

# SOCIO-DEMOGRAPHIC DATA ESTAMPA

Participant Identification Barcode
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SDD

<b>Date of visit:</b>  _ _ / _ _ / _ _ _ _  <span style="display: block; text-align: center; font-size: small;">Day    Month    Year</span>	<b>Clinic:</b>  _ _	
<b>I would like to take a few minutes to ask you some questions about your education and work</b>		
<b>1. Can you read?</b>	1 Yes    2 No    9 NR	<input style="width: 30px; height: 20px;" type="checkbox"/>
<b>2. Can you write?</b>	1 Yes    2 No    9 NR	<input style="width: 30px; height: 20px;" type="checkbox"/>
<b>3. Did you ever attend school?</b>	1 Yes    2 No (go to 5)    9 NR (go to 5)	<input style="width: 30px; height: 20px;" type="checkbox"/>
<b>4. What is the highest grade or level of schooling you completed?</b>		<input style="width: 30px; height: 20px;" type="checkbox"/>
1    incomplete primary 2    complete primary 3    incomplete secondary 4    complete secondary	5    incomplete undergraduate/university 6    complete undergraduate/university 7    vocational/technical 9    NR/NK	
<b>5. Which of the following descriptions express better the current situation of the head of household? ( head of the household is the one who brings more money to the House)</b>		<input style="width: 30px; height: 20px;" type="checkbox"/>
1    works 2    unemployed and looking for job 3    studying 4    permanently sick/handicapped	5    retired 6    doing home tasks, taking care of the kids or other people 7    other 8    Neither working, nor looking for job 9    NR/NK	
<b>6. What is the occupation of the head of the household?</b>		<input style="width: 30px; height: 20px;" type="checkbox"/> <input style="width: 30px; height: 20px;" type="checkbox"/>
1    employee 2    employed in domestic services 3    working in a program of social employment 4    employer (with 5 or less employees) 5    employer (with more than 5 employees) 6    professional or technician working independently 7    working independent but not professional (at home, merchant, construction worker without formal contract of employment)	8    temporary jobs 9    field work: herd ship, harvest, etc... 10    worker without salary: e.g., works in a family company without salary 11    other 12    do not respond 13    retired 14    not applicable	
<b>7. The water in your house:</b>		<input style="width: 30px; height: 20px;" type="checkbox"/>
1    is piped to the house 2    is within the land but out of the house	3    is out of the land 9    do not respond	
<b>8. Do you have a bathroom?</b>		<input style="width: 30px; height: 20px;" type="checkbox"/>
1    Yes 2    No (skip to 10)	9    Do not respond	

<p>9. <b>The bathroom has:</b></p> <p>1 button or chain toilet and water entraining      3 latrine (without water entraining)</p> <p>2 toilet without button or chain but with water entraining (you use a bucket to flush water)      9 do not respond</p>	<input type="checkbox"/>								
<p>10. <b>In your house you have (mark all applicable)</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> car</td> <td style="width: 50%; border: none;"><input type="checkbox"/> desktop computer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> microwave</td> <td style="border: none;"><input type="checkbox"/> laptop computer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> cable TV</td> <td style="border: none;"><input type="checkbox"/> washing machine</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> none of the above</td> </tr> </table>		<input type="checkbox"/> car	<input type="checkbox"/> desktop computer	<input type="checkbox"/> microwave	<input type="checkbox"/> laptop computer	<input type="checkbox"/> cable TV	<input type="checkbox"/> washing machine		<input type="checkbox"/> none of the above
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<input type="checkbox"/> cable TV	<input type="checkbox"/> washing machine								
	<input type="checkbox"/> none of the above								
<p>11. <b>Finally, I would like to ask you if you have ever had a pap smear done?</b></p>	<p>1 Yes    2 No    9 NR/DK</p>	<input type="checkbox"/>							
<p>12. <b>When was your last pap smear done?</b></p> <p>1 less than 2 years ago      3 &gt;5 years ago</p> <p>2 2-5 years ago</p>		<input type="checkbox"/>							
<p>13. <b>Interviewer code:</b>  _ _ _ _ _____</p>									