



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
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>	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div><i>If known, Go to C4</i></div></div> <div>ddmmyear</div>		C2
13	How old are you?	Years <div><div></div><div></div></div>		C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div><div></div><div></div></div> Don't Know 77		C4

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

EXPANDED: Demographic Information, Continued											
Question		Response	Code								
20	Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T1									C10a
		OR per month <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T1									C10b
OR per year <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T1									C10c		
Refused 88	C10d										
21	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it (READ OPTIONS)	< 10,000 1	C11								
		More than or equal to 10,000, < 20,000 2									
		More than or equal to 20,000, < 30,000 3									
		More than or equal to 30,000, < 40,000 4									
		More than or equal to 40,000, < 50,000 5									
		More than or equal to 50,000, < 60,000 6									
		More than or equal to 60,000, < 80,000 7									
		More than or equal to 80,000, < 100,000 8									
		More than or equal to 100,000 9									
Don't Know 77											
Refused 88											

Step 1 Behavioural Measurements

CORE: Tobacco Use

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

Question		Response	Code
22	Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1
23	Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
24	How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
25	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
		OR in Months <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
		OR in Weeks <input type="text"/> <input type="text"/> <input type="text"/>	T4c
26	On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
		Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
		Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
		Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c/T5cw
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d/T5dw
		Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6	T5f/T5fw
		Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other/ T5otherw
27	During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6
28	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 If T2=Yes, go to T17; if T2=No, go to T9 No 2 If T2=Yes, go to T17; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T17; if T2=No, go to T9	T7
29	In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T17	T8
30	In the past, did you ever smoke daily ?	Yes 1 If T1=Yes, go to T17, else go to T10 No 2 If T1=Yes, go to T17, else go to T10	T9

EXPANDED: Tobacco Use					
Question		Response	Code		
31	How old were you when you stopped smoking?	Age (years) Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T17</i>			T10
32	How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T17</i>			T11a
		OR Months ago <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T17</i>			T11b
OR Weeks ago <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 If No, go to D1	A1a		
36	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 If No, go to D1	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 If No, go to D1	A3		
39	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> <input type="text"/>	D2
45	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 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 <input type="text"/> <input type="text"/> <input type="text"/>	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 <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									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 <table><tr><td></td><td></td></tr></table>			D6						
49	In a typical week, on how many days do you eat fresh fish ? (USE SHOWCARD)	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> 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 <table><tr><td></td><td></td></tr></table>			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 <table><tr><td></td><td></td></tr></table> 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 <table><tr><td></td><td></td></tr></table>			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 *bread*s, *instant noodles*, *tinned and processed meats or sauces*, 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

Three empty number lines are provided for recording data. Each number line has 10 equal intervals, marked by vertical tick marks. The first number line is labeled '1' at the first tick mark and '2' at the second tick mark. The second and third number lines are blank.

	Use spices other than salt when cooking	Yes 1 No 2	DS7f
	Avoid eating out	Yes 1 No 2	DS7g
	Other	Yes 1 If Yes, go to DS7other No 2	DS7h
	Other (please specify)	<div></div>	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)	<p>Yes 1</p> <p>No 2 If No, go to P 4</p>	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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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)	<p>Yes 1</p> <p>No 2 If No, go to P 7</p>	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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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 (pedal cycle) 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
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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)

CORE: Physical Activity, Continued			
Question		Response	Code
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). For example rugby, soccer, traditional dancing, zumba, swimming			
70	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 for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 13	P10
71	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	P11
72	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> hrs mins </div>	P12 (a-b)
73	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, swimming, volleyball for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
74	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	P14
75	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> hrs mins </div>	P15 (a-b)

EXPANDED: Physical Activity			
Sedentary behaviour			
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)			
76	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> hrs mins </div>	P16 (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

CORE: Oral health, Continued

Question		Response		Code
85	Which of the following removable dentures do you have? (RECORD FOR EACH)			
	An upper jaw denture	Yes 1 No 2		O5a
	A lower jaw denture	Yes 1 No 2		O5b
86	During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes 1 No 2		O6
87	How long has it been since you last saw a dentist ?	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 4 5 or more years 5 Never received dental care 6 If never, go to O9 Don't Know 77		O7
88	What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, gums or 2 Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 If Other, go to O8other		O8
		Other (please specify) <input type="text"/>	O8other	
89	How often do you clean your teeth?	Never 1 If Never, go to O13a 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		O9
90	Do you use toothpaste to clean your teeth?	Yes 1 No 2 If No, go to O12a		O10
91	Do you use toothpaste containing fluoride ?	Yes 1 No 2 Don't know 77		O11
92	Do you use any of the following to clean your teeth ? (RECORD FOR EACH)			
	Toothbrush	Yes 1 No 2		O12a
	Wooden toothpicks	Yes 1 No 2		O12b
	Plastic toothpicks	Yes 1 No 2		O12c
	Thread (dental floss)	Yes 1 No 2		O12d
	Other	Yes 1 If Yes, go to O12other No 2		O12g
	Other (please specify) <input type="text"/>		O12other	
93	Have you experienced any of the following problems during the past 12 months because of the state of your teeth ? (RECORD FOR EACH)			
	Difficulty in chewing foods	Yes 1 No 2		O13a
	Difficulty with speech/trouble pronouncing words	Yes 1 No 2		O13b
	Felt tense because of problems with teeth or mouth	Yes 1 No 2		O13c
	Embarrassed about appearance of teeth	Yes 1 No 2		O13d

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 No 2 If No, go to L1a	H6
101	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 If No, go to L1a	H7a
102	Have you been told in the past 12 months?	Yes 1 No 2	H7b

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
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	No 2 If No, go to X6	L1a
107	Have you ever been told by a doctor or other health worker that you have raised total cholesterol levels?	Yes 1	No 2 If No, go to X6	L2a
108	Have you been told in the past 12 months?	Yes 1	No 2	L2b
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	No 2	L3a
	Special prescribed diet	Yes 1	No 2	L3b

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

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 No 2 <i>If No, go to M1</i>	X8

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	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1				
115	Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table> Weight <table border="1"><tr><td></td><td></td></tr></table>					M2a M2b				
116	Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M3			
117	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M4			
118	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5								
CORE: Waist											
119	Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M6						
120	Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M7			
CORE: Blood Pressure											
121	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M8				
122	Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M9						
123	Cuff size used	Small 1 Medium 2 Large 3 Extra Large 4 Refused to be measured 88	M10								
124	Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M11a M11b
125	Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M12a M12b
126	Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M13a 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 No 2	M14								

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	<div> <div></div> <div></div> <div></div> </div>	B2
130	Device ID	<div> <div></div> <div></div> </div>	B3
131	Time of day blood specimen taken (24 hour clock)	<div> <div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> </div> <div>hrs</div> <div>mins</div> </div>	B4
132	Fasting blood glucose	<div> <div>mmol/l</div> <div> <div></div> <div></div> </div> <div>.</div> <div> <div></div> <div></div> </div> </div>	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	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>	B7
135	Total cholesterol	mmol/l <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>	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?	<div style="display: flex; justify-content: space-between;"> <div>Yes</div> <div><div style="border-bottom: 1px solid black; width: 100px;"></div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>No</div> <div><div style="border-bottom: 1px solid black; width: 100px;"></div></div> </div>	B9

EXPANDED: Salt

137	Spot urine test?	Yes 1 No 2	X10
138	24 Hour collection?	Yes 1 No 2	X11

