



# WHO STEPS Q-by-Q Guide for Noncommunicable Disease Risk Factor Surveillance

## Kiribati

### Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID <i>Enter Cluster, Centre or Village ID from list provided.</i>	<input type="text"/>	I1
Cluster/Centre/Village name <i>Enter Cluster, Centre or Village name as appropriate.</i>	<input type="text"/>	I2
Interviewer ID <i>Enter interviewer's identification.</i>	<input type="text"/>	I3
Date of completion of the instrument <i>Enter date when instrument actually completed.</i>	<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 <i>Select relevant response.</i>	Yes 1 No 2 <b>If NO, END</b>	I5
Interview Language <i>[Insert Language]</i> <i>Select relevant response.</i>	English 1 Kiribati 2 Others 3	I6
Time of interview (24 hour clock) <i>Enter time interview started.</i>	<input type="text"/> : <input type="text"/> hrs mins	I7
Family Surname <i>Enter family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>	<input type="text"/>	I8
First Name <i>Enter first name of respondent (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>	<input type="text"/>	I9
Contact phone number where possible <i>Enter phone number (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>	<input type="text"/>	I10

## Step 1 Demographic Information

CORE: Demographic Information	
1. Name	
2. Age	
3. Gender	
4. Ethnicity	
5. Education Level	
6. Employment Status	
7. Annual Income	
8. Marital Status	
9. Number of Children	
10. Home Ownership	
11. Health Insurance	
12. Disability Status	
13. Religion	
14. Political Affiliation	
15. Social Media Usage	
16. Travel Frequency	
17. Pet Ownership	
18. Volunteer Work	
19. Hobbies	
20. Other Interests	

Question	Response	Code
Sex (Record Male / Female as observed) <i>Select Male / Female as observed.</i>	Male 1 Female 2	C1
What is your date of birth? Don't Know 77 77 7777 <i>Enter date of birth of participant. If unknown, select "don't know".</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>If known, Go to C4</div> <div>ddmmyear</div> </div>	C2
How old are you? <i>If the age is unknown, help participant estimate their age by interviewing them about their recollection of widely known major events.</i>	Years <div><div></div><div></div></div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)? <i>Enter total number of years of education (excluding pre-school and kindergarten).</i>	Years <div><div></div><div></div></div>	C4

## EXPANDED: Demographic Information

<p>What is the <b>highest level of education</b> you have completed?</p> <p><i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i></p> <p><i>If a person attended a few months of the first year of secondary school but did not complete the year, select “primary school completed”. If a person only attended a few years of primary school, select “less than primary school”. Select appropriate response.</i></p>	<p>No formal schooling 1</p> <p>Less than primary school 2</p> <p>Primary school completed 3</p> <p>Junior secondary school completed 4</p> <p>Senior Secondary school completed 5</p> <p>College/University completed 6</p> <p>Post graduate degree 7</p> <p>Refused 88</p>	C5
<p>What is your <b>ethnic group background</b>?</p> <p><i>Select the relevant ethnic/cultural group to which the participant belongs.</i></p>	<p>Kiribati 1</p> <p>Other 2</p> <p>Refused 88</p>	C6
<p>What is your <b>marital status</b>?</p> <p><i>Select the appropriate response.</i></p>	<p>Never married 1</p> <p>Currently married 2</p> <p>Separated 3</p> <p>Divorced 4</p> <p>Widowed 5</p> <p>Cohabiting 6</p> <p>Refused 88</p>	C7
<p>Which of the following best describes your <b>main work</b> status over the past 12 months?</p> <p><i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i></p> <p><i>(USE SHOWCARD)</i></p> <p><i>The purpose of this question is to help answer other questions such as whether people in different kinds of occupations may be confronted with different risk factors. Select appropriate response.</i></p>	<p>Government employee 1</p> <p>Non-government employee 2</p> <p>Self-employed 3</p> <p>Non-paid 4</p> <p>Student 5</p> <p>Homemaker 6</p> <p>Retired 7</p> <p>Unemployed (able to work) 8</p> <p>Unemployed (unable to work) 9</p> <p>Refused 88</p>	C8
<p>How many people older than 18 years, including yourself, live in your household?</p> <p><i>Enter the total number of people living in the household who are 18 years or older.</i></p>	<p>Number of people</p> <p>_____</p>	C9

Question	Response	Code								
Taking <b>the past year</b> , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3) <i>Enter the average earnings of the household by week, month, or year. If refused to answer, skip to C11.</i>	Per week <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T1</i>									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> <i>Go to T1</i>									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> <i>Go to T1</i>									C10c	
Refused    88	C10RF									

## Step 1 Behavioural Measurements

**CORE: Tobacco Use**

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

Question	Response	Code
Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars or pipes? (USE SHOWCARD) <i>Ask the participant to think of any tobacco products he/she is smoking currently.</i>	Yes 1  No 2 If No, go to T8	T1
Do you currently smoke tobacco products <b>daily</b> ? <i>This question is only for current smokers of tobacco products.</i>	Yes 1  No 2	T2
How old were you when you <b>first started</b> smoking? <i>For current smokers only. Ask the participant to think of the time when he/she started to smoke any tobacco products.</i>	Age (years)  Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77 <i>If the participant doesn't remember his/her age when started smoking, then record the time in years, months or weeks as appropriate.</i>	In Years <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
	OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
	OR in Weeks <input type="text"/> <input type="text"/>	T4c
On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ?  (IF LESS THAN DAILY, RECORD WEEKLY)  (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 7777  <i>For current smokers only. Specify zero if no products were used in each category instead of leaving categories blank. Record daily consumption for daily smokers. If products are smoked less than daily by daily smokers, enter weekly consumption. Also enter weekly consumption for current, non-daily smokers.</i>	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
	Hand rolled rauara <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
	Deleted	T5d/T5dw
	Deleted	T5e/T5ew
	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"/> <i>If Other, go to T5other, else go to T6</i>	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
During the past 12 months, have you tried to <b>stop smoking</b> ? <i>For current smokers only. Ask the participant to think of any quit attempt during the past 12 months.</i>	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? <i>For current smokers only. Ask the participant to think of visits to a doctor or other health worker during the past 12 months. If no visit, select "no visit during the past 12 months".</i>	Yes 1 If T2=Yes, go to T12; if T2=No, go to T9 No 2 If T2=Yes, go to T12; if T2=No, go to T9  No visit during the past 12 months 3 If T2=Yes, go to T12; if T2=No, go to T9	T7
In the past, did you <b>ever smoke</b> any tobacco products? (USE SHOWCARD) <i>Ask the participant to think of the time when he/she may have been smoking tobacco products.</i>	Yes 1  No 2 If No, go to T12	T8
In the past, did you <b>ever smoke daily</b> ? <i>Ask the participant to think of the time when he/she may have been smoking tobacco products on a daily basis.</i>	Yes 1 If T1=Yes, go to T12, else go to T10  No 2 If T1=Yes, go to T12, else go to T10	T9

Question	Response	Code
How old were you when you <b>stopped</b> smoking? <i>Ask the participant to think of the time when he/she stopped smoking tobacco products.</i>	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T12	T10
How <b>long ago</b> did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77 <i>If the participant doesn't remember his/her age when they stopped smoking, then record the time in weeks, months or years as appropriate.</i>	Years ago <input type="text"/> <input type="text"/> If Known, go to T12	T11a
	OR Months ago <input type="text"/> <input type="text"/> If Known, go to T12	T11b
	OR Weeks ago <input type="text"/> <input type="text"/>	T11c
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as [ chewing tobacco, betel]? (USE SHOWCARD) <i>Ask the participant to think of any smokeless tobacco products that he/she is using currently.</i>	Yes 1 No 2    If No, go to T15	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ? <i>For current users of smokeless tobacco products only.</i>	Yes 1 No 2    If No, go to T14aw	T13
On average, how many <b>times a day/week</b> do you use .... (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777  <i>For current users of smokeless tobacco only. Record for each type of smokeless tobacco products. Specify zero if no products were used in each category instead of leaving categories blank. Record daily consumption for daily users. If products are used less than daily by daily users, enter weekly consumption. Also enter weekly consumption for current, non-daily users.</i>	DAILY↓ WEEKLY↓	
	Deleted	T14a/ T14aw
	Deleted	T14b/ T14bw
	Chewing 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"/>	T14c/ T14cw
	Betel, quid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14d/ T14dw
	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"/> <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
	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"/> <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14otherw
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [ chewing tobacco, or betel]? <i>Ask the participant to think of the time when he/she may have been using smokeless tobacco products.</i>	Yes 1 No 2    If No, go to T17	T15
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [ chewing tobacco, or betel] <b>daily</b> ? <i>Ask the participant to think of the time when he/she may have been using smokeless tobacco products on a daily basis.</i>	Yes 1 No 2	T16
During the past 30 days, did someone smoke <b>in your home</b> ? <i>Record the number of days. The participant should only think about other people, not about him-/herself. Smokers should exclude themselves. The question is asking about inside the participant's home. This only includes fully enclosed areas of the home.</i>	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office)?  <i>Record the number of days. For those not working in a closed area, record "don't work in a closed area". Ask the participant to think of seeing somebody smoke or smelling the smoke in indoor areas at work during the past 30 days.</i>	Yes 1 No 2 Don't work in a closed area 3	T18

CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES) <i>Ask the participant to think of any drinks that contain alcohol, with the exception of alcohol-based medication that is taken due to health reasons.</i>	Yes 1  No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the <b>past 12 months</b> ? <i>Ask the participant to think of any drinks that contain alcohol, with the exception of alcohol-based medication that is taken due to health reasons.</i>	Yes 1 <i>If Yes, go to A4</i>  No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker? <i>This question is for those participants that did not drink during the past 12 months, but that have drunk in their lifetime.</i>	Yes 1 <i>If Yes, go to A16</i>  No 2 <i>If No, go to A16</i>	A3
During the past 12 months, <b>how frequently</b> have you had at least one <b>standard alcoholic drink</b> ? (READ RESPONSES, USE SHOWCARD) <i>For those that have consumed alcohol in the past 12 months. A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits. Depending on the country, these amounts will vary between 8 and 13 grams of ethanol. See showcard.</i>	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 <b>past 30 days</b> ? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink? <i>Ask the participant to think of the past 30 days only. Record the number of occasions. Note that there can be more than one occasion in which alcohol is consumed in a given day.</i>	Number Don't know 77 <div style="text-align: right;">_ _</div>	A6
During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> did you have during one drinking occasion? (USE SHOWCARD) <i>Help the participant to average out the total number of drinks by using the showcard that shows standard alcoholic drinks.</i>	Number Don't know 77 <div style="text-align: right;">_ _</div>	A7
During the past 30 days, what was the <b>largest number</b> of standard drinks you had on a single occasion, counting all types of alcoholic drinks together? <i>Ask the participant to think of the past 30 days only. This question is about the largest number of drinks that the participant had on one single occasion.</i>	Largest number Don't Know 77 <div style="text-align: right;">_ _</div>	A8
During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion? <i>Ask the participant to think of the past 30 days only, and to report the number of occasions when he/she had six or more standard drinks.</i>	Number of times Don't Know 77 <div style="text-align: right;">_ _</div>	A9
During each of the <b>past 7 days</b> , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77 <i>Ask the participant to think of each of the past 7 days. Use the showcard that shows standard alcoholic drinks to help the participant report the number of standard drinks for each of the past 7 days.</i> <i>Record for each day the number of standard drinks. If no drinks record 0.</i>	Monday <div style="text-align: right;">_ _</div>	A10a
	Tuesday <div style="text-align: right;">_ _</div>	A10b
	Wednesday <div style="text-align: right;">_ _</div>	A10c
	Thursday <div style="text-align: right;">_ _</div>	A10d
	Friday <div style="text-align: right;">_ _</div>	A10e
	Saturday <div style="text-align: right;">_ _</div>	A10f
	Sunday <div style="text-align: right;">_ _</div>	A10g

**CORE: Alcohol Consumption, continued**





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>During the <b>past 7 days</b>, did you consume any <b>homebrewed alcohol</b>, any alcohol <b>brought over the border/from another country</b>, any alcohol <b>not intended for drinking</b> or other <b>untaxed alcohol</b>?</p> <p>[AMEND ACCORDING TO LOCAL CONTEXT]</p> <p>(USE SHOWCARD)</p> <p><i>Ask the participant to only think of homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol.</i></p>	<p>Yes 1</p> <p>No 2 If No, go to A13</p>	A11
<p>On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b>?</p> <p>[INSERT COUNTRY-SPECIFIC EXAMPLES]</p> <p>(USE SHOWCARD)</p> <p><i>Don't Know 77</i></p> <p><i>Ask the participant to think of the past 7 days. Use the showcard that specifies what standard drinks are for each type of alcohol. Alcohol not intended for drinking should be treated like spirits. Record for each type of alcohol the number of standard drinks. If no drinks record 0.</i></p>	<p>Homebrewed alcohol <input type="text"/></p>	A12a
	<p>Fermented toddy <input type="text"/></p>	A12b
	<p>Alcohol brought over the border/from another country <input type="text"/></p>	A12c
	<p>Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/></p>	A12d
	<p>Other untaxed alcohol in the country <input type="text"/></p>	A12e

<p>During the <b>past 12 months</b>, how often have you found that you were not able to stop drinking once you had started?</p> <p><i>Ask the participant to think of the past 12 months. Read out all the answer options.</i></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 <b>past 12 months</b>, how often have you failed to do what was normally expected from you because of drinking?</p> <p><i>Ask the participant to think of the past 12 months. Read out all the answer options.</i></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 <b>past 12 months</b>, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?</p> <p><i>Ask the participant to think of the past 12 months. Read out all the answer options.</i></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 <b>past 12 months</b>, have you had family problems or problems with your partner due to <b>someone else's</b> drinking?</p> <p><i>Ask the participant to think of the past 12 months. Read out all the answer options.</i></p> <p><i>The participant should not think of his/her own drinking, but of someone else's drinking.</i></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

Kava use		
Now I am going to ask you some questions about kava (kawa) or nangkona		
Question	Response	Code
Have you ever tried or drunk kawa/nangkona in the past 12 months?	Yes 1 No 2 <i>If No, skip the rest of this section</i>	X1
During the past 30 days on how many days did you drink kawa or nangkona	Number of days	X2
How long do you usually spend drinking kava in a session?	Number of hours	X3
Do you usually drink alcohol during or after drinking kawa or nangkona?	Yes No	X4
Do you usually smoke during or after drinking kawa or nangkona?	Yes 1 No 2	X5
Do you usually eat during or after drinking kawa or nangkona?	Yes 1 No 2 <i>if no skip next questions</i>	X6
If yes, what type of food and drink?	Soft drinks 1 Sweets 2 Salted snacks 3 Other 4	X7

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
<p>In a typical week, on how many days do you <b>eat fruit</b>? (USE SHOWCARD)</p> <p><i>Ask the participant to think of any fruit on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period.</i></p>	<p>Number of days Don't Know 77</p> <p> If Zero days, go to D3</p>	D1
<p>How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)</p> <p><i>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.</i></p>	<p>Number of servings Don't Know 77</p> <p></p>	D2
<p>In a typical week, on how many days do you <b>eat vegetables</b>? (USE SHOWCARD)</p> <p><i>Ask the participant to think of any fruit on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period.</i></p>	<p>Number of days Don't Know 77</p> <p> If Zero days, go to D5</p>	D3
<p>How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)</p> <p><i>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.</i></p>	<p>Number of servings Don't know 77</p> <p></p>	D4

With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such

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 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 *[insert country specific examples]*, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

*Read this opening statement out loud. Don't forget to use the showcard which will help the respondent when answering to the questions.*

How often do you <b>add salt or a salty sauce such as soya sauce</b> to your food right before you eat it or as you are eating it? <i>(SELECT ONLY ONE)</i> <i>(USE SHOWCARD)</i> <i>Read out all the answer options. Use the showcard that shows salt and salty sauces.</i>	<table><tr><td>Always</td><td>1</td></tr><tr><td>Often</td><td>2</td></tr><tr><td>Sometimes</td><td>3</td></tr><tr><td>Rarely</td><td>4</td></tr><tr><td>Never</td><td>5</td></tr><tr><td>Don't know</td><td>77</td></tr></table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D5
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													
How often is <b>salt, salty seasoning or a salty sauce added</b> in cooking or preparing foods in your household? <i>Read out all the answer options. Select the appropriate response.</i>	<table><tr><td>Always</td><td>1</td></tr><tr><td>Often</td><td>2</td></tr><tr><td>Sometimes</td><td>3</td></tr><tr><td>Rarely</td><td>4</td></tr><tr><td>Never</td><td>5</td></tr><tr><td>Don't know</td><td>77</td></tr></table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D6
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													
How often do you eat <b>processed food high in salt</b> ? 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 <i>[add country specific examples]</i> . <i>[INSERT EXAMPLES] (USE SHOWCARD)</i> <i>Read out all the answer options. Use the showcard that shows processed food high in salt.</i>	<table><tr><td>Always</td><td>1</td></tr><tr><td>Often</td><td>2</td></tr><tr><td>Sometimes</td><td>3</td></tr><tr><td>Rarely</td><td>4</td></tr><tr><td>Never</td><td>5</td></tr><tr><td>Don't know</td><td>77</td></tr></table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D7
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													

<p><b>How much salt or salty sauce</b> do you think you consume?</p> <p><i>Read out all the answer options and select the appropriate response.</i></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
<b>Question</b>	<b>Response</b>	<b>Code</b>
<p>How important to you is <b>lowering the salt</b> in your diet?</p> <p><i>Select the appropriate response.</i></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
<p>Do you think that too much salt or salty sauce in your diet could cause a <b>health problem</b>?</p> <p><i>Select the appropriate response.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	D10
<p>Do you do any of the following on a regular basis to <b>control your salt intake</b>? (RECORD FOR EACH)</p> <p><i>Select the appropriate response for each option. Ask the participant to only consider actions that he/she undertakes specifically to control salt intake, and not for any other purpose.</i></p>		
Limit consumption of processed foods	<p>Yes 1</p> <p>No 2</p>	D11a
Look at the salt or sodium content on food labels	<p>Yes 1</p> <p>No 2</p>	D11b
Buy low salt/sodium alternatives	<p>Yes 1</p> <p>No 2</p>	D11c
Use spices other than salt when cooking	<p>Yes 1</p> <p>No 2</p>	D11d
Avoid eating foods prepared outside of a home	<p>Yes 1</p> <p>No 2</p>	D11e
Do other things specifically to control your salt intake	<p>Yes 1 <i>If Yes, go to</i></p> <p>No 2</p>	D11f
Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> </div>	D11other
<p>What type of <b>oil or fat is most often</b> used for meal preparation in your household?</p> <p>(USE SHOWCARD)</p> <p>(SELECT ONLY ONE)</p> <p><i>Select the appropriate response.</i></p>	<p>Vegetable oil 1</p> <p>Lard or drippings 2</p> <p>Butter 3</p> <p>Margarine 4</p> <p>Coconut cream 5</p> <p>Coconut oil 6 <i>If Other, go to D12other</i></p> <p>None in particular 7</p> <p>None used 8</p> <p>Don't know 77</p>	D12
	<p>Other</p> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> <div style="width: 20px; height: 10px; border: 1px solid black;"></div> </div>	D12other
In a typical week how many days do you eat fresh fish?	Number of days	X8
How many servings do you eat on one of those days (use show cards)	<p>Number of servings</p> <p>Don't know</p>	X9
In a typical week how many days do you eat tinned fish	Number of days	X10
How many servings do you eat on one of those days (use show cards)	<p>Number of servings</p> <p>Don't know</p>	X11

<p>On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.</p> <p><i>Record the number of meals. Ask the participant to think of meals that were not prepared at a home, including his/her own home, the home of other family members or friends.</i></p>	<p>Number of meals</p> <p>Don't know 77</p> <p><u>    </u></p>	<p>D13</p>
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In the last week, on how many days did you have a drink containing sugar including fizzy drinks, juice drinks (excluding pure unsweetened fruit juice), cordials/drink mixes, and home made drinks with added sugar (use showcard)	Number of days Don't Know 77	<input type="text"/> <input type="text"/>	If Zero days, go to	X12
On the days when you had a drink containing sugar, how many serves did you have (use showcard. One serve being one can of drink, one large glass)	Number of servings Don't know 77	<input type="text"/> <input type="text"/>		X13
In the last week, how often did you have a drink to which you added sugar, like milo, tea or coffee (use showcard). (If had more than one drink a day, please include this as 10 times in last week)	Number of times Don't Know 77	<input type="text"/> <input type="text"/>	If Zero days, go to	X14
How many teaspoons of sugar did you add, on average, to each of these drinks	Number of tea spoons Don't know 77	<input type="text"/> <input type="text"/>		X15

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. <i>[Insert other examples if needed]</i>.</p> <p>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> <p><i>Read this opening statement out loud. It should not be omitted. The respondent will have to think first about the time he/she spends doing work (paid or unpaid work, household chores, harvesting food, fishing or hunting for food, seeking employment [Insert other examples if needed]), then about the time he/she travels from place to place, and finally about the time spent in vigorous as well as moderate physical activity during leisure time.</i></p> <p><i>Remind the respondent when he/she answers the following questions that '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. Don't forget to use the showcard which will help the respondent when answering to the questions.</i></p>		
Question	Response	Code
<b>Work</b>		
<p>Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> <p><i>Ask the participant to think about vigorous-intensity activities at work only. Activities are regarded as vigorous intensity if they cause large increases in breathing and/or heart rate.</i></p>	<p>Yes 1</p> <p>No 2 If No, go to P 4</p>	P1
<p>In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p> <p><input type="text"/></p>	P2
<p>How much time do you spend doing vigorous-intensity activities at work on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in vigorous-intensity activities at work. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes</p> <p><input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
<p>Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> <p><i>Ask the participant to think about moderate-intensity activities at work only. Activities are regarded as moderate intensity if they cause small increases in breathing and/or heart rate.</i></p>	<p>Yes 1</p> <p>No 2 If No, go to P 7</p>	P4
<p>In a typical week, on how many days do you do moderate-intensity activities as part of your work?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p> <p><input type="text"/></p>	P5
<p>How much time do you spend doing moderate-intensity activities at work on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in moderate-intensity activities at work. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes</p> <p><input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
<b>Travel to and from places</b>		
<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. <i>[Insert other examples if needed]</i></p> <p><i>The introductory statement to the following questions on transport-related physical activity is very important. It asks and helps the participant to now think about how they travel around getting from place-to-place. This statement should not be omitted.</i></p>		
<p>Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?</p> <p><i>Select the appropriate response.</i></p>	<p>Yes 1</p> <p>No 2 If No, go to P 10</p>	P7

A horizontal number line with 12 equal intervals. The intervals are labeled with the numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12 from left to right.

<p>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?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 100px;"></div>	<p>P8</p>
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**CORE: Physical Activity, Continued**

Question	Response	Code
<p>How much time do you spend walking or bicycling for travel on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in transport-related activities. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes</p> <p>    <u>    </u> : <u>    </u></p> <p>hrs                  mins</p>	P9 (a-b)
<p><b>Recreational activities</b></p> <p>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) <i>[Insert relevant terms]</i>.</p> <p><i>This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time. It includes sports and exercise but is not limited to participation in competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned. This statement should not be omitted.</i></p>		
<p>Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> <p><i>Ask the participant to think about recreational vigorous-intensity activities only. Activities are regarded as vigorous intensity if they cause large increases in breathing and/or heart rate.</i></p>	<p>Yes    1</p>  <p>No    2    <i>If No, go to P 13</i></p>	P10
<p>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p> <p>    <u>    </u></p>	P11
<p>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in recreational vigorous-intensity activities. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes</p> <p>    <u>    </u> : <u>    </u></p> <p>hrs                  mins</p>	P12 (a-b)
<p>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, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> <p><i>Ask the participant to think about recreational moderate-intensity activities only. Activities are regarded as moderate intensity if they cause small increases in breathing and/or heart rate.</i></p>	<p>Yes    1</p>  <p>No    2    <i>If No, go to P16</i></p>	P13
<p>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p> <p>    <u>    </u></p>	P14
<p>How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in recreational moderate-intensity activities. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes</p> <p>    <u>    </u> : <u>    </u></p> <p>hrs                  mins</p>	P15 (a-b)

Sedentary behaviour	
1	1
2	2
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4	4
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92	92
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94	94
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96	96
97	97
98	98
99	99
100	100

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.  
[INSERT EXAMPLES] (USE SHOWCARD)

<p>How much time do you usually spend sitting or reclining on a typical day?</p> <p><i>Ask the participant to consider total time spent sitting at work, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. The participant should not include time spent sleeping.</i></p>	<p>Hours : minutes</p> <p> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> </p> <p>hrs mins</p>	<p>P16 (a-b)</p>
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CORE: History of Raised Blood Pressure			
Question	Response		Code
Have you ever had your blood pressure measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes	1	H1
	No	2 If No, go to H6	
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes	1	H2a
	No	2 If No, go to H6	
Have you been told in the past 12 months? <i>Only for those that have previously been diagnosed with raised blood pressure.</i>	Yes	1	H2b
	No	2	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for raised blood pressure prescribed by a doctor or other health worker.</i>	Yes	1	H3
	No	2	
Have you ever seen a traditional healer for raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes	1	H4
	No	2	
Are you currently taking any herbal or traditional remedy for your raised blood pressure? <i>Select the appropriate response.</i>	Yes	1	H5
	No	2	

CORE: History of Diabetes			
Question	Response		Code
Have you ever had your blood sugar measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes	1	H6
	No	2 If No, go to H12	
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? <i>Select the appropriate response.</i>	Yes	1	H7a
	No	2 If No, go to H12	
Have you been told in the past 12 months? <i>Only for those that have previously been diagnosed with diabetes.</i>	Yes	1	H7b
	No	2	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for diabetes prescribed by a doctor or other health worker.</i>	Yes	1	H8
	No	2	
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider insulin that was prescribed by a doctor or other health worker.</i>	Yes	1	H9
	No	2	
Have you ever seen a traditional healer for diabetes or raised blood sugar? <i>Select the appropriate response.</i>	Yes	1	H10
	No	2	
Are you currently taking any herbal or traditional remedy for your diabetes? <i>Select the appropriate response.</i>	Yes	1	H11
	No	2	

**CORE: History of Raised Total Cholesterol**

Questions	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	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? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months? <i>Only for those that have previously been diagnosed with raised total cholesterol.</i>	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? <i>Ask the participant to only consider drugs for raised total cholesterol prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2	H16

**CORE: History of Cardiovascular Diseases**

Question	Response	Code
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)? <i>Select the appropriate response.</i>	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</i>	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</i>	Yes 1 No 2	H19

**CORE: Lifestyle Advice**

Questions	Response	Code
During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH)		
Select the appropriate response. Ask the participant to only consider advice from a doctor or other health worker.		
Quit using tobacco or don't start	Yes 1	H20a
	No 2	
Reduce salt in your diet	Yes 1	H20b
	No 2	
Eat at least five servings of fruit and/or vegetables each day	Yes 1	H20c
	No 2	
Reduce fat in your diet	Yes 1	H20d
	No 2	
Start or do more physical activity	Yes 1	H20e
	No 2	
Maintain a healthy body weight or lose weight	Yes 1 If C1=1 go to M1	H20f
	No 2 If C1=1 go to M1	

**CORE (for women only): Cervical Cancer Screening**

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.

*Read this opening statement out loud. It should not be omitted.*

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above? <i>Select the appropriate response.</i>	Yes 1	CX1
	No 2	
	Don't know 77	

## Mental health / Suicide

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.			
Question	Response		Code
During the <b>past 12 months</b> , have you seriously <b>considered</b> attempting suicide?	Yes	1	MH1
	No	2 <i>If No, go to MH3</i>	
	Refused	88	
Did you seek <b>professional help</b> for these thoughts?	Yes	1	MH2
	No	2	
	Refused	88	
During the <b>past 12 months</b> , have you made a <b>plan about how</b> you would attempt suicide?	Yes	1	MH3
	No	2	
	Refused	88	
Have you <b>ever attempted suicide</b> ?	Yes	1	MH4
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
During the <b>past 12 months</b> , have you <b>attempted suicide</b> ?	Yes	1	MH5
	No	2	
	Refused	88	
What was the main <b>method you used</b> the last time you attempted suicide?  (SELECT ONLY ONE)	Razor, knife or other sharp instrument	1	MH6
	Overdose of medication (e. g. prescribed, over-the-counter)	2	
	Hanging	3	
	Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer)	4	
	Other poisoning (e.g. plant/seed, household product)	5	
		6	
	Other	7 <i>If Other, go to MH6other</i>	
	Refused	88	
	Other (specify)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	MH6other
Did you seek <b>medical care</b> for this attempt?	Yes	1	MH7
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
Were you <b>admitted to hospital overnight</b> because of this attempt?	Yes	1	MH8
	No	2	
	Refused	88	
Has anyone in <b>your close family</b> (mother, father, brother, sister or children) ever attempted suicide?	Yes	1	MH9
	No	2	
	Refused	88	
Has anyone in <b>your close family</b> (mother, father, brother, sister or children) ever died from suicide?	Yes	1	MH10
	No	2	
	Refused	88	

1. None of the time /2. A little of the time /3. Some of the time /4. Most of the time /5. All of the time

In the past 4 weeks, about how often did you feel tired out for no good reason?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X16
In the past 4 weeks, about how often did you feel nervous?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X17
In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X18
In the past 4 weeks, about how often did you feel hopeless?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X19
In the past 4 weeks, about how often did you feel restless or fidgety?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X20
In the past 4 weeks, about how often did you feel so restless you could not sit still?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X21
In the past 4 weeks, about how often did you feel depressed?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X22
In the past 4 weeks, about how often did you feel that everything was an effort?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X23

In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X24
In the past 4 weeks, about how often did you feel worthless?	None of the time 1 A little of the time 2 Some of the time 3 Most of the time 4 All of the time 5	X25

## Step 2 Physical Measurements

CORE: Blood Pressure								
Interviewer ID <i>Record interviewer ID (in most cases interviewer would be the same as for behavioural measurements).</i>	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
Device ID for blood pressure <i>Record device ID.</i>	<table border="1"><tr><td></td><td></td></tr></table>			M2				
Cuff size used <i>Select cuff size used.</i>	Small 1 Medium 2 Large 3	M3						
Reading 1 <i>Record first measurement after the participant has rested for 15 minutes. Wait 3 minutes before taking second measurement.</i>	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a		
	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b		
Reading 2 <i>Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement.</i>	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a		
	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b		
Reading 3 <i>Record third measurement.</i>	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a		
	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6b		
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker? <i>Select appropriate response.</i>	Yes 1 No 2	M7						
CORE: Height and Weight								
Question	Response	Code						
For women: Are you pregnant? <i>Pregnant women skip over height, weight, waist and hip measurements.</i>	Yes 1 <i>If Yes, go to M16</i> No 2	M8						
Interviewer ID <i>Record interviewer ID (in most cases interviewer would be the same as for behavioural and blood pressure measurements).</i>	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9		
Device IDs for height and weight <i>Record device IDs.</i>	Height <table border="1"><tr><td></td><td></td></tr></table> Weight <table border="1"><tr><td></td><td></td></tr></table>					M10a M10b		
Height <i>Record participant's height in cm with one decimal point.</i>	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M11
Weight <i>If too large for scale 666.6</i> <i>Record participant's weight in kg with one decimal point.</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M12
CORE: Waist								

CORE: Blood Glucose		
Question	Response	Code
<p>During the past 12 hours have you had anything to eat or drink, other than water?</p> <p><i>It is essential that the participant has fasted.</i></p>	<p>Yes 1</p> <p>No 2</p>	B1
<p>Technician ID</p> <p><i>Record ID of the person taking the measurement.</i></p>	<p>_____</p>	B2
<p>Device ID</p> <p><i>Record device ID.</i></p>	<p>_____</p>	B3
<p>Time of day blood specimen taken (24 hour clock)</p> <p><i>Enter time measurement started.</i></p>	<p>Hours : minutes _____ : _____</p> <p>hrs mins</p>	B4
<p>Fasting blood glucose</p> <p><i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i></p> <p><i>Double check that the participant has fasted.</i></p>	<p>mmol/l _____ . _____</p> <p>mg/dl _____ . _____</p>	B5
<p>Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?</p> <p><i>Select appropriate response.</i></p>	<p>Yes 1</p> <p>No 2</p>	B6
CORE: Blood Lipids		
<p>Device ID</p> <p><i>Record device ID.</i></p>	<p>_____</p>	B7
<p>Total cholesterol</p> <p><i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i></p> <p><i>Record value for total cholesterol.</i></p>	<p>mmol/l _____ . _____</p> <p>mg/dl _____ . _____</p>	B8
<p>During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?</p> <p><i>Select appropriate response.</i></p>	<p>Yes 1</p> <p>No 2</p>	B9
<p>HDL cholesterol (mg/dl)</p>	<p>mmol/l _____ . _____</p>	B17
<p>Are you between the ages of 18-45?</p>	<p>Yes 1</p> <p>No 2</p>	X26
<p>Hemoglobin(g/dl)</p>	<p>_____ . _____</p> <p>g/dl <i>Only women of child bearing age will take part in this measurement.</i></p>	X27
<p>Have you been selected to take part in the urine data collection?</p>	<p>Yes 1</p> <p>No 2 If 'No' then End the Interview</p>	X28
CORE: Urinary sodium and creatinine		
<p>Had you been fasting prior to the urine collection?</p> <p><i>It is essential that the participant did not fast prior to urine collection.</i></p>	<p>Yes 1</p> <p>No 2</p>	B10

# Participant Identification Number

\_\_\_\_\_

Time of day urine sample taken (24 hour clock) <i>Record time of day urine sample taken as reported by the participant.</i>	Hours : minutes <div> <div>_____</div> : <div>_____</div>  <div>hrs</div>      <div>mins</div> </div>	B13
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