

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	<input type="text"/>	I1
Team ID (Range 1 – 32)	<input type="text"/>	I3
Date of completion of the instrument	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	I7
Family Surname (Last name)	<input type="text"/>	I8
First Name	<input type="text"/>	I9
Contact phone number where possible (Max. 8 digits)	88 – Refused 99 – Not available	I10

Step 1 Demographic Information

Demographic Information		
Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	<div style="text-align: right; padding-right: 20px;">Male 1</div> <div style="text-align: right; padding-right: 20px;">Female 2</div>	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	<div style="text-align: right; padding-right: 20px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> ┌┐┌ ┌┐┌ ┌┌┌┌┌┌┌┌┌ </div> <div style="display: flex; justify-content: space-between; width: 100%;"> dd mm year </div> </div> <div style="text-align: right; padding-right: 20px;"><i>If Known, Go to C4</i></div>	C2
How old are you?	<div style="text-align: right; padding-right: 20px;">Years ┌┐┌</div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)? (Range 0 – 25 years)	<div style="text-align: right; padding-right: 20px;">Years ┌┐┌</div>	C4
What is the highest level of education you have completed?	<div style="text-align: right; padding-right: 20px;"> No formal schooling 1 Non-formal education 2 Less than primary 3 Primary (class 6) completed 4 Lower secondary (class 8) completed 5 Middle secondary (class 10) completed 6 Higher secondary (class 12) completed 7 Certificate/Diploma 8 Bachelor's degree and above 9 Monastic 10 Don't know 77 Refused 88 </div>	C5
What is your marital status ?	<div style="text-align: right; padding-right: 20px;"> Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88 </div>	C7
Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	<div style="text-align: right; padding-right: 20px;"> Government/DHI/SOE 1 NGO/CSO/IO employee 2 Private employee 3 Subsistence Farmer 4 Self-employed other than subsistence farmer 5 Student 6 Homemaker 7 Retired 8 Unemployed (able to work) 9 Unemployed (unable to work) 10 Non-paid 11 Other 12 Refused 88 </div>	C8
In total, how many persons live in this household (including infants)? (Range 1 – 30) 77, if not known; 88, if refused	<div style="text-align: right; padding-right: 20px;"> Number of people ┌┐┌ </div>	C9x

Household socio-economic status				
Does your household own any land? (Record for all family member and irrespective anywhere in the country)	Yes 1 No 0 Go to C12x			C10x
How much land does your household own in decimal? <div>Calculation chart e.g. 1 acre = 100 decimal</div>	Type Wet land Dry land Orchard	Urban Area C11ax C11bx C11cx	Rural Area C11dx C11ex 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	C12ax
	Computer or laptop or tab	1	2	C12bx
	Fixed Telephone	1	2	C12cx
	Mobile phone (smart phone)	1	2	C12dx
	Mobile phone (simple phone)	1	2	C12ex
	Electric/coal iron	1	2	C12fx
	Rice cooker/curry cooker	1	2	C12gx
	Refrigerator/Fridge	1	2	C12hx
	Water boiler	1	2	C12ix
	Micro-wave oven	1	2	C12jx
	Jewelry	1	2	C12kx
	Family car	1	2	C12lx
	Other Vehicle (commercial)	1	2	C12mx
	Motor bike, scooter, gear bicycle	1	2	C12nx
	Machinery	1	2	C12ox
	Washing machine	1	2	C12px
	Vacuum cleaner	1	2	C12qx
	Television	1	2	C12rx
	DTH or cable line	1	2	C12sx
VCR/ VCD/ DVD	1	2	C12tx	
Kitchen grinder machine	1	2	C12ux	
House/Building	1	2	C12vx	
Wrist watch	1	2	C12wx	
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 Bamboo with mud Stone with mud Plywood Cardboard Cement RCC wall Stone with lime/cement Bricks Cement blocks Wood planks Rammed earth Mud blocks Others (specify)	1 2 3 4 5 6 7 8 9 10 11 12 13		C13x / C13xOthers
What main materials used to build the roof of your main living house?	Metal sheet Concrete/Cement Tiles/slate Thatch Planks/Shingles Tarpaulin	1 2 3 4 5 6		C14x / C14xOthers

	Bamboo 7 Cardboard 8 Others(specify) 9	
What main materials used to build the floor of your main living house?	Tiles/marbles 1 Concrete/Cement/Terrazzo 2 Clay/Earthen 3 Planks/Shingles 4 Bamboo 5 Polished wood 6 Others(specify) 7	C15x / C15xOthers
How many rooms does your household occupy, including bedrooms, living rooms and rooms used for family enterprise, but NOT counting toilets, kitchens and balconies?		C16x
Does your household have livestock/poultry?	Yes 1 go to C18x No 0	C17x
If yes, how many? (If the number is greater than 999 type 999)	Cattle Pigs Buffalo Horses Goats Sheep Poultry Yaks Others (specify)	C18ax C18bx C18cx C18dx C18ex C18fx C18gx C18hx C18xOther

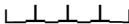



Step 1 Behavioural Measurements

Tobacco Use

Now I am going to ask you some questions about tobacco use.

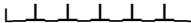
Do you currently smoke any tobacco products, such as cigarettes, bidi, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T8</i>	T1																		
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2																		
How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T3																		
Do you remember how long ago was it? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	In Years <input type="text"/> <i>If Known, go to T5a/T5aw</i> OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i> OR in Weeks <input type="text"/>	T4 / T4type																		
On average, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	<div>DAILY↓ WEEKLY↓</div> <table> <tr> <td>Manufactured cigarettes</td> <td><input type="text"/></td> <td>T5a/T5aw</td> </tr> <tr> <td>Hand-rolled cigarettes</td> <td><input type="text"/></td> <td>T5b/T5bw</td> </tr> <tr> <td>Bidis</td> <td><input type="text"/></td> <td>T5c/T5cw</td> </tr> <tr> <td>Cigars, cheroots, cigarillos</td> <td><input type="text"/></td> <td>T5d/T5dw</td> </tr> <tr> <td>Other</td> <td><input type="text"/> <i>If Other, go to T5other, else go to T6</i></td> <td>T5f/T5fw</td> </tr> <tr> <td>Other (please specify):</td> <td><input type="text"/></td> <td>T5other/ T5otherw</td> </tr> </table>	Manufactured cigarettes	<input type="text"/>	T5a/T5aw	Hand-rolled cigarettes	<input type="text"/>	T5b/T5bw	Bidis	<input type="text"/>	T5c/T5cw	Cigars, cheroots, cigarillos	<input type="text"/>	T5d/T5dw	Other	<input type="text"/> <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw	Other (please specify):	<input type="text"/>	T5other/ T5otherw	
Manufactured cigarettes	<input type="text"/>	T5a/T5aw																		
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Cigars, cheroots, cigarillos	<input type="text"/>	T5d/T5dw																		
Other	<input type="text"/> <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw																		
Other (please specify):	<input type="text"/>	T5other/ T5otherw																		

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"/> <i>If Known, go to T12</i>	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="checkbox"/> <i>If Known, go to T12</i> OR Months ago <input type="checkbox"/> <i>If Known, go to T12</i> OR Weeks ago <input type="checkbox"/>	T11a T11b T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel with tobacco]? (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 (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	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"/> <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"/> <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 [snuff, chewing tobacco, or betel, quid with tobacco]?	Yes 1 No 2 <i>If No, go to T17</i>	T15
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel, quid with tobacco] 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 If no, go to TP6 Did not see any cigarette packages 3 If "did not see any cigarette packages", go to TP6 Don't know 77 If Don't know, go to TP6		TP4
The next questions TP5 – TP7 are administered to current smokers only.			
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  If "Don't know or don't smoke or purchase manuf. cig.", end section		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)? (USE SHOWCARD)	Yes 1 No 2 If No, go to B4		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 (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	<div> DAILY↓ WEEKLY↓ Betel nut (Doma and Paan)  </div> <div> Supari and other products  </div>		B3a/ B3aw
In the past, did you ever use betel or areca nut products?	Yes 1 No 2 go to A1		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 <u>usually</u> 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>Don't Know 77</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>Don't Know 77</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		
<p>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.</p>		
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 2 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

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

Diet		
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.		
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D4x1	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/> <input type="text"/>	D4
In a typical week, on how many days do you eat legumes ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D4x3	D4x1
How many servings of legumes do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/> <input type="text"/>	D4x2
Are you a vegetarian?	Yes 1 No 2 go to D5	D4x3
What types of vegetarianism best describes you?	Lacto-vegetarian 1 Ovo-vegetarian 2 Lacto-Ovo-vegetarian 3 Vegan 4	D4x4

Dietary salt		
<p>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>		
<p>How often do you add salt to your food right before you eat it or as you are eating it?</p> <p>(SELECT ONLY ONE)</p> <p>(USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>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?</p> <p>(SELECT ONLY ONE)</p> <p>(USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D5ax
<p>How often do you add tasting power (MSG) while cooking or preparing foods in your household?</p> <p>(SELECT ONLY ONE)</p> <p>(USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>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</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>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].</p> <p>(USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D7
<p>How often does your household drink salted tea (suja, fika with salt)?</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D7X
<p>How much salt or salty sauce do you think you consume?</p>	<p>Far too much 1</p> <p>Too much 2</p> <p>Just the right amount 3</p> <p>Too little 4</p> <p>Far too little 5</p> <p>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?</p> <p>(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</p> <p>Somewhat important 2</p> <p>Not at all important 3</p> <p>Don't know 77</p>	D9

What do you think 'too much' salt in your diet can do to our health? [Multiple response]	Nothing, more salt is good for your health 1 Increase blood pressure 2 Kidney disease 3 Asthma 4 Cancer 5 Tuberculosis 6 Other specify Don't know 77	D10x
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)		
Limit consumption of processed foods	Yes 1 No 2	D11a
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b
Buy low salt/sodium alternatives	Yes 1 No 2	D11c
Use spices other than salt when cooking	Yes 1 No 2	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f
Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D11other
The next questions ask about the oil/fat that is most often used for meal preparation in your household, and about meals that you eat outside a home		
What type of oil or fat is most often used for meal preparation in your household	Vegetable oil 1 Lard or Suet 2 Butter or Ghee 3 Margarine 4 None in particular 5 None used 6 Don't know 77 Other (Specify)	D12x/ D12xOther
How often do you choose low or reduced fat/ oil varieties of foods?	Never 1 Rarely 2 Sometimes 3 Regularly 4 Always 5 Don't know 77	D13x
Do you check the nutritional labelling for sugar/fats and salt of the food products before buying? (USE SHOWCARD)	Yes 1 go to, P1 No 2	D14x
If you are not checking nutritional labelling, then choose ONE most appropriate reason.	I don't have time 1 Difficult to understand 2 Did not feel the need to check it 3 I can't read 4 Others 5	D15x

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 If No, go to P 4</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?	<p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>Hrs. mins</p>	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 If No, go to P 7</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?	<p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>Hrs. mins</p>	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 If No, go to P 10</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?	<p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>Hrs. mins</p>	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 (leisure).		
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 If No, go to P 13</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?	<p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>Hrs. mins</p>	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)	<p>Yes 1</p> <p>No 2 <i>If No, go to P16</i></p>	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	<p>Number of days <input type="text"/></p>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	<p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>Hrs. mins</p>	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?	<p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>Hrs. mins</p>	P16 (a-b)
Outdoor Gym		
Have you ever used outdoor gyms?	<p>Yes 1 go to P18x</p> <p>No 2 go to P17x1</p>	P17x
What was the reason having not used outdoor gyms?	<p>Not available 1</p> <p>No time 2</p> <p>Feel shy 3</p> <p>Instrument broken 4</p> <p>Not interested 5</p> <p>Didn't know about open gyms 6</p>	P17x1
In the past 12 months, how often did you use outdoor gyms?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p>	P18x

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

	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 Tsip/ 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 / H9x10Other

[Multiple Response]	BHU-I 3	
[Appear only If H7a=yes]	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 If H7d=yes or H8=yes or H9=yes]	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 if H7a=yes and (H7d=no or H8=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) 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

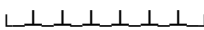
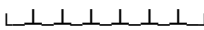
History of Raised Total Cholesterol		
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go 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 <input type="text"/> 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

	<p>Fear (afraid of procedure; afraid of social stigma) 8</p> <p>Cultural beliefs 9</p> <p>Family member would not allow it 10 <i>go to Cx10Spec</i></p> <p>Don't know 77</p> <p>Refused 88</p> <p>Family member (please specify) </p>	
What is the main reason you have never had a cervical cancer test?	<p>Did not know how/where to get test 1</p> <p>Embarrassment 2</p> <p>No female healthcare 3</p> <p>Didn't have time 4</p> <p>Clinic too far away 5</p> <p>Poor service quality 6</p> <p>Fear (afraid of procedure; afraid of social stigma) 7</p> <p>Cultural beliefs 8</p> <p>Age is less than 25 years 9</p> <p>Family member would not allow it 10 <i>go to C11Spec, else go to next section</i></p> <p>Don't know 77</p> <p>Refused 88</p> <p>Family member (please specify) </p>	<p>CX11</p> <p>CX11Spec</p>

The next questions ask about your oral health status and related behaviours.

Response

Code

How long has it been since you last **saw a dentist/health worker** for any dental/oral health issues?

Less than 6 months	1	
6-12 months	2	
More than 1 year but less than 2	3	
2 or more years but less than 5 years	4	
5 or more years	5	
Never received dental care	6	<i>go to O9</i>

07

What was the **main reason** for your last visit to the dentist?

Consultation / advice	1
Pain or trouble with teeth, gums or mouth	2
Treatment / Follow-up treatment	3
Routine check-up treatment	4
Other	5 <i>go to O8other</i>

08

Other (please specify) | ☐ ☐ ☐ ☐ ☐

O8other

How often do you clean your teeth?

Never	1	<i>go to O13a</i>
Once a month	2	
2-3 times a month	3	
Once a week	4	
2-6 times a week	5	
Once a day	6	
Twice or more a day	7	

09

Have you **experienced any of the following problems** during the past 12 months because of the **state of your teeth, gums or mouth**?
(RECORD FOR EACH)

Difficulty in chewing foods

Yes	1
No	2

O13a

Difficulty with speech/trouble pronouncing words

Yes	1
No	2

O13b

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 go to MH2	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 go to MH9	
	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? (SELECT ONLY ONE)	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 If No, go to MH9	
	Refused	88 go to MH9	
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	MH11
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Feeling down, depressed or hopeless	Not at all	1	MH12
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Trouble falling or staying asleep, or sleeping too much	Not at all	1	MH13
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Feeling tired or having little energy	Not at all	1	MH14
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Poor appetite or overeating	Not at all	1	MH15
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Feeling bad about yourself or that you are a failure or have let yourself or your family down	Not at all	1	MH16
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Trouble concentrating on things, such as reading the newspaper or watching television	Not at all	1	MH17
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
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	MH18
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	
Thoughts that you would be better off dead or of hurting yourself in some way	Not at all	1	MH19
	Several Days	2	
	More than half a day	3	
	Nearly Every day	4	

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

	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 1 go to MH1 Somewhat 2 go to MHx2 Very much 3 go to MHx2 Don't know 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 1 Too much pressure 2 Poverty 3 Family issues 4 Loneliness 5 Relationship issue 6 Chronic disease 7 Extramarital affair 8 Pregnancy 9 Psychological or psychiatric condition 10 Abuse-physical 11 Psychological 12 Emotional 13 Financial 14 Work related problem 15 Other (specify) 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 1 Electricity 2 Wood 3 Coal 4 Kerosene 5 Dung cake 6 Bio-gas 7 Other (Specify)	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 1 Piped water to yard/plot 2 Public tap, standpipe 3 Other, piped water 4 Tube well, borehole 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 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	C26x
The last time it was emptied, who emptied the contents?	Removed by service provider 1 Emptied by household 2 go to C29x	C27x
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 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	C28x
The last time it was emptied, where were the contents emptied to? (If emptied by household)	Buried in a covered pit 1 To uncovered pit, open ground, water body or elsewhere 2 Don't Know where 77 Other (specify)	C29x
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 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	C30x
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 Water is not available 2	C31x
Is soap or detergent present at the place for handwashing?	Yes 1 No 2	C32x

Step 2 Physical Measurements

Blood Pressure		
Question	Response	Code
Team ID	<input type="text"/>	M1
Device ID for blood pressure	<input type="text"/>	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic (mmHg) <input type="text"/>	M4a
	Diastolic (mmHg) <input type="text"/>	M4b
	Beats per minute <input type="text"/>	M16a
Reading 2	Systolic (mmHg) <input type="text"/>	M5a
	Diastolic (mmHg) <input type="text"/>	M5b
	Beats per minute <input type="text"/>	M16b
Reading 3	Systolic (mmHg) <input type="text"/>	M6a
	Diastolic (mmHg) <input type="text"/>	M6b
	Beats per minute <input type="text"/>	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) <input type="text"/>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/>	M12
Waist and Hip Circumference		
Waist circumference	in Centimeters (cm) <input type="text"/>	M14
Hip circumference	in Centimeters (cm) <input type="text"/>	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	<input type="text"/>	B2
Time of day blood specimen taken (24 hours clock)	Hours: minutes <input type="text"/> : <input type="text"/> hrs mins	B4
Fasting blood glucose	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B8
Triglycerides	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B16
HDL Cholesterol	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> : <input type="text"/> hrs mins	B13
Urinary sodium	mmol/l <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B14
Urinary creatinine	mmol/l <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B15