12/1/98

SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY
ADULT HEALTH QUESTIONNAIRE

IDENTIFICATION

PROVINCE ____________________

DISTRICT ____________________

EA NUMBER . . . .

EA TYPE . . . .

SADHS CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

NAME AND LINE NUMBER OF ADULT ____________________

NAME OF HOUSEHOLD HEAD ____________________

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	______	______	______	DAY MONTH YEAR
INTERVIEWER'S NAME	______	______	______	NAME
RESULT*	______	______	______	RESULT
NEXT VISIT: DATE	______	______		TOTAL NO. OF VISITS
TIME	______	______		

*RESULT CODES:

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER ____________________ (SPECIFY)

LANGUAGE

LANGUAGE OF QUESTIONNAIRE 0 1

LANGUAGE OF INTERVIEW . . . .

HOME LANGUAGE OF RESPONDENT . . . .

TRANSLATOR USED (YES = 1, NO = 2) . . . .

LANGUAGE CODES

01 ENGLISH	04 isi ZULU	07 SePEDI	10 ZITSONGA
02 AFRIKAANS	05 SeSOTHO	08 SiSWATI	11 isiNDEBELA
03 isiXHOSA	06 SeTSWANA	09 TshiVENDA	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME ______ DATE ______	NAME ______ DATE ______		

SECTION 1: HEALTH SERVICE UTILIZATION

NO.	QUESTIONS AND FILTERS			
1.	During the last month have you been to any of the following health services for medical care for yourself : PROBE		2. Were you satisfied with the care you received at (PLACE)?	3. Why were you not satisfied with the care you received at (PLACE)?
A	Day Hospital?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)
B	Government Hospital/Government Clinic?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)
C	Private Hospital/Private Clinic?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)
D	District Surgeon?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)
E	Private Doctor?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)
F	Chemist Shop?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)
G	Faith Healer?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)
H	Traditional Healer or Herbalist?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)
I	Health Services at the Workplace?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER______ 96 (SPECIFY)

J	Home Based Care Services/House visits?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT .... 01 SHORT CONSULTATION .... 02 STAFF RUDE/UNKIND .... 03 DIDN'T SEE DOCTOR .... 04 OTHER__________96 (SPECIFY)
K	Dentist/Oral hygienist/Oral therapist?	YES 1 / NO 2	YES 1 / NO 2	LONG WAIT .... 01 SHORT CONSULTATION .... 02 STAFF RUDE/UNKIND .... 03 DIDN'T SEE DOCTOR .... 04 OTHER__________96 (SPECIFY)
L	Other? __________ SPECIFY	YES 1 / NO 2		

4.	Are you covered by a Medical Aid or Medical Benefit Scheme? (Any scheme that helps you pay for health/drug services)	YES .... 1 NO 2	
5.	Have you had your blood pressure measured in the past 12 months?	YES .... 1 NO 2	
6.	Do you know what your blood pressure is?	YES .... 1 NO 2	→8
7.	Is it high, normal or low?	HIGH .... 1 NORMAL .... 2 LOW .... 3 DON'T KNOW 8	

SECTION 2: FAMILY MEDICAL HISTORY

8	Now I would like to ask you about your family. Do you have a close blood relative (father, mother, brother, sister or child) who has ever had any of the following conditions:		
8A	High Blood Pressure?	YES .... 1 NO .... 2 DON'T KNOW 8	
8B	Heart attack or angina or chest pain when exerting himself/herself?	YES .... 1 NO .... 2 DON'T KNOW 8	→8D
8C	IF "YES", was it before the age of 50 years?	YES .... 1 NO .... 2 DON'T KNOW 8	
8D	Stroke?	YES .... 1 NO .... 2 DON'T KNOW 8	
8E	High blood cholesterol or Fats?	YES .... 1 NO .... 2 DON'T KNOW 8	
8F	Diabetes or Blood Sugar?	YES .... 1 NO .... 2 DON'T KNOW 8	
8G	Cancer?	YES .... 1 NO .... 2 DON'T KNOW 8	

SECTION 3: CLINICAL CONDITIONS

9	Now I would like to ask you about your own health. Has a doctor or nurse or staff member at a clinic or at hospital told you that you had or have any of the following conditions:		
9A	High Blood Pressure?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 9C
9B	IF "YES", when was the first time that you were told you had high blood pressure?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	
9C	Heart attack or angina?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 9E
9D	IF "YES", when was your heart attack or angina?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	
9E	Stroke?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 9G
9F	IF "YES", when did you have your stroke?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	
9G	High blood cholesterol or fats?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 9I
9H	IF "YES", when was the first time that you were told that you had blood cholesterol or fats?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	
9I	Diabetes or Blood Sugar?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 9K
9J	IF "YES", when was the first time that you were told that you had diabetes or blood sugar?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	
9K	Emphysema/Bronchitis?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 9M
9L	IF "YES", when was the first time that you were told that you had emphysema or bronchitis?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	
9M	Asthma?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 9O
9N	IF "YES" when was the first time that you were told that you had asthma?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	
9O	TB?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 9Q
9P	IF "YES" when was the first time that you were told that you had TB?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	
9PP	How many episodes of TB have you ever been treated for?	[ ][ ]	
9Q	Cancer?	YES . . . 1 NO . . . 2 DON'T KNOW . . . 8	→ 12
9R	IF "YES", when was the first time that you were told that you had cancer?	IN THE LAST 12 MONTHS . . . 1 MORE THAN A YEAR AGO . . . 2	

10	Did the doctor/nurse/staff member at a hospital tell you what kind of cancer you have?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	NO / DON'T KNOW → 12
11	What kind of cancer were you told you had or have? DO NOT READ THE LIST OF CANCERS.	LUNG CANCER . . . . . A CERVICAL/WOMB CANCER . . . . . B SKIN CANCER . . . . . C BREAST CANCER . . . . . D PROSTATE CANCER . . . . . E ESOPHAGEAL CANCER . . . . . F OTHER________________ X (SPECIFY)	
12	Do you feel you have less breath when exerting yourself when compared to other people your age?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
13	During the last year have you had wheezing or tightness of your chest.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	NO / DON'T KNOW → 16
14	If "YES" were you also short of breath?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
15	Do you only get wheezing when you have a cold?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
16	Is your sleep ever interrupted by you coughing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
17	Is your sleep ever interrupted by wheezing or a tight chest?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
18	Do you usually cough?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	NO / DON'T KNOW → 21
19	When you cough, do you usually bring up phlegm from your chest?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	NO / DON'T KNOW → 21
20	If "yes", have you brought up phlegm every day for at least three months during the last year?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	NO / DON'T KNOW → 21
20A	If "yes" for how many years have you brought up phlegm in this way?	[ ][ ]	
21	IS THE RESPONDENT A MAN OR A WOMAN?	MAN [ ] WOMAN [ ]	WOMAN → 26
22	Now I am going to ask you some personal questions. Please remember that this information will be kept strictly confidential. Some men experience pain during urination or have a discharge from the penis. During the last 3 months, have you noticed any such pain or discharge?	YES . . . . . 1 NO 2	
24	Some men experience sores in the genital area. During the last 3 months, have you noticed any such sores?	YES . . . . . 1 NO 2	

SECTION 4: DENTAL HEALTH

No.	Question	Response	Skip
26	Now I want to ask you about your teeth. Do you think that there is anything wrong in your mouth, teeth or gums?	YES . . . . 1 NO 2	 →28
27	Which of the following items do you feel is a problem: Your Teeth? Your Gums? Ulcers/sores in the mouth? Dentures? Any other problems? RECORD ALL MENTIONED.	 TEETH . . . . A GUMS . . . . B ULCERS/SORES IN THE MOUTH . . . C DENTURES . . . . D OTHER ____________ X (SPECIFY)	
28	Have you ever visited a dentist, an oral hygienist, or an oral therapist ?	YES . . . . 1 NO 2	
29	Have you lost any of your natural teeth?	YES . . . . 1 NO 2	 →34
30	Do you have any of your natural teeth?	YES . . . . 1 NO 2	
31	Do you wear a denture (false teeth)?	YES, PARTIAL . . . . 1 YES, TOTAL/COMPLETE . . . . 2 NO 3	
32	CHECK 30: HAS NO NATURAL TEETH ☐ ↓	HAS NATURAL TEETH ☐ → 34	
33	Do you usually rinse or clean your mouth everyday?	YES . . . . 1 NO 2	→ 38
34	What do you do to look after your teeth. Do you Clean/Brush your teeth? Watch your diet/Eat special foods? Visit the dentist? Anything else?	YES NO CLEAN/BRUSH . . . . 1 2 DIET/FOOD . . . . 1 2 VISIT DENTIST . . . . 1 2 OTHER____________ 1 2 (SPECIFY)	
35	CHECK 34: CLEAN/BRUSH ☐ ↓	DOES NOT CLEAN/BRUSH ☐ → 37	
36	Do you usually brush/wash your teeth everyday?	YES . . . . 1 NO 2	
37	Do you own a toothbrush?	YES . . . . 1 NO 2	

38	Some people say that fluoride mineral in the water makes the children and adults' natural teeth strong and healthy; Other people say it does not. What do you think?	MAKES TEETH STRONG . . . . 1 DOES NOT MAKE TEETH STRONG . 2 OTHER________________________ 6 (SPECIFY) DON'T KNOW 8	

SECTION 5: OCCUPATIONAL HEALTH

39	In the last 12 months, have you worked for payment?	YES . . . . 1 NO 2	——▸45A
40	In the last 12 months, have you had any injury or health problem related to your work?	YES . . . . 1 NO 2	——▸43
41	Did you stay away from work because of this injury or problem?	YES . . . . 1 NO 2	
42	What was the injury or health problem?	______________________ ______________________ ______________________	
43	In the last 12 months, have you had an existing injury or health problem that was aggravated or became worse at work?	YES . . . . 1 NO 2	——▸45A
44	Did you stay away from work because of this injury or problem?	YES . . . . 1 NO 2	
45	What was the injury or health problem?	______________________ ______________________ ______________________	
45A	Have you ever worked underground in a mine?	YES . . . . 1 NO 2	——▸46
45B	If "yes", what kind of mine was it? RECORD ALL	GOLD . . . . A COAL . . . . B ASBESTOS . . . . C OTHER ___________________ X (SPECIFY)	
45C	How many years in total did you work underground?		

SECTION 6: MEDICATION

46	Now I want to ask you about any medication you take. Do you use any medicine regularly that has been prescribed by a doctor or nurse?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →65 (NO, DON'T KNOW)
47	How many different medicines do you use regularly?	NUMBER . . . . . [ ][ ]	
48	Do you know what the medication is for?	YES . . . . . 1 NO 2	 →65
49	Is it for **High Blood Pressure?**	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →51 (NO, DON'T KNOW)
50	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES . . . . . 1 NO . . . . . 2 [ ] ______________________ [ ] [ ] ______________________ [ ] [ ] ______________________ [ ] [ ] ______________________ [ ] [ ] ______________________ [ ]	 →51
51	Is it for **Diabetes/Sugar?**	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →53 (NO, DON'T KNOW)

52	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES . . . . 1 NO . . . . 2 ______________ [ ] [ ] ______________ [ ] [ ] ______________ [ ] [ ] ______________ [ ] [ ] ______________ [ ] [ ]	 →53
53	Is it for **High Blood Cholesterol**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →55
54	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES . . . . 1 NO . . . . 2 ______________ [ ] [ ] ______________ [ ] [ ] ______________ [ ] [ ] ______________ [ ] [ ] ______________ [ ] [ ]	 →55
55	Is it for **Angina/chestpain**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →57

56	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES . . . . . 1 NO . . . . . 2 _______________ _______________ _______________ _______________ _______________	 →57
57	Is it for any other **Heart condition**?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →59
58	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES . . . . . 1 NO . . . . . 2 _______________ _______________ _______________ _______________ _______________	 →59
59	Is it for **Asthma, Emphysema or Bronchitis?**	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 →61

60	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES . . . . 1 NO . . . . 2 ____________________ ____________________ ____________________ ____________________ ____________________	 →61
61	Is it for **Tuberculosis**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →63
62	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES . . . . 1 NO . . . . 2 ____________________ ____________________ ____________________ ____________________ ____________________	 →63
63	Do you take it because you had a **Stroke**?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 →65

64	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES . . . . . 1 NO . . . . . 2 ____________________ ____________________ ____________________ ____________________ ____________________	 →65

65	NOW, ASK THE RESPONDENT TO SHOW YOU ALL THE MEDICATION TAKEN EVERY DAY DURING THE LAST MONTH. THEN WRITE DOWN THE NAMES OF ALL THE MEDICATIONS BELOW. NAME ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ] ________ [ ][ ][ ][ ][ ][ ][ ]	MEDICATIONS ARE LISTED YES....................1 NO....................2 → 66 NUMBER OF MEDICATIONS LISTED ..... [ ][ ]
65A	Who pays for most of the prescribed medication that you use?	RESPONDENT .... 01 FAMILY .... 02 MEDICAL AID .... 03 PROVIDED AT CLINIC OR PUBLIC HOSPITAL ..... 04 EMPLOYER .... 05 OTHER ________ 96 (SPECIFY)

SECTION 7: HABITS AND LIFESTYLE

	Now I would like to ask you a few questions about your diet and other habits.		
66	How old were you at your last birthday?	AGE IN COMPLETED YEARS . . . . [ ][ ]	
66a	Which race group do you consider yourself?	BLACK/AFRICAN . . . . . 1 COLOURED . . . . . 2 WHITE . . . . . 3 ASIAN/INDIAN 4	
67	Do you usually eat your food very salty, lightly salted or not salted?	VERY SALTY . . . . . 1 LIGHTLY SALTED . . . . . 2 NOT SALTED . . . . . 3 DON'T KNOW 8	
68	Do you usually add salt or Aromat/Fondor to your serving of food? IF YES, Before or after tasting the food?	NO, I NEVER ADD SALT/AROMAT . . . . . 1 YES, BUT I TASTE FIRST AND THEN ADD . 2 YES, EVEN BEFORE HAVING TASTED FOOD 3 DON'T KNOW 8	
69	Do you eat salty snacks more often than three times per week (Such as chips, niknaks, salted peanuts, salty biscuits, biltong, dried sausage, dried fish)?	YES . . . . . 1 NO 2	
70	Do you personally think that you are underweight,normal weight or overweight?	UNDERWEIGHT . . . . . 1 NORMAL WEIGHT . . . . . 2 OVERWEIGHT.. . . . . 3 DON'T KNOW 8	
71	Have you ever smoked tobacco, used snuff or chewed tobacco?	YES . . . . . 1 NO 2	 →81
72	Have you ever smoked at least 100 cigarettes (5 packets of 20 cigarettes) or the equivalent amount of tobacco in your lifetime?	YES . . . . . 1 NO 2	
73	Have you ever smoked daily?	YES . . . . . 1 NO 2	
74	On average, what number of the following items do or did you smoke or use per day? PROBE AND FILL IN NUMBER FOR EACH ITEM.	MANUFACTURED CIGARETTES [ ][ ] HAND-ROLLED CIGARETTES [ ][ ] PIPEFULS OF TOBACCO [ ][ ] CIGARS/CHEROOTS/CIGARILLOS [ ][ ] SNUFF [ ][ ] CHEWING TOBACCO/PRUIMPIE [ ][ ]	
75	CHECK 74: EVER SMOKED CIGARETTES, PIPES OR CIGARS [ ] ↓	USES SNUFF OR CHEWING T0BACCO [ ] → 81	
76	How many years have you smoked or did you smoke on a daily basis? (IF RESPONDENT HAS STOPPED AND STARTED AGAIN, ASK FOR TOTAL YEARS)	NUMBER OF YEARS . . . . . [ ][ ]	

77	How old were you when you started smoking regularly?	AGE IN YEARS.................................	
78	Have you ever tried to quit smoking?	YES . . . . 1 NO 2	
79	Do you now smoke daily, occasionally or not at all?	DAILY . . . . 1 OCCASIONALLY . . . . 2 NOT AT ALL 3	——▸81
80	How long has it been since you last smoked daily?	LESS THAN (<)1 MONTH . . . . 01 1 MONTH TO < 6 MONTHS . . . . 02 6 MONTHS TO < 1 YEAR . . . . 03 1 YEAR TO < 5 YEARS . . . . 04 5 YEARS TO < 10 YEARS . . . . 05 10 YEARS OR MORE . . . . 06 NOT APPLICABLE 08	
81	Some people think that smoking is harmful to one’s health; Other people think that smoking is good for your health; Some people think it does not matter to one’s health whether one smokes or not. What do you think?	HARMFUL TO ONE’S HEALTH . . . . 1 GOOD FOR ONE’S HEALTH . . . . 2 DOES NOT MATTER 3	
82	Do you live in a house where other people smoke cigarettes regularly?	YES . . . . 1 NO 2	
83	Do you now work in a job where other people smoke cigarettes around you?	YES . . . . 1 NO . . . . 2 I DON’T WORK 8	
84	Have you ever worked in a job where you were regularly exposed to smoke, dust, fumes or strong smells?	YES . . . . 1 NO 2	——▸86
85	How long did you work in that job? IF LESS THAN 1 YEAR, WRITE ‘00”.	YEARS	
86	Have you ever drunk alcohol?	YES . . . . 1 NO 2	–▸anthro
87	Do you drink alcohol now?	YES . . . . 1 NO 2	——▸90
88	How much alcohol do you drink on average during the week?	NO DRINKING DURING THE WEEK . . . . . . 1 1-2 DRINKS PER DAY . . . . 2 3-4 DRINKS PER DAY . . . . 3 5 OR MORE DRINKS PER DAY . . . . 4 COMMUNAL DRINKING 5	
89	How much alcohol do you drink on average on weekends?	NO DRINKING DURING WEEKEND . . . . . . 1 1-2 DRINKS PER DAY . . . . 2 3-4 DRINKS PER DAY . . . . 3 5 OR MORE DRINKS PER DAY . . . . 4 COMMUNAL DRINKING 5	
90	Have you ever felt that you should cut down on your drinking?	YES . . . . 1 NO 2	
91	Have people annoyed you by criticizing your drinking?	YES . . . . 1 NO 2	
92	Have you ever felt bad or guilty about your drinking?	YES . . . . 1 NO 2	
93	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	YES . . . . 1 NO 2	

ADULT DEMOGRAPHIC AND HEALTH SURVEY
ANTHROPOMETRIC DATA SHEET

No.	Item	Entry
94	DATE	_ _ / _ _ / 1 9 _ _ (d d m m y y y y)
95	FIELDWORKER NUMBER	
96	WEIGHT (KG)	
97	HEIGHT (CM)	
98	MID-UPPER-ARM CIRCUMFERENCE (CM)	
99	WAIST CIRCUMFERENCE (CM)	
100	HIP CIRCUMFERENCE (CM)	
101	SYSTOLIC BLOOD PRESSURE 1	
102	DIASTOLIC BLOOD PRESSURE 1	
103	PULSE 1	
104	SYSTOLIC BLOOD PRESSURE 2	
105	DIASTOLIC BLOOD PRESSURE 2	
106	PULSE 2	
107	SYSTOLIC BLOOD PRESSURE 3	
108	DIASTOLIC BLOOD PRESSURE 3	
109	PULSE 3	
110	PEAK EXPIRATORY FLOW RATE	