

DEMOGRAPHIC AND HEALTH SURVEYS
 NON-COMMUNICABLE DISEASES MODULE
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF WOMAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____												
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"></table>												
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6												
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR								
NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NUMBER
	NUMBER		NUMBER	NUMBER								
			NUMBER	NUMBER								

(1) This section should be adapted for country-specific survey design.

SECTION ND. NON-COMMUNICABLE DISEASES FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ND01	Have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
ND02	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ ND06
ND03	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	
ND04	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2	
ND05	Are you taking medication to control your blood pressure?	YES 1 NO 2	
ND06	Have you ever had your blood sugar measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
ND07	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ ND11
ND08	In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	
ND09	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
ND10	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
ND11	Have you ever been told by a doctor or other health worker that you have heart disease or a chronic heart condition?	YES 1 NO 2	→ ND13
ND12	Are you receiving any treatment for your heart disease or chronic heart condition?	YES 1 NO 2	
ND13	Have you ever been told by a doctor or other health worker that you have lung disease or a chronic lung condition?	YES 1 NO 2	→ ND15
ND14	Are you receiving any treatment for your lung disease or chronic lung condition?	YES 1 NO 2	
ND15	Have you ever been told by a doctor or other health worker that you have cancer or a tumor?	YES 1 NO 2	→ ND17
ND16	Are you receiving any treatment for cancer or a tumor?	YES 1 NO 2	
ND17	Have you ever been told by a doctor or other health worker that you have depression?	YES 1 NO 2	→ ND19
ND18	Are you receiving any treatment for depression?	YES 1 NO 2	

SECTION ND. NON-COMMUNICABLE DISEASES FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ND19	Have you ever been told by a doctor or other health worker that you have arthritis?	YES 1 NO 2	→ ND21
ND20	Are you receiving any treatment for arthritis?	YES 1 NO 2	
ND21	Have you ever been told by a doctor or other health worker that you have any other chronic disease, that is, any other disease that is long lasting?	YES 1 _____ (SPECIFY CHRONIC DISEASE) NO 2	→ ND23
ND22	Are you receiving any treatment for (CHRONIC DISEASE FROM ND21)?	YES 1 NO 2	
ND23	Have you heard of cervical cancer?	YES 1 NO 2	→ ND25
ND24	Have you heard of any test for cervical cancer?	YES 1 NO 2	
ND25	Now I'm going to ask you about tests a health care worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the health care worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the health care worker puts vinegar on the cervix to see if there is a reaction.		
ND26	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8	→ NEXT SECT.
ND27	When was your last test for cervical cancer? IF LESS THAN 1 YEAR, RECORD '00'.	YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
ND28	What was the result of your last test for cervical cancer?	NORMAL / NEGATIVE 1 ABNORMAL / POSITIVE 2 UNCLEAR / INCONCLUSIVE 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW 8	→ NEXT SECT. → NEXT SECT.
ND29	Did you receive any treatment to your cervix or have any follow up visits because of your test results?	YES 1 NO 2 DON'T KNOW 8	

DEMOGRAPHIC AND HEALTH SURVEYS
 NON-COMMUNICABLE DISEASES MODULE
 MODEL MAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)												
PLACE NAME _____												
NAME OF HOUSEHOLD HEAD _____												
CLUSTER NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
HOUSEHOLD NUMBER				<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
NAME AND LINE NUMBER OF MAN _____												
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				MONTH <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
RESULT*	_____	_____	_____	INT. NO. <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
				RESULT* <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="width: 40px; height: 20px; float: right;"></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____												
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="width: 20px; height: 20px; text-align: center;">0</table> <table border="1" style="width: 20px; height: 20px; text-align: center;">1</table> LANGUAGE OF INTERVIEW** <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="width: 20px; height: 20px;"></table> <table border="1" style="width: 20px; height: 20px;"></table> TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="width: 20px; height: 20px;"></table>												
LANGUAGE OF QUESTIONNAIRE** ENGLISH **LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6												
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR								
NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NAME	<table border="1" style="width: 40px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					NUMBER
	NUMBER		NUMBER	NUMBER								
			NUMBER	NUMBER								

(1) This section should be adapted for country-specific survey design.

SECTION ND. NON-COMMUNICABLE DISEASES FOR MAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ND01	Have you ever had your blood pressure measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
ND02	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ ND06
ND03	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2	
ND04	Has a doctor or other healthcare worker prescribed medication to control your blood pressure?	YES 1 NO 2	
ND05	Are you taking medication to control your blood pressure?	YES 1 NO 2	
ND06	Have you ever had your blood sugar measured by a doctor or other health worker?	YES 1 NO 2 DON'T KNOW 8	
ND07	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ ND11
ND08	In the past 12 months, have you been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2	
ND09	Has a doctor or other healthcare worker prescribed medication to control your high blood sugar or diabetes?	YES 1 NO 2	
ND10	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
ND11	Have you ever been told by a doctor or other health worker that you have heart disease or a chronic heart condition?	YES 1 NO 2	→ ND13
ND12	Are you receiving any treatment for your heart disease or chronic heart condition?	YES 1 NO 2	
ND13	Have you ever been told by a doctor or other health worker that you have lung disease or a chronic lung condition?	YES 1 NO 2	→ ND15
ND14	Are you receiving any treatment for your lung disease or chronic lung condition?	YES 1 NO 2	

SECTION ND. NON-COMMUNICABLE DISEASES FOR MAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ND15	Have you ever been told by a doctor or other health worker that you have cancer or a tumor?	YES 1 NO 2	→ ND17
ND16	Are you receiving any treatment for cancer or a tumor?	YES 1 NO 2	
ND17	Have you ever been told by a doctor or other health worker that you have depression?	YES 1 NO 2	→ ND19
ND18	Are you receiving any treatment for depression?	YES 1 NO 2	
ND19	Have you ever been told by a doctor or other health worker that you have arthritis?	YES 1 NO 2	→ ND21
ND20	Are you receiving any treatment for arthritis?	YES 1 NO 2	
ND21	Have you ever been told by a doctor or other health worker that you have any other chronic disease, that is, any other disease that is long lasting?	YES 1 _____ (SPECIFY CHRONIC DISEASE) NO 2	NEXT → SECT.
ND22	Are you receiving any treatment for (CHRONIC DISEASE FROM ND21)?	YES 1 NO 2	