

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
SURVEY ON CARDIOVASCULAR DISEASE RISK FACTORS AND RISK PERCEPTION
QUESTIONNAIRE FOR COLLATERAL RESPONDENTS ON ALCOHOL CONSUMPTION

1.0 IDENTIFICATION INFORMATION and CONSENT

Primary Respondent

1.1 FIELD WORKER'S CODE

1.2 DATE OF INTERVIEW (DD/MM/YYYY)

1.3 PRIMARY RESPONDENT'S ID

1.4 PRIMARY RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)

1.5 PRIMARY RESPONDENT'S SEX (F=Female; M=Male)

1.6 PRIMARY RESPONDENT'S FULL NAME

1.7 ID OF ROOM WHERE RESPONDENT SLEEPS

INTRODUCTION AND CONSENT

Hello, my name is _____ and I work with the African Population and Health Research Centre. We are conducting a survey to better understand the situation of chronic diseases in this community, especially those affecting the heart and the behaviour of people in this community that may affect their health. We interviewed _____ [INSERT NAME OF PRIMARY RESPONDENT] a few days ago and he/she agreed that we interview you to confirm some of the information he/she gave us with you. The results of this study will be presented to institutions, including the government, that are involved in decision making and provision of health services with the intention that they will use the information to improve care for chronic diseases in the community and the country. This interview is not expected to cause you any harm or discomfort. The responses you give are confidential and will not be discussed with anyone including _____.

If you feel uncomfortable with certain questions you can choose not to answer them. We, however, hope you will participate in this survey since your views are very important. This interview will take about 15 minutes of your time.

1.8 Do you accept to participate in the study? (Y=YES; N=NO; IF 'YES' SKIP TO 1.10a)

1.9 IF THE RESPONDENT DOES NOT ACCEPT TO BE INTERVIEWED ASK: To help better inform our work in the future, could you please tell me the main reason why you do not want to participate in this study?

(CODE SHEET A⁶) (FW: IF REASON IS RELATED TO TIME BEING INCONVENIENT FOR RESPONDENT, PLEASE MAKE AN APPOINTMENT TO COME BACK AND DO THE INTERVIEW). OTHERWISE THANK RESPONDENT FOR HIS/HER TIME AND END THE INTERVIEW.

Collateral respondent

1.10a ID OF ROOM WHERE COLLATERAL RESPONDENT SLEEPS

1.10b COLLATERAL RESPONDENT'S DATE OF BIRTH (DD/MM/YY)

1.10c COLLATERAL RESPONDENT'S SEX (F=Female; M=Male)

1.10d RELATIONSHIP TO PRIMARY RESPONDENT (CODE SHEET A⁴)

1.10e IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in our study. Could you please sign here to show that you have accepted to participate in the study.

Collateral respondent's Signature _____

0= REFUSES TO SIGN 1= SIGNS 2= WILLING BUT UNABLE TO SIGN

1.11 FINAL RESULT OF INTERVIEW (CODE SHEET A¹)

1.12 START TIME (24 HR)

OFFICE/FIELD CHECK DETAILS

1.13 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

1.14 DATA ENTRY CLERK'S CODE

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	<input type="text"/> <input type="text"/> 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	<input type="text"/> <input type="text"/> 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	<input type="text"/> <input type="text"/> 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	<input type="text"/> <input type="text"/> 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 border="1"> <thead> <tr> <th></th><th>Drunk?</th><th>If Yes, how many?</th></tr> </thead> <tbody> <tr><td>Monday</td><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Tuesday</td><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Wednesday</td><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Thursday</td><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Friday</td><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Saturday</td><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Sunday</td><td><input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> </tbody> </table>		Drunk?	If Yes, how many?	Monday	<input type="text"/>	<input type="text"/> <input type="text"/>	Tuesday	<input type="text"/>	<input type="text"/> <input type="text"/>	Wednesday	<input type="text"/>	<input type="text"/> <input type="text"/>	Thursday	<input type="text"/>	<input type="text"/> <input type="text"/>	Friday	<input type="text"/>	<input type="text"/> <input type="text"/>	Saturday	<input type="text"/>	<input type="text"/> <input type="text"/>	Sunday	<input type="text"/>	<input type="text"/> <input type="text"/>	
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A2.9 During the <u>past 7 days</u> , on which days was (NAME) drunk? RECORD FOR EACH DAY. CIRCLE "Y" IF (NAME) WAS DRUNK ON THAT DAY, ELSE CIRCLE "N"		Monday Y N Tuesday Y N Wednesday Y N Thursday Y N Friday Y N Saturday Y N Sunday Y N	
A2.10 Would you say that (NAME) is..... CHOOSE ONLY ONE RESPONSE		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	
A2.11 END TIME (24 HR)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3.0 ENDINGS			
END THE INTERVIEW BY THANKING THE RESPONDENT			
Interviewer assessment			
A3.1 What is your assessment of the respondent's cooperation? 1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad		<input type="text"/>	
A3.2 What is your evaluation of the accuracy and completeness of the respondent's answers? 1=Very high 2=High 3=Average 4=Low 5=Very low		<input type="text"/>	