td></tr><tr><td colspan="10"><i>Systolic</i> <i>diastolic</i></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td colspan="6">per minute</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmHg	<i>Systolic</i> <i>diastolic</i>										<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	per minute						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mmHg																																			
<i>Systolic</i> <i>diastolic</i>																																												
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	per minute																																								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																				
2	Heart rate 1																																											
3	Year of Birth																																											
4	Sex	Male..... 1 Female.....2 Others 3	1 2 3																																									
5	Religion	Hindu.....1 Muslim2 Christian.....3 Sikh.....4 Buddhist.....5 Jain.....6 No religion.....7 Other.....9	1 2 3 4 5 6 7 9																																									
6	Marital status	Never married.....1 Married2 Remarried.....3 Widow(er).....4 Divorced.....5 Separated.....6 Not stated.....9	1 2 3 4 5 6 9																																									
7	Education	Illiterate.....1 Literate without formal education..2 Below primary.....3 Primary.....4 Middle.....5 Secondary/ Class-10/ Matric.....6 Hr. Sec/ Sec/ Class XII/ Pre-Univ..7 Graduate & above.....8 Other.....9	1 2 3 4 5 6 7 8 9																																									

No.	Question	Response category	Coding category	Skip to
8a	What kind of occupational work do you do? (record verbatim)		
8b	Code the Occupation into one of the categories	Salaried1 Wage earner.....2 Agricultural labour.....3 Cultivator.....4 Profession/ Business.....5 Non worker.....6 Other.....9	1 2 3 4 5 6 9	
9a	(For all males) -- Do you have to sleep away from home for any reason (work/study/ other reason)? (For married females) -- Does your husband have to be sleep away from home for any reason (study/work/other reason)?	Yes.....1 No.....2 Refused/Not Answered 8 Unknown.....9	1 2 8 9	10
9b	If yes, totally for how many months in the last 1 year?	months	<input type="checkbox"/> <input type="checkbox"/>	

Section 2: Diet

No.	Question	Response category
10	During the past 12 months, about how often did you eat the following foods? Daily/almost daily (5-7 days) Frequently (3-4 days/week) Occasionally (1-2 days/week) Rarely/Never (once a month) Rice <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other staple food (ragi, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pulses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Red meat (mutton, beef, pork) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poultry (chicken) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fish/sea food <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eggs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dairy products (milk, curd) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
11a	In a typical week, on how many days do you eat vegetables (excl.potato & yam)	<input type="checkbox"/>
11b	In a typical week, on how many days do you eat fresh fruits?	<input type="checkbox"/>
12	What oil is used most often for cooking food in your house? Don't know <input type="checkbox"/> Sunflower oil <input type="checkbox"/>	
13	Groundnut oil <input type="checkbox"/> Mustard oil <input type="checkbox"/> Palm oil <input type="checkbox"/> Gingelly oil <input type="checkbox"/> Ghee <input type="checkbox"/> Others <input type="checkbox"/> (specify)..... What is the time interval between dinner and going to bed at night? <input type="checkbox"/> <input type="checkbox"/> hrs <input type="checkbox"/> <input type="checkbox"/> min	

Section 3: Physical activity

Section 3a: Job-related Physical activities (last 12 months)

No.	Question	Response	Coding category	Skip to
14	How active were you in your job/study?	Manual work (e.g. farmer, coolie, construction worker).....1 Mainly standing (e.g. guard).....2 Mainly sitting (e.g. office worker).....3 Housewife/ husbandband4 Retired or unemployed or disabled.....5 Student6	1 2 3 4 5 6	
15	During the past 12 months, how did you usually get to work/ study?	Mainly walk.....1 By bicycle.....2 By motorbike/ moped.....3 By bus/ car/ auto/ train/ ferry.....4 Mainly stay at home/work near home..5	1 2 3 4 5	

Section 3b: Non-job related Physical activities (last 12 months)

No.	Question	Response	Coding category	Skip to
16	During the past 12 months, how often did you exercise in your leisure time?	Never/ almost never.....1 At least once a month.....2 At least once a week.....3 daily or almost everyday4	1 2 3 4	
17	In a typical week, how many days did you sweat or have fast heartbeat because of heavy physical activities?	days <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
18	In a typical week, how many days did you do household chores like washing clothes or sweeping & mopping?	days <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
19	During the past 12 months, has your weight changed significantly?	About the same as before.....1 Yes, gained ≥ 2.5 kg.....2 Yes, lost ≥ 2.5 kg.....3 Not answered.....8 Unknown/don't know9 Yes.....1 No.....2	1 2 3 8 9 1 2	
20	Have you tried to reduce weight in the past 12 months?			

Section 4: Indoor air pollution & Passive smoking

No.	Question	Response	Coding category	Skip to
21	How many rooms are there in your house (excluding kitchen)?		<input type="checkbox"/> <input type="checkbox"/>	

22	What type of wall does your house have?	Pucca.....1 Kucha.....2	1 2	
23	What is the main cooking fuel used in your house?	Firewood/ cowdung/ crop residues....1 Coal.....2 Kerosene/ LPG/ electricity.....3 Other(specify).....4	1 2 3 4	
24	Where do you do most of your cooking in your house?	Indoor, in the main living area.....1 Indoor, in separate area used as kitchen.....2 Outdoor, in a shed.....3 Outdoor, in the open air.....4	1 2 3 4	
25	Are you the person doing most of the cooking in your house?	Yes.....1 No.....2	1 2	
26	Does anyone in your household smoke excluding you?	Yes.....1 No.....2	1 2	
27	How frequently are you exposed to other people's tobacco smoke at your workplace (ie, a minimum of 5 consecutive minutes each time)?	Never or almost never.....1 1-2 days/week.....2 Daily or almost everyday.....3 Not working.....9	1 2 3 9	

Section 5: Personal & Family Medical History

No.	Question	Response	Coding category	Skip to
28	How would you rate your current general health status?	Excellent.....1 Good.....2 Fair.....3 Poor.....4	1 2 3 4	
29	Has a doctor ever told you that you have the following disease?	1. Definite Yes 2. Definite No 9. Unknown Hypertension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diabetes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heart disease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stroke <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asthma <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tuberculosis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cancer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Genital ulcer/discharge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other chronic disease <input type="checkbox"/> <input type="checkbox"/> Specify		

30	Did any of your parents, siblings or children have following diseases? (for all except mother or father, note down the number with the disease)	<div> <div>Hypertension</div> <input type="checkbox"/> </div> <div> <div>Diabetes</div> <input type="checkbox"/> </div> <div> <div>Heart disease</div> <input type="checkbox"/> </div> <div> <div>Asthma</div> <input type="checkbox"/> </div> <div> <div>Mental disorder</div> <input type="checkbox"/> </div> <div> <div>Cancer</div> <input type="checkbox"/> </div>
	Mother	<input type="checkbox"/>
	Father	<input type="checkbox"/>
	Siblings	<input type="checkbox"/>
	Children	<input type="checkbox"/>
	Grandparents	<input type="checkbox"/>
	Uncle/ aunt	<input type="checkbox"/>

Section 6: Tobacco and alcohol consumption

No.	Question	Response	Coding category	Skip to
31	Which of the following best describes your tobacco smoking status?	<div>Current smoker (last 6 months)1</div> <div>Past smoker (6 months ago).....2</div> <div>Non-smoker.....3</div>	<div>1</div> <div>2 } → 35</div> <div>3</div>	
32	If current smoker, how many beedis per day?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
33	If current smoker, how many cigarettes per day?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
34	Others per day (specify.....)		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
35	Do you currently chew tobacco?	<div>Definite yes.....1</div> <div>Definite no.....2</div> <div>Refused / not answered... ..8</div>	<div>1</div> <div>2</div> <div>8</div>	
35a	If yes, how many times per day?	No. of times/day	<input type="checkbox"/> <input type="checkbox"/>	
36	Do you currently apply tobacco?	<div>Definite yes.....1</div> <div>Definite no.....2</div> <div>Refused / not answered... ..8</div>	<div>1</div> <div>2</div> <div>8</div>	
36a	If yes, how many times per day?	No. of times/day	<input type="checkbox"/> <input type="checkbox"/>	
37	Did you drink alcohol at least once a week during most weeks?	<div>Definite yes.....1</div> <div>Definite no.....2</div> <div>Refused / not answered... ..8</div>	<div>1</div> <div>2 } → 39</div> <div>8</div>	
38	If yes, average no. of days per week drink was taken	<div>Number of days in a week</div> <div>Not Answered8</div> <div>Unknown.....9</div>	<input type="checkbox"/>	

Section 7: Physical Measurements

(if there is no female interviewer in the team, skip **circumference measurements** for female participants)

No.	Parameter	Measurement	Skip to
39	Blood pressure 2 (left arm – sitting):	<div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> / <div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> mmHg <i>Systolic</i> <i>diastolic</i>	
40	Heart rate 2	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> per minute	
41	In the past week, have you taken any tablets to reduce your blood pressure?	Definite yes..... 1 Definite no..... 2 Not sure..... 9	
42	Height	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> . <div><input type="text"/></div> <div><input type="text"/></div> cm	
43	Weight	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> . <div><input type="text"/></div> kg	
44	Are you pregnant? (for women only)	Yes..... 1 No..... 2	
44a	If yes, is duration >3 months (completed months)	Yes..... 1 No..... 2	→ Q50
45	Waist circumference-1	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> . <div><input type="text"/></div> <div><input type="text"/></div> cm	
46	Waist circumference-2	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> . <div><input type="text"/></div> <div><input type="text"/></div> cm	
47	Waist circumferences measured:	Without clothing..... 1 With clothing..... 2	
48	Hip circumference-1	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> . <div><input type="text"/></div> <div><input type="text"/></div> cm	
49	Hip circumference-2	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> . <div><input type="text"/></div> <div><input type="text"/></div> cm	
50	Lung function Peak flow-1	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	
51	Peak flow-2	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	

Section 8: Biologic Measurements

No.	Question	Response category	Skip to
52	Blood sample collected	Yes..... 1 No..... 2	→ Q55
52a	Apply Label here	<div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> a.m/ p.m. <div>Sample ID Label</div>	
52b	Time blood taken	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	
53	In the past week, have you taken any tablets to reduce your blood cholesterol?	Definite yes..... 1 Definite no..... 2 Not sure..... 9	
54	Other tests (Haemoglobin)	<div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> gm/Dl	

Sections 9 & 10 are for adults aged 18–49 years only. [Now I would like to ask you a few questions regarding your sexual life and sexual behaviours. Honest responses to these questions will help the survey to understand the causes of sexually transmitted diseases. Your responses will not be shared with anyone.]

Section 9: Sexual Behaviour (for adults aged 18–49 years only)

For Men				
No.	Question	Response categories	Coding category	Skip to
55	Have you ever been/ are you currently...	Unmarried & not co-habiting Unmarried & Co-habiting Married	1 2 3	→ 56 → → 57
For never married men (i.e., not married and not co-habiting with anyone)				
56	Have you ever had sex with a woman?	Yes.....1 No.....2	1 2	→ 62
56a	If yes, when was the last time	<1 year.....1 >1 year.....2 Unknown.....9	1 2 9	→ 59
56b	If yes, did you use a condom the last time?	Yes.....1 No.....2	1 2	→ 59
For ever married or co-habiting men				
57	Have you ever had sex with your wife/partner?	Yes.....1 No.....2	1 2	→ 58
57a	If yes, when was the last time	<1 year.....1 >1 year.....2 Unknown.....9	1 2 9	
58	In the last year, have you had sex with a woman who is NOT your wife/partner?	Yes.....1 No.....2	1 2	→ 59
58a	If yes, did you use a condom the last time?	Yes.....1 No.....2	1 2	
For all men				
59	At what age did you first have sexual intercourse?	Age..... Not Answered8 Don't Know.....9	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> 8 9	
60	Have you ever paid/given gifts for sex with a woman?	Yes.....1 No.....2 Not answered.....8 Unknown9	1 2 8 9	→ 61
60a	If yes, when was the last time you ever paid for sex with a woman?	<1 year.....1 >1 year.....2	1 2	
60b	If yes, did you use a condom the last time?	Yes.....1 No.....2	1 2	
61	In total, with how many different women (including wife), have you ever had sex in your life?		<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	
62	In the last year, have you had sex with a man?	Yes.....1 No.....2	1 2	→ 68

For all women (skip this section if no female interviewer is present in the team)				
63	Have you ever had sex with a man?	Yes.....1 No.....2	1 1 2 2	→ 68
64	If yes, at what age did you first have sexual intercourse?	Age..... Not Answered8 Don't Know.....9	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">8</div>	
65	In the last year, have you had sex with a man other than your husband or cohabiting partner?	Yes.....1 No.....2	1 1 2 2	→ 67
66	If yes, could you please tell us a little more in detail (regarding last 3 partners): <i>(Note: try to have an open conversation with respondent keeping questions below in mind)</i>	Partner 1	Partner 2	Partner 3
66a	Relationship with partner – (e.g. friend, relative, colleague, etc)			
66b	Age of partner –			
66c	Circumstances/place(s) of contact –			
66d	Does he give you anything in return to having sex with him (e.g. money/gifts/security/or other benefits)?			
66e	Does he force you or has he ever forced you to have sex with him?			
66f	Did you ever use a condom with this partner?			
66g	Did you use a condom the last time you has sex with this partner?			
67	In total, with how many different men (including husband), have you ever had sex in your life?	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 30px; text-align: center; vertical-align: middle;"> </div>		

Section 10: AIDS module (for adults aged 18--49 years only)

No.	Question	Response	Coding category	Skip to
68	Have you ever had an HIV test done? <i>(Please do not ask the result of the test)</i>	Yes.....1 No.....2 No response.....8	1 1 2 2 8 8	
69	Do you know anyone <u>personally</u> who has died of AIDS?	Yes.....1 No.....2	1 1 2 2	

End Time: : am/pm

Fieldwork Checklist

(To be filled in the field soon after interview)

(Source Document)

No	Item	✓ or X	If X, why?
1	Form A filled		
2	Informed Consent signed		
3	Questionnaire administered fully		
4	Physical measurements taken		
5	DBS collected		
6	Sample Label-1 placed on Questionnaire		
7	Sample Label-2 placed on DBS filter paper		
8	Sample Label-3 placed on field sample log sheet		
9	Health Report card given to respondent & explained		
10	Health Promotion brochure given to respondent & explained		

(to be completed in the office)

Form filled & cleaned by HS¹: Date:

Form checked & cleaned by HS²: Date:

Supervised by: Date:

Data entry by: Date: