Survey Questionnaire

4	Interviewer code:	☐☐☐
I5	Date of completion of the questionnaire	☐☐/☐☐/☐☐☐☐
I6	Consent has been read out to respondent	*Yes* 1 ☐ *No* 2 ☐ *If no read consent*
I7	Consent has been obtained (verbal or written)	*Yes* 1 ☐ *No* 2 ☐ *If no, END*
I8	Interview Language (insert language)	*English* 1 ☐ *Other* 2 ☐
I9	Time of interview (24 hours clock)	
I10	Family name	

				Coding Column
C1	Sex (*Record Male / Female as observed)*	Male Female	1 2	☐
C2	What is your date of birth? *If Don't Know, See Note* below and Go to C3*	Day ☐☐ Month ☐☐ Year ☐☐☐☐		
C3	How old are you?	Years		☐☐
C4	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years		☐☐

C8	How many people older than 18 years, including yourself, live in your household?	Number of people		☐☐
C9	Taking **the past year**, can you tell me what the average earnings of the household have been?	Per week		☐☐☐☐☐☐
		OR per month		☐☐☐☐☐☐
		OR per year		☐☐☐☐☐☐☐
		Go to Next Section		
		Refused	8	☐
C10	If you don't know the amount, can you give an **estimate** of the annual household income if I read some options to you? Is it *[READ OPTIONS]* *[INSERT QUINTILE VALUES*]	≤ Quintile (Q) 1	1	☐
		More than Q 1, ≤ Q 2	2	
		More than Q 2, ≤ Q 3	3	
		More than Q 3, ≤ Q 4	4	
		More than Q 4	5	
		Refused	8	

Height and weight			Coding Column
M 1	Technician ID Code		☐☐☐
M 2a & 2b	Device IDs for height and weight	(2a) height ☐☐	(2b) weight ☐☐
M 3	Height	(in Centimetres)	☐☐☐.☐
M 4	Weight *If too large for scale, code 666.6*	(in Kilograms)	☐☐☐.☐
M 5	***(For women)*** Are you pregnant?	Yes 1 No 2	☐
Waist			
M 6	Technician ID		☐☐☐
M 7	Device ID for waist		☐☐
M 8	Waist circumference	(in Centimetres)	☐☐☐.☐

Blood pressure				Coding Column
M 9	Technician ID			☐☐☐
M 10	Device ID for blood pressure			☐☐
M 11	Cuff size used	Small 1 Normal 2 Large 3		☐
M 12a	Reading 1 **Systolic BP**	Systolic	mm Hg	☐☐☐
M 12b	**Diastolic BP**	Diastolic	mm Hg	☐☐☐
M 13a	Reading 2 **Systolic BP**	Systolic	mm Hg	☐☐☐
M 13b	**Diastolic BP**	Diastolic	mm Hg	☐☐☐
M 14a	Reading 3 **Systolic BP**	Systolic	mm Hg	☐☐☐
M 14b	**Diastolic BP**	Diastolic	mm Hg	☐☐☐
M 15	During the past two weeks, have you been treated for high blood pressure with drugs (medication) prescribed by a doctor or other health worker ?	Yes 1 No 2		☐

M 16	Hip circumference	(in Centimetres)		□□□.□
Heart Rate (Record if automatic blood pressure device is used)				
M 17a	Reading 1	Beats per minute:		□□□
M 17b	Reading 2	Beats per minute:		□□□
M 17c	Reading 3	Beats per minute:		□□□