English version of smoking questionnaire Questionnaire code number_____ Interviewer's Name_____

Prison name -----Mobile N<u>o</u>-----

lo	Questions	Coding category/response
1.	Age in years	years
2.	Sex	1. Female
		2. Male
3.		1. Single
	Marital status	2. Married
		3. Divorced
		4. Widowed
		5. Separated
4.		1. Not able to read and write
		2. Able to read and write without formal school
	Education	year
		3. Primary (1-8)
		4. Secondary (9-10 or 12)
		5. College (10+ or 12+)
		6. University degree
5.		1. Civil servant(gov't)
		2. Farmers
		3. Merchant
	Occupation hafara imprisonment	4. Daily wages
	Occupation before imprisonment	5. Student
		6. House wife
		7. Unemployed
		8. Others (specify)
6.	Residence place (before detained)	1. Rural
		2. Urban
7.	Have you ever smoked in the past 12	1. Yes
7.	months?	2. No (If "No", skip to question 10)
8.	If your answer is "Yes" to question 7,	packs/day,cigarettes/day
0.	how many packs/day?	packs/day,cigaretics/day
9.	How long have you smoked?	(write the time unit in weeks or
).	How long have you smoked?	months or years)
10.	Do you chew 'khat'?	1. Yes
10.		2. No (If "No", skip to question 12)
11.	If your answer is "Yes" to question 10,	(write the time unit in weeks or
	for how long have you chewed khat?	months or years)

English	English version of smoking questionnaire				
Questionnaire code number		Prison name			
Interviewer's Name		Mobile No			
12.	Were you drinking alcohol including "Tela" and "Areki" (before your detention)?	1. Yes 2. No			
13.	If your answer is "Yes" to question	bottles per week for alcohol like beer			
	number 12, how frequent is it?	cups per week for areki or wiski			
Part II. Prison and health related aspects of prisoners					
14.	Total number of prisoners in the prison site	prisoners			
15.	Total number of rooms in the prison site	rooms			
16.	Total length of stay since detention	months/years (Write the unit of time)			
17.	Type of prisoner	 On court process Sentenced 			
18.	How long have you been imprisoned in this prison site?	(Write the time unit: months/ years)			
19.	Have you ever been imprisoned previously?	1. Yes 2. No			
20.	If your answer is "Yes" to question 19, how many times?	times			
21.	Do you have support from your family in terms of visit and bringing food?	 I don't have Visit only Food only Both visit and food 			
22.	If you have family visit, how many times per week (month) do they bring you food?	times (per week or month or year)			
23.	Do the prison health staff educate you about TB and other health related education?	1. Yes 2. No			
24.	Do you have a cough?	1. Yes 2. No			
25.	For how long have you been coughing?	weeks/months/years			

English version of smoking questionnaire Questionnaire code number

Questionnaire code number Interviewer's Name		Prison name Mobile N <u>o</u>
	wer stranie	1. difficulty of breathing
		2. fever
		3. weight loss
	Currently, what kind of symptoms do	
26	you have on top of coughing?	4. night sweating
26.	you have on top of coughing?	5. loss of appetite
		6. fatigue
		7. bloody sputum
		8. others (specify)
27	Time of accurrance of the court	1. Before imprisonment
27.	Time of occurrence of the cough	2. After imprisonment
	Did you visit and receive any	1. Yes
28.	treatment for your current complaint	2. No
		1. health institution outside of the prison
	If your answer is "Yes" to question 28, where?	2. prison's clinic
29.		3. both
		4. Others (specify)
30.	Do you have a diagnosed health	1. Yes
	problem like Diabetic mellitus, skin	2. No
	infections Hypertensionetc?	
31.	Have you ever been hospitalized due to	1. Yes
511	any health problem?	2. No
32.	If your answer is "Yes" to question 31,	
	how long?	months
33.	If yes to question 31, what was the	
34.	reason for your hospitalization? Have you ever had sexual intercourse	1. Yes
34.	out of your girl friend/boy friend or	1. Yes 2. No
	wife/ husband?	2
35.	If your answer is "Yes" to question	1. Yes
	number 61, have you been using	2. No
	condom consistently?	
36.	Have you been tested for HIV?	1. Yes
		2. No

Date -----

English version of smoking questionnaire					
Questionnaire code number		Prison name			
Interviewer's Name		Mobile N <u>o</u>			
37.	If your answer is "Yes" to question 36,	1. Yes			
	what was the result?	2. No			
38.	Current HIV serostatus (after HIV test)	1. Negative			
		2. Positive			

Thank You So Much For Your Time and Contribution!!