



WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance

Cook Islands

Survey Information

| Location and Date | | Response | Code |
|-------------------|--------------------------------------|---|------|
| 1 | Cluster/Centre/Village ID | _ _ _ _ | I1 |
| 2 | Cluster/Centre/Village name | | I2 |
| 3 | Interviewer ID | _ _ _ _ | I3 |
| 4 | Date of completion of the instrument | _ _ _ _ _ _ _ _ dd mm year | I4 |



| Consent, Interview Language and Name | | Response | Code |
|--|--------------------------------------|----------------------------------|------|
| Participant Id Number _ _ _ _ _ _ _ _ _ _ _ _ | | | |
| 5 | Consent has been read and obtained | Yes 1 No 2 IF NO, END | I5 |
| 6 | Interview Language | English 1 Cook Island Maori 2 | I6 |
| 7 | Time of interview (24 hour clock) | _ _ : _ _ hrs mins | I7 |
| 8 | Family Surname | | I8 |
| 9 | First Name | | I9 |
| Additional Information that may be helpful | | | |
| 10 | Contact phone number where possible | | I10 |

Record and file identification information (I5 to I10) separately from the completed questionnaire.

Step 1 Demographic Information

| CORE: Demographic Information | | |
|-------------------------------|--|------|
| Question | Response | Code |
| 11 | Sex (<i>Record Male / Female as observed</i>) Male 1 Female 2 | C1 |
| 12 | What is your date of birth? <i>Don't Know 77 77 7777</i> _ _ _ _ _ _ _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> dd mm year | C2 |
| 13 | How old are you? Years _ _ _ | C3 |
| 14 | In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years _ _ _ Don't Know 77 | C4 |

| EXPANDED: Demographic Information | | | |
|-----------------------------------|--|--|----|
| 15 | What is the highest level of education you have completed? | No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 College/University completed 5 Post graduate degree 6 Refused 88 | C5 |
| 16 | What is your ethnic background ? | Cook Island Maori 1 European 2 Other 3 Refused 88 | C6 |
| 17 | What is your marital status ? | Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88 | C7 |
| 18 | Which of the following best describes your main work status over the past 12 months? (<i>USE SHOWCARD</i>) | Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88 | C8 |
| 19 | How many people older than 18 years, including yourself, live in your household? | Number of people _ _ _ Don't Know 77 Refused 88 | C9 |

| EXPANDED: Tobacco Use | | | |
|-----------------------|---|---|------|
| Question | | Response | Code |
| 31 | How old were you when you stopped smoking? | Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T17</i> | T10 |
| 32 | How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i> | Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T17</i> | T11a |
| | | OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T17</i> | T11b |
| | | OR Weeks ago <input type="text"/> <input type="text"/> | T11c |
| 33 | During the past 7 days, on how many days did someone in your home smoke when you were present? | Number of days Don't know 77 <input type="text"/> <input type="text"/> | T17 |
| 34 | During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present? | Number of days Don't know or don't work in a closed area 77 <input type="text"/> <input type="text"/> | T18 |

| CORE: Alcohol Consumption | | | |
|--|---|---|-------------|
| The next questions ask about the consumption of alcohol. | | | |
| Question | | Response | Code |
| 35 | Have you ever consumed an alcoholic drink such as beer, wine, spirits, home brew or ready-to-drink (RTD) alcohol products? (USE SHOWCARD OR SHOW EXAMPLES) | Yes 1 No 2 <i>If No, go to D1</i> | A1a |
| 36 | Have you consumed an alcoholic drink within the past 12 months ? | Yes 1 No 2 <i>If No, go to D1</i> | A1b |
| 37 | During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD) | Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5 | A2 |
| 38 | Have you consumed an alcoholic drink within the past 30 days ? | Yes 1 No 2 <i>If No, go to D1</i> | A3 |
| 39 | During the past 30 days, on how many occasions did you have at least one alcoholic drink? | Number Don't know 77 _ _ | A4 |
| 40 | During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? (USE SHOWCARD) | Number Don't know 77 _ _ | A5 |
| 41 | During the past 30 days, what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together? | Largest number Don't Know 77 _ _ | A6 |
| 42 | During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion? | Number of times Don't Know 77 _ _ | A7 |

CORE: Diet

The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.

| Question | | Response | Code |
|----------|--|--|------|
| 43 | In a typical week, on how many days do you eat fruit ? (USE SHOWCARD) | Number of days Don't Know 77 _ _ If Zero days, go to D3 | D1 |
| 44 | How many servings of fruit do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't Know 77 _ _ | D2 |
| 45 | In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD) | Number of days Don't Know 77 _ _ If Zero days, go to D5 | D3 |
| 46 | How many servings of vegetables do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't know 77 _ _ | D4 |

EXPANDED: Diet

| | | | |
|----------------------------------|--|---|---------|
| 47 | What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE) | Vegetable oil 1 | D5 |
| | | Dripping/Lard 2 | |
| Butter or ghee 3 | | | |
| Margarine 4 | | | |
| Coconut oil or cream 5 | | | |
| Other 6 If Other, go to D5 other | | | |
| None in particular 7 | | | |
| None used 8 | | | |
| | | Don't know 77 | |
| | | Other _ _ _ _ _ _ _ _ | D5other |
| 48 | On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast or lunch or dinner. | Number Don't know 77 _ _ | D6 |
| 49 | In a typical week, on how many days do you eat fresh fish ? (USE SHOWCARD) | Number of days Don't Know 77 _ _ If Zero days, go to X3 | X1 |
| 50 | How many servings of fresh fish do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't Know 77 _ _ | X2 |
| 51 | In a typical week, on how many days do you eat canned/tinned fish ? (USE SHOWCARD) | Number of days Don't Know 77 _ _ If Zero days, go to DS1 | X3 |
| 52 | How many servings of canned/tinned fish do you have on one of those days? (USE SHOWCARD) | Number of servings Don't know 77 _ _ | X4 |

| CORE: Dietary salt | | | |
|--|--|--|------|
| The next questions ask about your knowledge, attitudes and behaviour towards dietary salt. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt and salty sauces such as soya sauce or fish sauce (see showcard). 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 <i>breads, instant noodles, tinned and processed meats or sauces</i> , and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt. | | | |
| Question | | Response | Code |
| 53 | How often do you add salt to your food before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD) | Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77 | DS1 |
| 54 | How often is salt added or seawater used in cooking or preparing foods in your household? | Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77 | DS2 |
| 55 | How often do you eat processed food high in salt , such as breads, instant noodles, tinned and processed meats or sauces? (USE SHOWCARD) | Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77 | DS3 |
| 56 | How much salt do you think you consume? | Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77 | DS4 |
| 57 | What do you think is the recommended amount of salt you should consume per day to be healthy? | Less than 10g (2 teaspoon) 1 Less than 5g (1 teaspoon) 2 Less than 2g (1/2 teaspoon) 3 Don't know 4 | X5 |
| 58 | Do you think that too much salt in your diet could cause a serious health problem ? | Yes 1 No 2 Don't know 77 | DS5 |
| 59 | How important to you is lowering the salt in your diet? | Very important 1 Somewhat important 2 Not at all important 3 Don't know 77 | DS6 |
| 60 | Do you do anything of the following on a regular basis to control your salt intake ? (RECORD FOR EACH) | | |
| | Avoid/minimize consumption of processed foods | Yes 1 No 2 | DS7a |
| | Look at the salt or sodium labels on food | Yes 1 No 2 | DS7b |
| | Do not add salt on the table | Yes 1 No 2 | DS7c |
| | Buy low salt/sodium alternatives | Yes 1 No 2 | DS7d |
| | Do not add salt when cooking | Yes 1 No 2 | DS7e |

Participant Identification Number

| | | | |
|--|---|---|----------|
| | Use spices other than salt when cooking | Yes 1 No 2 | DS7f |
| | Avoid eating out | Yes 1 No 2 | DS7g |
| | Other | Yes 1 <i>If Yes, go to DS7other</i> No 2 | DS7h |
| | Other (please specify) | <input type="text"/> | DS7other |

| CORE: 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> | | | |
| Question | Response | | Code |
| Work | | | |
| 61 | 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 for at least 10 minutes continuously? (USE SHOWCARD) | Yes 1 No 2 If No, go to P 4 | P1 |
| 62 | 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 |
| 63 | 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) |
| 64 | Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously? (USE SHOWCARD) | Yes 1 No 2 If No, go to P 7 | P4 |
| 65 | 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 |
| 66 | 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 | | | |
| <p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>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.</p> | | | |
| 67 | Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places? | Yes 1 No 2 If No, go to P 10 | P7 |
| 68 | 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 |
| 69 | 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) |

| CORE: Injury | | | |
|--|--|---|-------------|
| The next questions ask about different experiences and behaviours that are related to road traffic injuries. | | | |
| Question | | Response | Code |
| 77 | 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 |
| 78 | 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 |
| 79 | 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>If No, go to H1</i> Don't know 77 <i>If don't know, go to H1</i> Refused 88 <i>If Refused, go to H1</i> | V3 |
| 80 | 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 |

| CORE: Oral health | | | |
|--|---|--|-------------|
| The next questions ask about your oral health status and related behaviours. | | | |
| Question | | Response | Code |
| 81 | How many natural teeth do you have? | No natural teeth 1 <i>If no natural teeth, go to O4</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77 | O1 |
| 82 | How would you describe the state of your teeth ? | Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77 | O2 |
| 83 | How would you describe the state of your gums ? | Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77 | O3 |
| 84 | Do you have any removable dentures ? | Yes 1 No 2 <i>If No, go to O6</i> | O4 |

Participant Identification Number

|_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

| | | | |
|--|---|---------------|------|
| | Avoid smiling because of teeth | Yes 1 No 2 | O13e |
| | Sleep is often interrupted | Yes 1 No 2 | O13f |
| | Days not at work/school because of teeth or mouth | Yes 1 No 2 | O13g |
| | Difficulty doing usual activities | Yes 1 No 2 | O13h |
| | Less tolerant of spouse or people close to you | Yes 1 No 2 | O13i |
| | Reduced participation in social activities | Yes 1 No 2 | O13j |

| CORE: History of Raised Blood Pressure | | | | |
|---|---|-----------------|--------------------------|-------------|
| Question | | Response | | Code |
| 94 | Have you ever had your blood pressure measured by a doctor or other health worker? | Yes | 1 | H1 |
| | | No | 2 <i>If No, go to H6</i> | |
| 95 | Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? | Yes | 1 | H2a |
| | | No | 2 <i>If No, go to H6</i> | |
| 96 | Have you been told in the past 12 months? | Yes | 1 | H2b |
| | | No | 2 | |

| EXPANDED: History of Raised Blood Pressure | | | | |
|---|---|-----|-----|-----|
| 97 | Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker? | | | |
| | Drugs (medication) that you have taken in the past two weeks | Yes | 1 | H3a |
| | | No | 2 | |
| | Advice to reduce salt intake | Yes | 1 | H3b |
| | | No | 2 | |
| | Advice or treatment to lose weight | Yes | 1 | H3c |
| | | No | 2 | |
| Advice or treatment to stop smoking | Yes | 1 | H3d | |
| | No | 2 | | |
| Advice to start or do more exercise | Yes | 1 | H3e | |
| | No | 2 | | |
| 98 | Have you ever seen a traditional healer for raised blood pressure or hypertension? | Yes | 1 | H4 |
| | | No | 2 | |
| 99 | Are you currently taking any herbal or traditional remedy for your raised blood pressure? | Yes | 1 | H5 |
| | | No | 2 | |

| CORE: History of Diabetes | | | |
|---------------------------|--|------------------------------|------|
| Question | | Response | Code |
| 100 | Have you ever had your blood sugar measured by a doctor or other health worker? | Yes 1 | H6 |
| | | No 2 <i>If No, go to L1a</i> | |
| 101 | Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? | Yes 1 | H7a |
| | | No 2 <i>If No, go to L1a</i> | |
| 102 | Have you been told in the past 12 months? | Yes 1 | H7b |
| | | No 2 | |

| EXPANDED: History of Diabetes | | | |
|-------------------------------------|--|-------|-----|
| 103 | Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker? | | |
| | Insulin | Yes 1 | H8a |
| | | No 2 | |
| | Drugs (medication) that you have taken in the past two weeks | Yes 1 | H8b |
| | | No 2 | |
| | Special prescribed diet | Yes 1 | H8c |
| | | No 2 | |
| | Advice or treatment to lose weight | Yes 1 | H8d |
| No 2 | | | |
| Advice or treatment to stop smoking | Yes 1 | H8e | |
| | No 2 | | |
| Advice to start or do more exercise | Yes 1 | H8f | |
| | No 2 | | |
| 104 | Have you ever seen a traditional healer for diabetes or raised blood sugar? | Yes 1 | H9 |
| | | No 2 | |
| 105 | Are you currently taking any herbal or traditional remedy for your diabetes? | Yes 1 | H10 |
| | | No 2 | |

| CORE: History of Cholesterol | | | |
|------------------------------|--|-----------------------------|------|
| Question | | Response | Code |
| 106 | Have you ever had your cholesterol measured by a doctor or other health worker? | Yes 1 | L1a |
| | | No 2 <i>If No, go to X6</i> | |
| 107 | Have you ever been told by a doctor or other health worker that you have raised total cholesterol levels? | Yes 1 | L2a |
| | | No 2 <i>If No, go to X6</i> | |
| 108 | Have you been told in the past 12 months? | Yes 1 | L2b |
| | | No 2 | |
| 109 | Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker? | | |
| | Oral treatment (medication) taken in the last 2 weeks | Yes 1 | L3a |
| | | No 2 | |
| | Special prescribed diet | Yes 1 | L3b |
| No 2 | | | |

| CORE: History of Heart Attack | | | |
|-------------------------------|-----------------------------------|-----------------------------|------|
| Question | | Response | Code |
| 110 | Have you ever had a heart attack? | Yes 1 | X6 |
| | | No 2 <i>If No, go to X8</i> | |

| EXPANDED: History of Heart Attack | | | |
|-------------------------------------|--|-------|-----|
| 111 | Are you currently receiving any of the following treatments/advice for heart attack prescribed by a doctor or other health worker? | | |
| | Drugs (medication) that you have taken in the past two weeks | Yes 1 | X7a |
| | | No 2 | |
| | Special prescribed diet | Yes 1 | X7b |
| | | No 2 | |
| | Advice or treatment to lose weight | Yes 1 | X7c |
| | | No 2 | |
| Advice or treatment to stop smoking | Yes 1 | X7d | |
| | No 2 | | |
| Advice to start or do more exercise | Yes 1 | X7e | |
| | No 2 | | |

| CORE: History of Stroke | | | |
|-------------------------|-----------------------------|-----------------------------|------|
| Question | | Response | Code |
| 112 | Have you ever had a stroke? | Yes 1 | X8 |
| | | No 2 <i>If No, go to M1</i> | |

| EXPANDED: History of Stroke | | | |
|-------------------------------------|--|-------|-----|
| 113 | Are you currently receiving any of the following treatments/advice for stroke prescribed by a doctor or other health worker? | | |
| | Drugs (medication) that you have taken in the past two weeks | Yes 1 | X9a |
| | | No 2 | |
| | Advice to reduce salt intake | Yes 1 | X9b |
| | | No 2 | |
| | Advice or treatment to lose weight | Yes 1 | X9c |
| | | No 2 | |
| Advice or treatment to stop smoking | Yes 1 | X9d | |
| | No 2 | | |
| Advice to start or do more exercise | Yes 1 | X9e | |
| | No 2 | | |

Step 2 Physical Measurements

| CORE: Height and Weight | | | |
|-------------------------|---|------------------------------------|------|
| Question | | Response | Code |
| 114 | Interviewer ID | _ _ _ _ | M1 |
| 115 | Device IDs for height and weight | Height _ _ _ | M2a |
| | | Weight _ _ _ | M2b |
| 116 | Height | in Centimetres (cm) _ _ _ _ _ _ _ | M3 |
| 117 | Weight <i>If too large for scale 666.6</i> | in Kilograms (kg) _ _ _ _ _ _ _ | M4 |
| 118 | For women: Are you pregnant? | Yes 1 <i>If Yes, go to M 8</i> | M5 |
| | | No 2 | |
| CORE: Waist | | | |
| 119 | Device ID for waist | _ _ _ | M6 |
| 120 | Waist circumference | in Centimetres (cm) _ _ _ _ _ _ _ | M7 |
| CORE: Blood Pressure | | | |
| 121 | Interviewer ID | _ _ _ _ | M8 |
| 122 | Device ID for blood pressure | _ _ _ | M9 |
| 123 | Cuff size used | Small 1 | M10 |
| | | Medium 2 | |
| | | Large 3 | |
| | | Extra Large 4 | |
| | | Refused to be measured 88 | |
| 124 | Reading 1 | Systolic (mmHg) _ _ _ _ | M11a |
| | | Diastolic (mmHg) _ _ _ _ | M11b |
| 125 | Reading 2 | Systolic (mmHg) _ _ _ _ | M12a |
| | | Diastolic (mmHg) _ _ _ _ | M12b |
| 126 | Reading 3 | Systolic (mmHg) _ _ _ _ | M13a |
| | | Diastolic (mmHg) _ _ _ _ | M13b |
| 127 | During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker? | Yes 1 | M14 |
| | | No 2 | |

Step 3 Biochemical Measurements

| CORE: Blood Glucose | | | |
|----------------------------|--|--|------|
| Question | | Response | Code |
| 128 | During the past 12 hours have you had anything to eat or drink, other than water? | Yes 1 No 2 | B1 |
| 129 | Technician ID | _ _ _ _ | B2 |
| 130 | Device ID | _ _ _ | B3 |
| 131 | Time of day blood specimen taken (24 hour clock) | Hours : minutes _ _ : _ _ hrs mins | B4 |
| 132 | Fasting blood glucose | mmol/l _ _ . _ _ | B5 |
| 133 | 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 |
| CORE: Blood Lipids | | | |
| 134 | Device ID | _ _ _ | B7 |
| 135 | Total cholesterol | mmol/l _ _ . _ _ | B8 |
| 136 | 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 |
| EXPANDED: Salt | | | |
| 137 | Spot urine test? | Yes 1 No 2 | X10 |
| 138 | 24 Hour collection? | Yes 1 No 2 | X11 |

