

Adult Health Exam	1. Date:	2. Time:	3. HH ID:	4. Interviewer:			
5. Name:	6. DE:		7. QC:				
8. Consent granted?	[0] No [1] Yes						
9. Relationship to household head:	[1] Head [2] Wife or Husband [3] Son or Daughter [4] Son- or Daughter-in-law [5] Grandchild [6] Parent [7] Parent-in-law [8] Brother or Sister [9] Co-Wife [10] Other Relative [11] Adopted/Foster/Stepchild [12] Not related [-9] Don't Know						
10. Highest education level	[0] None [1] Adult Education [2] KG [3] Grades 2-4 [4] Grades 5-8 [5] Grades 9-10 [6] Prep 11-12 [7] Higher [-9] Don't Know						
11. Age [Years]	[Years]						
12. Do you drink milk?	[0] No [1] Yes						
12.1. If yes, how times per week do you drink cow's milk?	[Times per week]						
12.2. If yes, how times per week do you drink milk from other animals?	[Times per week]						
13. Do you sleep under a mosquito net?	[0] Never [1] Sometimes [2] Always						
14. Have you ever used khat?	[0] Never [1] Currently [2] Previously						
14.1. If yes, for how many years have you used khat?	[Years]						
15. Have you ever used tobacco products?	[0] Never [1] Currently [2] Previously						
15.1. If yes, for how long have you used tobacco?	[Years]						
15.2. If not currently using tobacco, how many months ago did you quit using tobacco?	[Months]						
15.3. What form of tobacco did/do you use?	[1] Cigarettes [2] Chewing tobacco [3] Snuff [4] Pipe [5] Other (describe) _____ [-99] No answer						
15.4. How many times per week did/do you use tobacco?	[times] OR [cigarettes per week]						
For women only							
16. Are you currently pregnant?	[0] No [1] Yes [-9] Unsure [-99] Refused						
16.1. How many months ago was your last menstrual period?	[months] [-99] Refused						
17. Pregnancy history	Gravidity: Parity: Abortions: [-99]						
17.1. Have you ever had seizures (abnormal body movement) during pregnancy?	[0] No [1] Yes [-9] Unsure [-99] Refused						
General Symptoms							
Symptom	a. In the last year, did you ever have: [symptom]? [0] No (Skip to next condition) [1] Yes [-9] Unsure	b. How often have you experienced the [symptom]? Units: [1] day [2] week [3] month [4] year	c. How long does the [symptom] last? Units: [1] minutes [2] hours [3] days		d. How severe is the [symptom]? [0] No symptom [1] Mild [2] Moderate [3] Severe [-9] Don't know	E. What causes [symptom]? (precipitating event)	F. What alleviates [symptom]?
18. Nausea (pre-vomit feeling)	[0] [1] [-9]	Times Unit [1] [2] [3] [4]	Amount Unit [1] [2] [3]	[1] [2] [3] [-9]			
19. Shortness of breath	[0] [1] [-9]	Times Unit [1] [2] [3] [4]	Amount Unit [1] [2] [3]	[1] [2] [3] [-9]			
20. Cough	[0] [1] [-9]	Times Unit [1] [2] [3] [4]	Amount Unit [1] [2] [3]	[1] [2] [3] [-9]			
21. Abdominal pain	[0] [1] [-9]	Times Unit [1] [2] [3] [4]	Amount Unit [1] [2] [3]	[1] [2] [3] [-9]			
21.1. If you experience abdominal pain, where do you experience it?							

