

Bhutan National NCD Risk Factor Survey (STEPS) – 2019 Instrument



**Using WHO STEP wise approach to
noncommunicable disease risk factor
surveillance (STEPS)**

Ministry of Health
Royal Government of Bhutan
Thimphu



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

BHUTAN

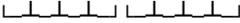
Survey Information

Location and Date	Response	Code
PSU Key	_____	I1
Team ID (Range 1 – 32)	_____	I3
Date of completion of the instrument	____ ____ ____ dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language	English 1 Dzongkha 2 Tshanglakha 3 Lhotshamkha 4 Bumthapkha/Khengkha 5 Others 6	I6/ I6Other
Time of interview (24 hours clock)	____ : ____ hrs mins	I7
Family Surname (Last name)		I8
First Name		I9
Contact phone number where possible (Max. 8 digits)	88 – Refused 99 – Not available	I10

Household socio-economic status			
Does your household own any land? (Record for all family member and irrespective anywhere in the country)	Yes	1	C10x
	No	0 Go to C12x	
How much land does your household own in decimal? Calculation chart e.g. 1 acre = 100 decimal	Type	Urban Area	Rural Area
	Wet land	C11ax	C11dx
	Dry land	C11bx	C11ex
	Orchard	C11cx	C11fx
Please ask /observe - whether this household or any person who lives in the household has the following items:	Items	Yes	No
	Sofa set	1	2
	Computer or laptop or tab	1	2
	Fixed Telephone	1	2
	Mobile phone (smart phone)	1	2
	Mobile phone (simple phone)	1	2
	Electric/coal iron	1	2
	Rice cooker/curry cooker	1	2
	Refrigerator/Fridge	1	2
	Water boiler	1	2
	Micro-wave oven	1	2
	Jewelry	1	2
	Family car	1	2
	Other Vehicle (commercial)	1	2
	Motor bike, scooter, gear bicycle	1	2
	Machinery	1	2
	Washing machine	1	2
	Vacuum cleaner	1	2
	Television	1	2
	DTH or cable line	1	2
VCR/ VCD/ DVD	1	2	
Kitchen grinder machine	1	2	
House/Building	1	2	
Wrist watch	1	2	
What types of family car does your household own? (if C12lx=yes) [Multiple response]	SUV	1	C12lx1
	Non-SUV	2	
What main material used to build the wall of your main living house?	Cane/ palm/ trunks/bamboo	1	C13x / C13xOthers
	Bamboo with mud	2	
	Stone with mud	3	
	Plywood	4	
	Cardboard	5	
	Cement RCC wall	6	
	Stone with lime/cement	7	
	Bricks	8	
	Cement blocks	9	
	Wood planks	10	
	Rammed earth	11	
	Mud blocks	12	
	Others (specify)	13	
What main materials used to build the roof of your main living house?	Metal sheet	1	C14x / C14xOthers
	Concrete/Cement	2	
	Tiles/slate	3	
	Thatch	4	
	Planks/Shingles	5	
	Tarpaulin	6	

During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If Known, go to T12</i>	T10
How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i>	Years ago <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If Known, go to T12</i>	T11a
<i>Don't Know 77</i>	OR Months ago <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If Known, go to T12</i>	T11b
	OR Weeks ago <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11c
Do you currently use any smokeless tobacco products such as <i>[snuff, chewing tobacco, betel with tobacco]</i> ? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T14aw</i>	T13
On average, how many times a day/week do you use <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	DAILY↓ WEEKLY↓	
	Snuff, by mouth <input type="checkbox"/>	T14a/ T14aw
	Snuff, by nose <input type="checkbox"/>	T14b/ T14bw
	Chewing tobacco <input type="checkbox"/>	T14c/ T14cw
	Betel, quid (with tobacco) <input type="checkbox"/>	T14d/ T14dw
	Other <input type="checkbox"/> <input type="checkbox"/> <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
	Other (please specify): <input type="checkbox"/> <input type="checkbox"/> <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14other w
In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel, quid with tobacco]</i> ?	Yes 1 No 2 <i>If No, go to T17</i>	T15
In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel, quid with tobacco]</i> daily ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18

Tobacco Policy		
You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and		
During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? (RECORD FOR EACH)		
Newspapers or magazines	Yes 1 No 2 Don't know 77	TP1a
Television	Yes 1 No 2 Don't know 77	TP1b
Radio	Yes 1 No 2 Don't know 77	TP1c
Posters or Banners or Sign Board	Yes 1 No 2 Don't know 77	TP1d
During the past 30 days, did you notice any health warnings on cigarette packages?	Yes 1 No 2 <i>If no, go to TP6</i> Did not see any cigarette packages 3 <i>If "did not see any cigarette packages", go to TP6</i> Don't know 77 <i>If Don't know, go to TP6</i>	TP4
<i>The next questions TP5 – TP7 are administered to current smokers only.</i>		
During the past 30 days, have warning labels on cigarette packages led you to think about quitting?	Yes 1 No 2 Don't know 77	TP5
The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total? Don't know or Don't smoke or purchase manuf. cigarettes 7777	Number of cigarettes  <i>If "Don't know or don't smoke or purchase manuf. cig.", end section</i>	TP6
In total, how much money did you pay for this purchase? Don't know 7777, Refused 8888	Amount (in Nu) 	TP7
Where do people usually buy manufactured cigarettes or other forms of tobacco such as bidi or chewing tobacco?	Within Bhutan 1 Outside Bhutan 2 Don't Know 77 Refused 88	TP8x
How easy or difficult is it for someone to obtain manufactured cigarettes or other forms of tobacco such as bidi or chewing tobacco?	Very easy 1 Easy 2 Difficult 3 Very difficult 4 Don't know 77	TP9x
Betel or areca nut		
Do you currently use betel or areca nut (Doma, Paan, Supari, other betel nut products)? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to B4</i>	B1
Do you currently use betel or areca nut products daily?	Yes 1 No 2	B2
On average, how many times a day/week do you use betel or areca nut products <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i>	DAILY↓ WEEKLY↓ Betel nut (Doma and Paan) 	B3a/ B3aw
<i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> Don't Know 7777	Supari and other products 	B3b/ B3bw
In the past, did you ever use betel or areca nut products?	Yes 1 No 2 <i>go to A1</i>	B4
In the past, did you ever use betel or areca nut products daily?	Yes 1 No 2	B5

Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, hard drinks , ara, changkoe, bangchang, shingchang etc.? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the past 12 months ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
What are the reasons for not drinking any alcohol in the past 12 months? [Multiple response]	Health reasons 1 go to AP1 Family pressure 2 go to AP1 Cannot afford/no money to buy 3 go to AP1 Just wanted to stop 4 go to AP1 Spiritual/religious reasons 5 go to AP1 Advice of doctor/health worker 6 go to AP1 Other (Specify) 7 go to AP1	A3x / A3xOther
During the past 12 months, how frequently have you had at least one standard alcoholic drink ? (USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 <i>If No, go to A13</i>	A5
What is the alcohol type that you usually or most often drink? [single response]	Beer 1 Wine 2 Spirit (whisky / Vodka / Gin) 3 Ara 4 Changkoe 5 Bangchang 6 Shingchang 7 Others (Specify)	A5x
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <input type="text"/> <input type="text"/> <i>If Zero, go to A8</i>	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/> <input type="text"/>	A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/> <input type="text"/>	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/> <input type="text"/>	A9
During the past 12 months, how often do you have six or more standard drinks on one occasion?	Never	A9a
	Less than monthly	
	Monthly	
	Weekly	
	Daily or almost daily	

<p>During each of the past 7 days, how many standard drinks did you have each day?</p> <p>(USE SHOWCARD)</p> <p><i>Don't Know 77</i></p>	Monday <input type="text"/>	A10a
	Tuesday <input type="text"/>	A10b
	Wednesday <input type="text"/>	A10c
	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f
	Sunday <input type="text"/>	A10g
<p>I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.</p>		
<p>During the past 7 days, did you consume any homebrewed alcohol (e.g. ara, changkoe, bangchang), any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol? (USE SHOWCARD)</p>	<p>Yes 1</p> <p>No 2 <i>If No, go to A13</i></p>	A11
<p>On average, how many standard drinks of the following did you consume during the past 7 days?</p> <p>(USE SHOWCARD)</p> <p><i>Don't Know 77</i></p>	Homebrewed spirits, e.g: Ara, changkoe, bangchang, shingchang etc. <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. palm or fruit wine <input type="text"/>	A12b
	Alcohol brought over the border/from another country <input type="text"/>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/>	A12d
	Other untaxed alcohol in the country <input type="text"/>	A12e
<p>During the past 12 months, how often have you found that you were not able to stop drinking once you had started? (if A2=1)</p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A13
<p>During the past 12 months, how often have you failed to do what was normally expected from you because of drinking? (if A2=1)</p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A14
<p>During the past 12 months, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session? (if A2=1)</p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A15
<p>During the past 12 months, have you had family problems or problems with your partner due to someone else's drinking?</p>	<p>Yes, more than monthly 1</p> <p>Yes, monthly 2</p> <p>Yes, several times but less than monthly 3</p> <p>Yes, once or twice 4</p> <p>No 5</p>	A16

Alcohol Policy and programs		
You have been asked questions on alcohol consumption before. The next questions ask about alcohol control policies and programs. They include questions on your exposure to the media and advertisement, on alcohol promotions, enforcement of bans or comprehensive restrictions on alcohol advertising, drunk driving countermeasures, restricting physical availability, health warnings and alcohol purchases.		
How easy or difficult is it for someone to obtain alcohol for drinking?	Very easy 1 Easy 2 Difficult 3 Very difficult 4 Don't know/ Don't drink alcohol 77	AP1
In the past 30 days, on an average how much did you spend on alcohol?	Amount (in Nu) 	AP2
In the past 30 days, have you ridden a vehicle where the driver is apparently drunk?	Yes 1 No 2	AP3
During last 6 months have you been stopped or checked by traffic police for alcohol while driving?	Yes 1 No 2 I don't drive 3 Refused 88	AP4
During last 30 days have you noticed any advertisement or signs promoting beer, wine, any other spirit etc. on television, magazine, internet, radio, bill boards, point of sale or local magazine, local cinema, films?	Yes 1 No 2 Refused 88	AP5
When you go for sports events, fair, concert, community events or social gathering how often do you see advertisement or have been offered free beer/alcohol or discounted sale of alcohol?	Not attended any such gathering 1 Never 2 Rarely 3 Sometime 4 Most of the time 5 Always 6	AP6
During the past 30 days did you see or hear any messages on television, radio, billboards, posters, newspaper, magazine, movies, and internets, social media that discouraged you to drink alcohol or inform you about health danger of drinking alcohol?	Yes 1 No 2	AP7
Are you aware of the existing regulations to reduce harmful use of alcohol in Bhutan?	Yes 1 No 2 go to AP10	AP8
What are the existing regulations to reduce harmful use of alcohol in Bhutan? <i>(Multiple responses allowed (Probe saying "and" but don't read out the options)</i>	Dry day (Tuesday) 1 Sale restriction timing Before 1 pm and after 10 pm 3 Sale to under age (<18 years) is prohibited 4 Sale of alcohol to intoxicated person is prohibited 5 Homebrewed alcohol is prohibited 6 Sale of alcohol near monasteries and schools is prohibited 7 Drink driving is illegal 8 Only bar license holder can sell alcohol 9 Other 10 Don't know 77	AP9
During the past 30 days, did any shop/bar refuse to sell alcohol to you or any person?	Yes 1 No 2 go to AP12 I did not try to buy 3 go to AP12	AP10

<p>What was/were the reasons for refusing to sell alcohol to you or any person</p> <p>Note: Multiple responses allowed (Probe saying “and” but don’t read out the options)</p>	<p>Dry day (Tuesday) 1</p> <p>Sale restricted time 2</p> <p>Under age (<18 years) 3</p> <p>Intoxicated person 4</p> <p>Homebrewed alcohol is prohibited 5</p> <p>Sale of alcohol near monasteries and schools is prohibited 6</p> <p>Drink driving is illegal 7</p> <p>Don't have enough money 8</p> <p>Don't know 77</p>	AP11
<p>During the past 3 years, have you attended awareness program on reduction of harmful use of alcohol?</p>	<p>Yes 1</p> <p>No 2</p>	AP12
Homebrewed alcohol		
<p>Does your household brew alcohol (ara, changkoe, bangchang, singchang etc.)?</p>	<p>Yes 1 go to A18x</p> <p>No 2</p> <p>Refused 88</p>	A17x
<p>During the past 12 months, how often did your household brew alcohol (ara, changkoe, bangchang, singchang etc.)?</p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p>	A18x
<p>For what purpose do your household brew alcohol (ara, changkoe, bangchang, singchang etc.)? [Multiple response]</p>	<p>Self-consumption 1</p> <p>For sale 2</p> <p>Religious activities 3</p> <p>Baby Shower 4</p> <p>Other 5</p>	A19x

Diet		
<p>The next questions ask about the fruits, vegetables and legumes that you usually eat. I have a nutrition card here that shows you some examples of local fruits, vegetables and legumes. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.</p>		
<p>In a typical week, on how many days do you eat fruit? <i>(USE SHOWCARD)</i></p>	<p>Number of days</p> <p>Don't Know 77 <input type="checkbox"/> <input type="checkbox"/> <i>If Zero days, go to D3</i></p>	D1
<p>How many servings of fruit do you eat on one of those days? <i>(USE SHOWCARD)</i></p>	<p>Number of servings</p> <p>Don't Know 77 <input type="checkbox"/> <input type="checkbox"/></p>	D2
<p>In a typical week, on how many days do you eat vegetables? <i>(USE SHOWCARD)</i></p>	<p>Number of days</p> <p>Don't Know 77 <input type="checkbox"/> <input type="checkbox"/> <i>If Zero days, go to D4x1</i></p>	D3
<p>How many servings of vegetables do you eat on one of those days? <i>(USE SHOWCARD)</i></p>	<p>Number of servings</p> <p>Don't know 77 <input type="checkbox"/> <input type="checkbox"/></p>	D4
<p>In a typical week, on how many days do you eat legumes? <i>(USE SHOWCARD)</i></p>	<p>Number of days</p> <p>Don't Know 77 <input type="checkbox"/> <input type="checkbox"/> <i>If Zero days, go to D4x3</i></p>	D4x1
<p>How many servings of legumes do you eat on one of those days? <i>(USE SHOWCARD)</i></p>	<p>Number of servings</p> <p>Don't know 77 <input type="checkbox"/> <input type="checkbox"/></p>	D4x2
<p>Are you a vegetarian?</p>	<p>Yes 1</p> <p>No 2 go to D5</p>	D4x3
<p>What types of vegetarianism best describes you?</p>	<p>Lacto-vegetarian 1</p> <p>Ovo-vegetarian 2</p> <p>Lacto-Ovo-vegetarian 3</p> <p>Vegan 4</p>	D4x4

Dietary salt

With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soy sauce or fish sauce (see show card). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as [ezay], and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

<p>How often do you add salt to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D5
<p>How often do you add salty sauce such as soya sauce, fish sauce, etc., to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D5ax
<p>How often do you add tasting power (MSG) while cooking or preparing foods in your household? (SELECT ONLY ONE) (USE SHOWCARD)</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D5bx
<p>How often is salty seasoning or a salty sauce added in cooking or preparing foods in your household?</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D6x
<p>How often do you eat processed food high in salt? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat [dried fish, ezay, potato chips]. (USE SHOWCARD)</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D7
<p>How often does your household drink salted tea (suja, fika with salt)?</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D7X
<p>How much salt or salty sauce do you think you consume?</p>	<p>Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77</p>	D8
<p>What is the maximum amount of salt do you think a person should take in a day from all sources? [show a tea spoonful]</p>	<p>Teaspoon <input type="text"/> <input type="text"/></p>	D8x
<p>How important to you is lowering the salt in your diet?</p>	<p>Very important 1 Somewhat important 2 Not at all important 3 Don't know 77</p>	D9

Physical Activity		
<p>Next, I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>		
Work		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work, cutting woods, <i>cham</i> dance] for at least 10 minutes continuously?	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> Hrs. mins	P3 (a-b)
Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads, mopping or sweeping floors or dance] for at least 10 minutes continuously?	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> Hrs. mins	P6 (a-b)
Travel to and from places		
The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example, to work, for shopping, to market, to place of worship.		
Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p>	P7
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> Hrs. mins	P9 (a-b)
Recreational activities		
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (<i>leisure</i>).		
Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [running or football or basketball, volley ball, badminton, skipping, <i>keshey</i> ect.] for at least 10 minutes continuously? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 <i>If No, go to P 13</i></p>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <input type="text"/>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> Hrs. mins	P12 (a-b)

Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, gardening, Frisbee, hula hoop, prostrations, dancing, short hiking, hand throw ball, swimming, bicycle riding, khuru, degor, soksum, archery etc.] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to P16</i>	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <input type="text"/>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> Hrs. mins	P15 (a-b)
Sedentary behavior		
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)		
How much time do you usually spend sitting or reclining on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> Hrs. mins	P16 (a-b)
Outdoor Gym		
Have you ever used outdoor gyms?	Yes 1 go to P18x No 2 go to P17x1	P17x
What was the reason having not used outdoor gyms?	Not available 1 No time 2 Feel shy 3 Instrument broken 4 Not interested 5 Didn't know about open gyms 6	P17x1
In the past 12 months, how often did you use outdoor gyms?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4	P18x

History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Were you first told in the past 12 months?	Yes 1 No 2	H2b
Have you ever been told to take a medicine by a doctor or health workers for raised blood pressure ? (If H2a=yes)	Yes 1 No 2	H2c
Have you ever taken drugs/medications for raised blood pressure prescribed by a doctor/health worker? (If H2c=yes)	Yes 1 No 2 <i>[If No and H1=yes, go to H3x1]</i>	H2d
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? (If H2d=yes)	Yes 1 No 2	H3
Where do you usually go for <u>treatment</u> or advice for your raised blood pressure? [Multiple Response] [Appear only <i>If H2a=yes</i>]	Regional Referral Hospital 1 Hospital 2 BHU-I 3 BHU-II/Sub-post 4 Outreach/Mobile Clinic 5	H3x1

	Private 6 Other (Specify) Don't know 77	
Where do you usually get your drugs for raised blood pressure? [Multiple Response] [Appear only if H2d=yes or H3=yes]	Regional Referral Hospital 1 Hospital 2 BHU-I 3 BHU-II/Sub-post 4 Outreach/Mobile Clinic 5 Private 6 Medical shops/Pharmacies 7 Other (Specify) Don't know 77	H3x2
What is the most important reason for which you are not currently taking medications for raised blood pressure or hypertension? [Appear only if H2a=yes and (H2d=no or H3=no)]	Don't think drug is necessary 1 Got side effects 2 Afraid of side effects 3 Too expensive 4 Blood pressure got normal 5 Medicine not available 6 Medicine not advised by doctor 7 Fear of being dependent for lifetime 8 Other (specify)	H3x3
Have you ever seen a local healer like Tship/ Jhakri/ Neyjom/ Lama/ Pow for raised blood pressure or hypertension? (if H2a=yes)	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure? (if H2a=yes)	Yes 1 No 2	H5

History of Diabetes		
Have you ever had your blood sugar (Diabetes) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Were you first told in the past 12 months?	Yes 1 No 2	H7b
Have you ever been told to take a medicine by a doctor or health workers for diabetes ? (if H7a=yes)	Yes 1 No 2	H7c
Have you ever taken drugs/medications for diabetes prescribed by a doctor/health worker? (if H7c=yes)	Yes 1 No 2 <i>[If No, go to H9x1]</i>	H7d
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? (if H7d=yes)	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker? (if H7c=yes)	Yes 1 No 2 Not prescribed 3	H9
Where do you usually go for <u>treatment</u> or advice for your diabetes ?	Regional Referral Hospital 1 Hospital 2	H9x1 / H9x1Other

[Multiple Response] [Appear only <i>If H7a=yes</i>]	BHU-I 3 BHU-II/Sub-post 4 Mobile Clinic 5 Private 6 Other (Specify) 7 Don't know 77	
Where do you usually get your drugs for diabetes ? [Multiple Response] [Appear only <i>If H7d=yes or H8=yes or H9=yes</i>]	Regional Referral Hospital 1 Hospital 2 BHU-I 3 BHU-II/Sub-post 4 Mobile Clinic 5 Private 6 Medical shops/Pharmacies 7 Other (Specify) 8 Don't know 77	H9x2
What is the most important reason for which you are not currently taking medications for diabetes ? [Appear only <i>if H7a=yes and (H7d=no or H8=no)</i>]	Don't think drug is necessary 1 Got side effects 2 Afraid of side effects 3 Too expensive 4 Blood pressure got normal 5 Medicine not available 6 Medicine not advised by doctor 7 Fear of being dependent for lifetime 8 Other (specify) 9	H9x3
Have you ever seen a local healer like Tsip/ Jhakri/ Neyjom/ Lama/ Pow for diabetes or raised blood sugar? (If H7a=yes)	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes? (If H7a=yes)	Yes 1 No 2	H11

History of Raised Total Cholesterol		
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Were you first told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a local healer for raised cholesterol? (If H13a =yes)	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol? (If H13a =yes)	Yes 1 No 2	H16

History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2 Don't know 77	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2 Don't know 77	H19

Lifestyle Advice		
Now, I am going to ask you about the advises on the lifestyle by your Doctor / Health Worker.		
During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No and C1=1, go to M1</i> <i>If No and C1=2, go to CX1</i>	H20
During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 No 2	H20f
Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20g

Cervical Cancer Screening (for women only)		
The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.		
Have you ever had a test for cervical cancer, using any of these methods described above?	Yes 1	CX1
	No 2 <i>go to CX11</i>	
	Don't know 77 <i>go to O8</i>	
At what age were you first tested for cervical cancer?	Age <u> </u> Don't know 77	CX2

	Refused 88	
When was your last (most recent) test for cervical cancer?	Less than 1 year ago 1 1-2 years ago 2 3-5 years ago 3 More than 5 years ago 4 Don't know 77 Refused 88	CX3
What is the main reason you had your last test for cervical cancer?	Part of a routine exam 1 Following up on abnormal or inconclusive result 2 Recommended by healthcare provider 3 Recommended by other source 4 Experiencing pain or other 5 Other (Specify) 6 Don't know 77 Refused 88	CX4 / CX4Other
Where did you receive your last test for cervical cancer?	Regional Referral Hospital 1 Hospital 2 BHU-I 3 BHU-II/Sub-post 4 Mobile Clinic 5 Private 6 Don't know 77	CX5
What was the result of your last (most recent) test for cervical cancer?	Did not receive result 1 <i>go to O7</i> Normal / Negative 2 <i>go to O7</i> Abnormal / Positive 3 Suspect cancer 4 Inconclusive 5 Don't know 77 Refused 88	CX6
Did you have any follow-up visits because of your test results?	Yes 1 No 2 Don't know 77 Refused 88	CX7
Did you receive any treatment to your cervix because of your test result?	Yes 1 No 2 <i>go to CX10</i> Don't know 77 <i>go to O7</i> Refused 88 <i>go to O7</i>	CX8
Did you receive treatment during the same visit as your last test for cervical cancer?	Yes 1 <i>go to O7</i> No 2 <i>go to O7</i> Don't know 77 <i>go to O7</i> Refused 88 <i>go to O7</i>	CX9
What is the main reason you did not receive treatment?	Was not told I needed treatment 1 Did not know how/where to get treatment 2 Embarrassment 3 Too expensive 4 Didn't have time 5 Clinic too far away 6 Poor service quality 7	CX10 / CX10Spec

Mouth feels dry	Yes 1 No 2	O13c
Have a persistent wound and/or swelling in the mouth for more than three weeks	Yes 1 No 2	O13d
Have a red or red and white patch in the mouth	Yes 1 No 2	O13e
Days not at work because of teeth or mouth	Yes 1 No 2	O13f
Difficulty doing usual activities	Yes 1 No 2	O13g
Reduced participation in social activities	Yes 1 No 2	O13h

Injury

The next questions ask about different experiences and behaviors that are related to road traffic injuries.

Question	Response	Code
In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	All of the time 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4 No seat belt in the car I usually am in 5 Don't Know 77 Refused 88	V1
In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?	All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88	V2
In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>go to V5</i> Don't know 77 <i>go to V5</i> Refused 88 <i>go to V5</i>	V3
Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V4

The next questions ask about the most serious accidental injury you have had in the past 12 months.

In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1 No 2 <i>If No, go to V7</i> Don't know 77 <i>go to V7</i> Refused 88 <i>go to V7</i>	V5
Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Other (specify) 7 Don't know 77	V6/ V6other

	Refused	88	
Where were you when you had this injury?	Home	1	V7 / V7other
	School	2	
	Workplace	3	
	Road/Street/Highway	4	
	Farm	5	
	Sports/athletic area	6	
	Other (specify)	7	
	Don't know	77	
	Refused	88	
Mental health / Suicide			
The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.			
During the past 12 months , have you seriously considered attempting suicide?	Yes	1 <i>go to MH2</i>	MH1
	No	2	
	Refused	88	
Did you seek professional help for these thoughts?	Yes	1	MH2
	No	2	
	Refused	88	
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes	1	MH3
	No	2	
	Refused	88	
Have you ever attempted suicide ?	Yes	1	MH4
	No	2 <i>go to MH9</i>	
	Refused	88	
During the past 12 months , have you attempted suicide ?	Yes	1	MH5
	No	2	
	Refused	88	
What was the main method you used the last time you attempted suicide? (<i>SELECT ONLY ONE</i>)	Razor, knife or other sharp instrument	1	MH6 / MH6other
	Overdose of medication (e. g. prescribed, over-the-counter)	2	
	Overdose of other substance (e.g. heroin, crack, alcohol)	3	
	Poisoning with pesticides (e.g. rat poison, insecticide, weed-	4	
	Other poisoning (e.g. plant/seed, household	5	
	Poisonous gases from charcoal	6	
	Hanging	7	
	Jumping from a height	8	
	Drowning in deep water	9	
	Other (specify)		
	Refused	88	
Did you seek medical care for this attempt?	Yes	1	MH7
	No	2 <i>If No, go to MH9</i>	
	Refused	88 <i>go to MH9</i>	
Were you admitted to hospital overnight because of this attempt?	Yes	1	MH8
	No	2	
	Refused	88	
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes	1	MH9
	No	2	
	Refused	88	
Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?	Yes	1	MH10
	No	2	

Depression

Over the past 2 weeks, how often have you been bothered by any of the following problems

Little interest or pleasure in doing things	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH11
Feeling down, depressed or hopeless	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH12
Trouble falling or staying asleep, or sleeping too much	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH13
Feeling tired or having little energy	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH14
Poor appetite or overeating	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH15
Feeling bad about yourself or that you are a failure or have let yourself or your family down	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH16
Trouble concentrating on things, such as reading the newspaper or watching television	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH17
Moving or speaking so slowly that other people could have noticed? Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH18
Thoughts that you would be better off dead or of hurting yourself in some way	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH19

Anxiety

Over the past 2 weeks, how often have you been bothered by any of the following problems

Feeling nervous, anxious, or on edge	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH20
Worrying too much about different things	Not at all 1 Several Days 2 More than half a day 3 Nearly Every day 4	MH21
Not being able to stop or control worrying	Not at all 1 Several Days 2 More than half a day 3	MH22

	Nearly Every day	4	
Trouble relaxing	Not at all	1	MH23
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Being so restless that it is hard to stand still	Not at all	1	MH24
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Becoming easily annoyed	Not at all	1	MH25
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Feeling afraid as if something awful might happen	Not at all	1	MH26
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	

The next questions ask about suicide problem and reasons in your community. Please answer the questions even if no one usually talks about these issues.

Do you think suicide is a problem (or relatively common) in your community?	Not at all Somewhat Very much Don't know	1 go to MH1 2 go to MHx2 3 go to MHx2 77 go to MH1	MHx1
What do you think are the main reasons people in your community/Region commit suicide? [Select all those apply, multiple response]	Lack of employment Too much pressure Poverty Family issues Loneliness Relationship issue Chronic disease Extramarital affair Pregnancy Psychological or psychiatric condition Abuse-physical Psychological Emotional Financial Work related problem Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MHx2 / MHx2Other

Extended Demographic Information

Question	Response	Code	
What type of cooking fuel does your house mainly use? Note: If there is more than one type of fuel used by a HH, the one used most frequently should be selected.	Gas Electricity Wood Coal Kerosene Dung cake Bio-gas Other (Specify)	1 2 3 4 5 6 7	C19x
What is the main source of drinking water for members of this household? (Select ONE) Note: If there is more than one source, the one used most frequently should be selected.	Piped water into dwelling Piped water to yard/plot Public tap, standpipe Other, piped water Tube well, borehole	1 2 3 4 5	C20x/ C20x_imp / C20x_unimp

	Protected well 6 Protected spring 7 Unprotected well 8 Unprotected spring 9 Covered cistern/tank (Rainwater) 10 Uncovered cistern/tank (Rainwater) 11 Bottled water 12 Sachet water 13 Cart with small tank/ drum 14 Tanker truck provided 15 River 16 Lake 17 Dam 18 Pond 19 Stream 20 Irrigation channel 21 Other improved, specify 22 Other unimproved, specify 23	
What is the time required for collection of water? Note: The amount of time that is required for each round trip (i.e. to get from the dwelling to the water collection point, queue for water, fill containers and return to the dwelling). Time spent socializing (outside of queuing) should not be included in the total number of minutes	Hours: Minutes:	C21xa C21xb
Availability of water supply to the household in past 24 hours preceding the survey? (in hours) Note: Record the actual hours.	Hours:	C22x
Availability of water supply to the household in past 1 week preceding the survey?	24 hours a day in past 1 week 1 24 hours a day in past 4-6 days 2 12-23 hours a day in past 1 week 3 Less than '24 hours a day in past 4-6 days ' or less than '12-23 hours a day in past 1 week' 4	C23x
What kind of toilet facility do your household have? Ask, observe and mark If 'Flush' or 'Pour flush', probe: Where does it flush to? If not possible to determine, ask permission to observe the facility.	No toilet facility 1 go to C30 Flush to piped sewer system 2 skip C26x Flush to septic tank with Soak pit 3 Flush to septic tank without soak 4 Flush to single leach pit 5 Flush to twin leach pit 6 Flush to open drain 7 skip C26x Flush to Don't Know where 8 skip C26x Flush to elsewhere 9 skip C26x Ventilated Improved Pit latrine 10 Pit latrine with slab & cover 11 Pit latrine without slab /Open pit 12 Composting toilet 13 Bucket 14 Hanging toilet 15 Other (specify)	C24x
Does your household share this facility with others who are not members (excluding guests) of your household?	Yes 1	C25x

	No	2	
Has your pit ever been emptied?	Yes; <= 5 years ago	1	C26x
	Yes; >5 years ago	2	
	Yes; Don't know when	3	
	Never emptied	4 go to C30x	
	Pit sealed and dug new pit	5 go to C30x	
	Don't know	77 go to C30x	
The last time it was emptied, who emptied the contents?	Removed by service provider	1	C27x
	Emptied by household	2 go to C29x	
The last time it was emptied, where were the contents emptied to? (If removed by service provider)	Removed using a truck/tanker (reached treatment plants)	1 go to C30x	C28x
	Removed using non-motorized vehicle (reached treatment plants)	2 go to C30x	
	Buried in a covered pit	3 go to C30x	
	To uncovered pit, open ground, water body or elsewhere (wastes doesn't reach treatment plants)	4 go to C30x	
	Don't know where	77 go to C30x	
The last time it was emptied, where were the contents emptied to? (If emptied by household)	Buried in a covered pit	1	C29x
	To uncovered pit, open ground, water body or elsewhere	2	
	Don't Know where	77	
	Other (specify)		
Does the household have handwashing facility ? Ask to show THEN observe and mark *with no possibility of contamination refers to household using pouring system like Jugs/Laddles etc.	Running water (eg. Tap stand, tippy tap)	1	C30x
	Bowl/container of water (with possibility of contamination)	2	
	Bowl/container of water (with no possibility of contamination) *	3	
	None	4 if none, go to end	
Observe presence of water at the place for handwashing. Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.	Water is available	1	C31x
	Water is not available	2	
Is soap or detergent present at the place for handwashing?	Yes	1	C32x
	No	2	

Step 2 Physical Measurements

Blood Pressure		
Question	Response	Code
Team ID	┌┐┌┐┐┐┐	M1
Device ID for blood pressure	┌┐┐┐	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic (mmHg) ┌┐┌┐┐┐┐	M4a
	Diastolic (mmHg) ┌┐┌┐┐┐┐	M4b
	Beats per minute ┌┐┌┐┐┐┐	M16a
Reading 2	Systolic (mmHg) ┌┐┌┐┐┐┐	M5a
	Diastolic (mmHg) ┌┐┌┐┐┐┐	M5b
	Beats per minute ┌┐┌┐┐┐┐	M16b
Reading 3	Systolic (mmHg) ┌┐┌┐┐┐┐	M6a
	Diastolic (mmHg) ┌┐┌┐┐┐┐	M6b
	Beats per minute ┌┐┌┐┐┐┐	M16c
During the past two weeks, have you been treated for raised blood	Yes 1 No 2	M7
Height and Weight		
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Height	in Centimetres (cm) ┌┐┌┐┐┐┐.┐┐	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) ┌┐┌┐┐┐┐.┐┐	M12
Waist and Hip Circumference		
Waist circumference	in Centimeters (cm) ┌┐┌┐┐┐┐.┐┐	M14
Hip circumference	in Centimeters (cm) ┌┐┌┐┐┐┐.┐┐	M15

Step 3 Biochemical Measurements

Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Team ID	_ _ _ _	B2
Time of day blood specimen taken (24 hours clock)	Hours: minutes _ _ : _ _ hrs mins	B4
Fasting blood glucose	mg/dl _ _ _ . _	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
Blood Lipids		
Total cholesterol	mg/dl _ _ _ . _	B8
Triglycerides	mg/dl _ _ _ . _	B16
HDL Cholesterol	mg/dl _ _ _ . _	B17
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
Urinary sodium and creatinine		
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10
Time of day urine sample taken (24 hours clock)	Hours: minutes _ _ : _ _ hrs mins	B13
Urinary sodium	mmol/l _ _ _	B14
Urinary creatinine	mmol/l _ _ _	B15