

OFFICE/FIELD CHECK DETAILS

1.13 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

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1.14 DATA ENTRY CLERK'S CODE

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2.0 VALIDATION OF ALCOHOL CONSUMPTION

| Question | Response categories | Skip to | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|---------------|--------------------------|--------|--|--|---------|--|--|-----------|--|--|----------|--|--|--------|--|--|----------|--|--|--------|--|--|--|
| Alcohol Consumption | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.0 Does (NAME) drink alcohol? | YES.....1 NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.1 Has (NAME) consumed alcohol (such as beer, wine, spirits, or chaan'ga within the <u>past 12 months</u> ? (USE SHOWCARD OR SHOW EXAMPLES) | YES.....1 NO.....2 | → A3.0. | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.2 In the past 12 months, <u>how frequently</u> has (NAME) had at least <u>one drink</u> ? FW: READ RESPONSES | Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.3 When (NAME) drinks alcohol, on average, how many drinks does he/she have <u>during one day</u> ? IF DOESN'T KNOW EXACT NUMBER, CIRCLE 90 IF APPLICABLE, ELSE, CIRCLE 98 | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ENOUGH TO GET DRUNK.....90 DON'T KNOW.....98 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.4 In the past 12 months, as far as you know, what was the largest number of drinks (NAME) had on a single occasion, counting all types of standard drinks together? IF DON'T KNOW, CIRCLE 98 | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW.....98 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.5 FW: IF PRIMARY RESPONDENT IS FEMALE, SKIP TO A2.6, ELSE ASK: In the past 12 months, on how many days did (NAME) have <u>five or more</u> standard drinks in a single day? IF DON'T KNOW, CIRCLE 98 SKIP TO A2.7 | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW.....98 | | | → A2.7 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.6 In the past 12 months, on how many days did (NAME) have <u>four or more</u> standard drinks in a <u>single day</u> ? IF DON'T KNOW, CIRCLE 98 | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW.....98 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.7 Has (NAME) consumed alcohol (such as beer, wine, spirits, fermented cider) within the past 30 days? | YES.....1 NO.....2 | → A3.0 | | | | | | | | | | | | | | | | | | | | | | | | |
| A2.8 During <u>each</u> of the <u>past 7 days</u> , did (NAME) drink alcohol and if yes, how many standard drinks of any alcoholic drink did (NAME) have each day? RECORD FOR EACH DAY, IF NONE, RECORD 00, IF UNKNOWN, RECORD 98 1=Yes, 2=No, 9=Don't Know | <table style="border-collapse: collapse;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Drunk?</td> <td style="border: none; text-align: center;">If Yes, how many?</td> </tr> <tr> <td style="border: none;">Monday</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Tuesday</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Wednesday</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Thursday</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Friday</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Saturday</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Sunday</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | Drunk? | If Yes, how many? | Monday | | | Tuesday | | | Wednesday | | | Thursday | | | Friday | | | Saturday | | | Sunday | | | |
| | Drunk? | If Yes, how many? | | | | | | | | | | | | | | | | | | | | | | | | |
| Monday | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thursday | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friday | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturday | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sunday | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|----------------------------------|---|--------------------------------------|---------|----------------------------|---|---------------------------------|---|------------------|----------|---|---|--------|---|---|----------|---|---|--------|---|---|--|
| <p>A2.9 During the <u>past 7 days</u>, on which days was (NAME) drunk?</p> <p>RECORD FOR EACH DAY.</p> <p>CIRCLE "Y" IF (NAME) WAS DRUNK ON THAT DAY, ELSE</p> <p>CIRCLE "N"</p> | <table> <tr><td>Monday</td><td>Y</td><td>N</td></tr> <tr><td>Tuesday</td><td>Y</td><td>N</td></tr> <tr><td>Wednesday</td><td>Y</td><td>N</td></tr> <tr><td>Thursday</td><td>Y</td><td>N</td></tr> <tr><td>Friday</td><td>Y</td><td>N</td></tr> <tr><td>Saturday</td><td>Y</td><td>N</td></tr> <tr><td>Sunday</td><td>Y</td><td>N</td></tr> </table> | Monday | Y | N | Tuesday | Y | N | Wednesday | Y | N | Thursday | Y | N | Friday | Y | N | Saturday | Y | N | Sunday | Y | N | |
| Monday | Y | N | | | | | | | | | | | | | | | | | | | | | |
| Tuesday | Y | N | | | | | | | | | | | | | | | | | | | | | |
| Wednesday | Y | N | | | | | | | | | | | | | | | | | | | | | |
| Thursday | Y | N | | | | | | | | | | | | | | | | | | | | | |
| Friday | Y | N | | | | | | | | | | | | | | | | | | | | | |
| Saturday | Y | N | | | | | | | | | | | | | | | | | | | | | |
| Sunday | Y | N | | | | | | | | | | | | | | | | | | | | | |
| <p>A2.10 Would you say that (NAME) is.....</p> <p>CHOOSE ONLY ONE RESPONSE</p> | <table> <tr><td>Drunk most days of the week.....</td><td>1</td></tr> <tr><td>Drunk on a few days of the week.....</td><td>2</td></tr> <tr><td>Drunk once in a while.....</td><td>3</td></tr> <tr><td>Drunk on special occasions.....</td><td>4</td></tr> <tr><td>Never drunk.....</td><td>5</td></tr> </table> | Drunk most days of the week..... | 1 | Drunk on a few days of the week..... | 2 | Drunk once in a while..... | 3 | Drunk on special occasions..... | 4 | Never drunk..... | 5 | | | | | | | | | | | | |
| Drunk most days of the week..... | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Drunk on a few days of the week..... | 2 | | | | | | | | | | | | | | | | | | | | | | |
| Drunk once in a while..... | 3 | | | | | | | | | | | | | | | | | | | | | | |
| Drunk on special occasions..... | 4 | | | | | | | | | | | | | | | | | | | | | | |
| Never drunk..... | 5 | | | | | | | | | | | | | | | | | | | | | | |
| <p>A2.11 END TIME (24 HR) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3.0 ENDINGS</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>END THE INTERVIEW BY THANKING THE RESPONDENT</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Interviewer assessment</p> | | | | | | | | | | | | | | | | | | | | | | | |
| <p>A3.1 What is your assessment of the respondent's cooperation?</p> <p>1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad</p> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| <p>A3.2 What is your evaluation of the accuracy and completeness of the respondent's answers?</p> <p>1=Very high 2=High 3=Average 4=Low 5=Very low</p> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |