



# 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>	_ _ _ _ _ _ _	I1
Cluster/Centre/Village name <i>Enter Cluster, Centre or Village name as appropriate.</i>		I2
Interviewer ID <i>Enter interviewer's identification.</i>	_ _ _	I3
Date of completion of the instrument <i>Enter date when instrument actually completed.</i>	_ _   _ _   _ _ _ _ _  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>	_ _  :  _ _  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>		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>		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>	_ _ _ _ _ _ _	I10

## Step 1 Demographic Information

CORE: Demographic Information		
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>	_ _ _ _   _ _ _ _ _   _ _ _ _ _  If known, Go to C4 dd mm year	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  _ _ _	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  _ _ _	C4

EXPANDED: Demographic Information		
What is the <b>highest level of education</b> you have completed?  [INSERT COUNTRY-SPECIFIC CATEGORIES] <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>	No formal schooling 1 Less than primary school 2 Primary school completed 3 Junior secondary school completed 4 Senior Secondary school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
What is your <b>ethnic group background</b> ? <i>Select the relevant ethnic/cultural group to which the participant belongs.</i>	Kiribati 1 Other 2  Refused 88	C6
What is your <b>marital status</b> ? <i>Select the appropriate response.</i>	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your <b>main work</b> status over the past 12 months?  [INSERT COUNTRY-SPECIFIC CATEGORIES]  (USE SHOWCARD) <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>	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
How many people older than 18 years, including yourself, live in your household? <i>Enter the total number of people living in the household who are 18 years or older.</i>	Number of people  _ _ _	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     _ _ _ _ _ _ _ _ _ _  <i>Go to T1</i>	C10a
	OR per month     _ _ _ _ _ _ _ _ _ _  <i>Go to T1</i>	C10b
	OR per year     _ _ _ _ _ _ _ _ _ _  <i>Go to T1</i>	C10c
	Refused    88	C10RF

## Step 1 Behavioural Measurements

<b>CORE: Tobacco Use</b>		
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 <i>If No, go to T8</i>	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"/> <i>If Known, go to T5a/T5aw</i>	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"/> <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks <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>	<div style="display: flex; justify-content: space-around; font-size: small;"> <span>DAILY↓</span> <span>WEEKLY↓</span> </div> Manufactured cigarettes <input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes <input type="text"/>	T5b/T5bw
	Hand rolled rauara <input type="text"/>	T5c/T5cw
	Deleted	T5d/T5dw
	Deleted	T5e/T5ew
	Other <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"/>	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 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>  No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you <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 <i>If No, go to T12</i>	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 <i>If T1=Yes, go to T12, else go to T10</i>  No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9



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  _ _	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  _ _	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  _ _	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  _ _	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  _ _	A10a
	Tuesday  _ _	A10b
	Wednesday  _ _	A10c
	Thursday  _ _	A10d
	Friday  _ _	A10e
	Saturday  _ _	A10f
	Sunday  _ _	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.		
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> ? [AMEND ACCORDING TO LOCAL CONTEXT] (USE SHOWCARD) <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>	Yes 1  No 2 <i>If No, go to A13</i>	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD)  <i>Don't Know 77</i> <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>	Homebrewed alcohol  _ _	A12a
	Fermented toddy  _ _	A12b
	Alcohol brought over the border/from another country  _ _	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves  _ _	A12d
	Other untaxed alcohol in the country  _ _	A12e
During the <b>past 12 months</b> , how often have you found that you were not able to stop drinking once you had started?  <i>Ask the participant to think of the past 12 months. Read out all the answer options.</i>	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the <b>past 12 months</b> , how often have you failed to do what was normally expected from you because of drinking?  <i>Ask the participant to think of the past 12 months. Read out all the answer options.</i>	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
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?  <i>Ask the participant to think of the past 12 months. Read out all the answer options.</i>	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
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?  <i>Ask the participant to think of the past 12 months. Read out all the answer options.</i> <i>The participant should not think of his/her own drinking, but of someone else's drinking.</i>	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16







Participant Identification Number

    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

<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 Don't know 77</p> <p>               </p>	<p>D13</p>
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<p>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)</p>	<p>Number of days Don't Know 77</p> <p>               </p> <p><i>If Zero days, go to</i></p>	<p>X12</p>
<p>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)</p>	<p>Number of servings Don't know 77</p> <p>               </p>	<p>X13</p>
<p>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)</p>	<p>Number of times Don't Know 77</p> <p>               </p> <p><i>If Zero days, go to</i></p>	<p>X14</p>
<p>How many teaspoons of sugar did you add, on average, to each of these drinks</p>	<p>Number of tea spoons Don't know 77</p> <p>               </p>	<p>X15</p>

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? <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 <i>If No, go to P 4</i></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> _ </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> _ _  :  _ _ </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? <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 <i>If No, go to P 7</i></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> _ </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> _ _  :  _ _ </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 <i>If No, go to P 10</i></p>	P7



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> _ _  :  _ _ </p> <p>hrs mins</p>	P9 (a-b)
<b>Recreational activities</b>		
<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 (leisure) 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 (leisure) 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> _ </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> _ _  :  _ _ </p> <p>hrs mins</p>	P12 (a-b)
<p>Do you do any moderate-intensity sports, fitness or recreational (leisure) 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 (leisure) 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> _ </p>	P14
<p>How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) 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> _ _  :  _ _ </p> <p>hrs mins</p>	P15 (a-b)

Sedentary behaviour		
<p>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.</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>		
<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> _ _  :  _ _ </p> <p>hrs mins</p>	P16 (a-b)

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 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H6</i>	H2a
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 No 2	H2b
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 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure? <i>Select the appropriate response.</i>	Yes 1 No 2	H5

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 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months? <i>Only for those that have previously been diagnosed with diabetes.</i>	Yes 1 No 2	H7b
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 No 2	H8
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 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar? <i>Select the appropriate response.</i>	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes? <i>Select the appropriate response.</i>	Yes 1 No 2	H11

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

**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 No 2 Don't know 77	CX1

## 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 No 2 <i>If No, go to MH3</i> Refused 88		MH1
Did you seek <b>professional help</b> for these thoughts?	Yes 1 No 2 Refused 88		MH2
During the <b>past 12 months</b> , have you made a <b>plan about how</b> you would attempt suicide?	Yes 1 No 2 Refused 88		MH3
Have you <b>ever attempted suicide</b> ?	Yes 1 No 2 <i>If No, go to MH9</i> Refused 88		MH4
During the <b>past 12 months</b> , have you <b>attempted suicide</b> ?	Yes 1 No 2 Refused 88		MH5
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 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		MH6
	Other (specify)  _ _ _ _ _ _ _ _ _ _		MH6other
Did you seek <b>medical care</b> for this attempt?	Yes 1 No 2 <i>If No, go to MH9</i> Refused 88		MH7
Were you <b>admitted to hospital overnight</b> because of this attempt?	Yes 1 No 2 Refused 88		MH8
Has anyone in <b>your close family</b> (mother, father, brother, sister or children) ever attempted suicide?	Yes 1 No 2 Refused 88		MH9
Has anyone in <b>your close family</b> (mother, father, brother, sister or children) ever died from suicide?	Yes 1 No 2 Refused 88		MH10

K10

Please read out all the answer options for each question.

Note the response that is selected:

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





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 _____ : _____ hrs mins	B13
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