



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

Nauru 2015

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 IF NO, END	I5
Interview Language [<i>Insert Language</i>] <i>Select relevant response.</i>	English 1 Nauruan 2 Both (English & Nauruan) 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
Other Name <i>Enter any other name that you are known of – If none please enter "None"</i>		I9b
Additional Information that may be helpful		
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>	_ _ _ _ _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> 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 highest level of education 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 Secondary school completed 4 College/University completed 6 Post graduate degree 7 Refused 88	C5
What is your relevant ethnic group / racial group / cultural subgroup / others] background ? <i>Select the relevant ethnic/cultural group to which the participant belongs.</i>	Nauruans 1 Others 2 Refused 88	C6
What is your marital status ? <i>Select the appropriate response.</i>	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting/De-facto 6 Refused 88	C7
Which of the following best describes your main work 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/volunteer 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

Step 1 Behavioural Measurements

CORE: Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i> <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 daily ? <i>This question is only for current smokers of tobacco products.</i>	Yes 1 No 2	T2
How old were you when you first started 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? <i>(RECORD ONLY 1, NOT ALL 3)</i> 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, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> Don't Know 7777 <i>For current smokers only.</i> <i>Specify zero if no products were used in each category instead of leaving categories blank.</i> <i>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="text-align: center;"> DAILY↓ WEEKLY↓ </div> Manufactured cigarettes <input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes <input type="text"/>	T5b/T5bw
	Pipes full of tobacco <input type="text"/>	T5c/T5cw
	Cigars, cheroots, cigarillos <input type="text"/>	T5d/T5dw
	Number of Shisha sessions <input type="text"/>	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 last six months have you purchased a roll/single stick cigarette?	Yes No Don't know	X1
During the past 12 months, have you tried to stop smoking ? <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 ever smoke any tobacco products? <i>(USE SHOWCARD)</i> <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 ever smoke daily ? <i>Ask the participant to think of the time when he/she may</i>	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i>	T9

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<p>During the past 30 days, how many times did you have six or more 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></p>	<p>Number of times Don't Know 77</p> <p style="text-align: right;"> <u> </u></p>	<p>A9</p>
<p>During each of the past 7 days, 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></p>	<p>Monday <u> </u></p>	<p>A10a</p>
	<p>Tuesday <u> </u></p>	<p>A10b</p>
	<p>Wednesday <u> </u></p>	<p>A10c</p>
	<p>Thursday <u> </u></p>	<p>A10d</p>
	<p>Friday <u> </u></p>	<p>A10e</p>
	<p>Saturday <u> </u></p>	<p>A10f</p>
	<p>Sunday <u> </u></p>	<p>A10g</p>
CORE: Alcohol Consumption, continued		
<p>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>		
<p>During the past 7 days, did you consume any homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol? [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></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to A13</i></p>	<p>A11</p>
<p>On average, how many standard drinks of the following did you consume during the past 7 days? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) Don't Know 77 <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.</i> <i>Record for each type of alcohol the number of standard drinks. If no drinks record 0.</i></p>	<p>Homebrewed spirits, e.g. moonshine <u> </u></p>	<p>A12a</p>
	<p>Homebrewed beer or wine, e.g. beer, palm or fruit wine <u> </u></p>	<p>A12b</p>
	<p>Alcohol brought over the border/from another country <u> </u></p>	<p>A12c</p>
	<p>Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <u> </u></p>	<p>A12d</p>
	<p>Other untaxed alcohol in the country <u> </u></p>	<p>A12e</p>

EXPANDED: Alcohol Consumption		
<p>During the past 12 months, 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>	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
<p>During the past 12 months, 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>	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
<p>During the past 12 months, 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>	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
<p>During the past 12 months, have you had family problems or problems with your partner due to someone else's 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>	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

Kava use		
Now I am going to ask you some questions about kava or yagona		
Question	Response	Code
Have you ever tried or drunk kava or yagona in the past 12 months?	Yes 1 No 2 <i>If No, skip the rest of this section D1</i>	X5
During the past 30 days on how many days did you drink kava or yagona	Number of days	X6
How long do you usually spend drinking kava in a session?	Number of hours	X7
Do you usually drink alcohol during or after drinking kava or yagona?	Yes 1 No 2	X8
Do you usually smoke during or after drinking kava or yagona?	Yes 1 No 2	X9
Do you usually eat during or after drinking kava or yagona	Yes 1 No 2 <i>if No skip next questions to D1</i>	X10
If yes, what type of food and drink?	Soft drinks 1 Sweets 2	X11

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Salted snacks 3

Other 4

CORE: Diet

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

Question	Response	Code
<p>In a typical week, on how many days do you eat fruit? (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> <u> </u> <i>If Zero days, go to D3</i></p>	D1
<p>How many servings of fruit 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> <u> </u></p>	D2
<p>In a typical week, on how many days do you eat vegetables? (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> <u> </u> <i>If Zero days, go to D5</i></p>	D3
<p>How many servings 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> <u> </u></p>	D4

Dietary salt

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.

<p>How often do you add salt, oxo or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)</p> <p><i>Read out all the answer options. Use the showcard that shows salt and salty sauces.</i></p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D5
<p>How often is salt, oxo, salty seasoning or a salty sauce added in cooking or preparing foods in your household? <i>Read out all the answer options. Select the appropriate response.</i></p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D6
<p>How often do you eat processed food high in salt? 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]</i> (USE SHOWCARD)</p> <p><i>Read out all the answer options. Use the showcard that shows processed food high in salt.</i></p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D7
<p>How much salt or salty sauce do you think you consume?</p>	<p>Far too much 1</p>	D8

Participant Identification Number

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<p><i>Read out all the answer options and select the appropriate response.</i></p>	Too much	2											
	Just the right amount	3											
	Too little	4											
	Far too little	5											
	Don't know	77											
EXPANDED: Diet													
Question	Response		Code										
How important to you is lowering the salt in your diet? <i>Select the appropriate response.</i>	Very important	1	D9										
	Somewhat important	2											
	Not at all important	3											
	Don't know	77											
Do you think that too much salt or salty sauce in your diet could cause a health problem ? <i>Select the appropriate response.</i>	Yes	1	D10										
	No	2											
	Don't know	77											
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH) <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>													
Limit consumption of processed foods	Yes	1	D11a										
	No	2											
Look at the salt or sodium content on food labels	Yes	1	D11b										
	No	2											
Buy low salt/sodium alternatives	Yes	1	D11c										
	No	2											
Use spices other than salt when cooking	Yes	1	D11d										
	No	2											
Avoid eating foods prepared outside of a home	Yes	1	D11e										
	No	2											
Do other things specifically to control your salt intake	Yes	1 <i>If Yes, go to D11other</i>	D11f										
	No	2											
Other (please specify)	<table border="1"> <tr> <td> </td> </tr> </table>												D11other
What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE) <i>Select the appropriate response.</i>	Vegetable oil	1	D12										
	Lard or suet	2											
Butter or ghee	3												
Margarine	4												
Other	5 <i>If Other, go to D12other</i>												
None in particular	6												
None used	7												
Don't know	77												
	Other	<table border="1"> <tr> <td> </td> </tr> </table>											D12other
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. <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>	Number		D13										
	Don't know	77											
		<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>											

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 such as ice coffee, ice tea (use showcard)	Number of days Don't Know 77	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>			X12
		<i>If Zero days, go to X14</i>			

Participant Identification Number

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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 _ _	X13
In a typical day, 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 eg 10 times a day)	Number of times Don't Know 77 _ _ <i>If Zero days, go to V3</i>	X14
How many teaspoons of sugar did you add, on average, to each of these drinks	Number of teaspoons Don't know 77 _ _	X15

CORE: Injury

The next questions ask about different experiences and behaviors that are related to road traffic injuries.

Question	Response	Code
In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to X16</i> Don't know 77 <i>If don't know, go to X16</i> Refused 88 <i>If Refused, go to X16</i>	V3
Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V4
In the past 30 days have you driven a vehicle after you have consumed alcohol	Yes 1 No 2 Don't know 77 Refused 88	X16

CORE: Reproductive Health

Next question is related to reproductive health

Question	Response	Code
Do you know where you could get condoms from?	Yes 1 No 2 Don't know 77 Refused 88	X17

CORE: Physical Activity

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.
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. *[Insert other examples if needed]*. 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.
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.
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.

Question	Response	Code
Work		
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?	Yes 1	P1

Participant Identification Number

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<p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i> <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 align="center">No 2 <i>If No, go to P 4</i></p>	
<p>In a typical week, on how many days do you do vigorous-intensity activities as part of your work? <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 align="center">Number of days _ _ </p>	<p align="center">P2</p>
<p>How much time do you spend doing vigorous-intensity activities at work on a typical day? <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 align="center">Hours : minutes _ _ : _ _ hrs mins</p>	<p align="center">P3 (a-b)</p>
<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> <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 align="center">Yes 1 No 2 <i>If No, go to P 7</i></p>	<p align="center">P4</p>
<p>In a typical week, on how many days do you do moderate-intensity activities as part of your work? <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 align="center">Number of days _ _ </p>	<p align="center">P5</p>
<p>How much time do you spend doing moderate-intensity activities at work on a typical day? <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 align="center">Hours : minutes _ _ : _ _ hrs mins</p>	<p align="center">P6 (a-b)</p>
<p>Travel to and from places</p>		
<p>The next questions exclude the physical activities at work that you have already mentioned. 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> <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? <i>Select the appropriate response.</i></p>	<p align="center">Yes 1 No 2 <i>If No, go to P 10</i></p>	<p align="center">P7</p>
<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? <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 align="center">Number of days _ _ </p>	<p align="center">P8</p>

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)
Recreational activities		
<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) [Insert relevant terms].</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 [running or football] for at least 10 minutes continuously?</p> <p>[INSERT EXAMPLES] (USE SHOWCARD)</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 If No, go to P 13</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, [cycling, swimming, volleyball] for at least 10 minutes continuously?</p> <p>[INSERT EXAMPLES] (USE SHOWCARD)</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 If No, go to P16</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)
<p>What are the main barriers to you being more physically active?</p>	<p>I am not interested 1</p> <p>I do not have time 2</p> <p>Lack of sidewalks 3</p> <p>Dogs 4</p> <p>Other safety issues including accidents 5</p> <p>Other 6</p>	X18

EXPANDED: Physical Activity

Sedentary behaviour		
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>		
How much time do you usually spend sitting or reclining on a typical day? <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>	Hours : minutes _ _ _ : _ _ _ hrs mins	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
Since your diagnosis, have you attended all scheduled clinic appointments	Yes 1 No 2 Have not scheduled any appointments 3	X19
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	Yes 1	H10

Participant Identification Number

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blood sugar? <i>Select the appropriate response.</i>	No 2	
Are you currently taking any herbal, natural 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
Since your diagnosis, have you attended all scheduled clinic appointments	Yes 1 No 2 Have not scheduled any 3	X20
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, natural 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) or been diagnosed with angina? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H18</i>	H17
Since your diagnosis, have you attended all scheduled clinic appointments	Yes 1 No 2 Have not scheduled any appointments 3	X21
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

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	X35
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	X36
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	X37

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>	_ _ _ _	M1
Device ID for blood pressure <i>Record device ID.</i>	_ _	M2
Cuff size used <i>Select cuff size used.</i>	Universal 1 Extra large 2 Refused to be measured 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) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
Reading 2 <i>Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement.</i>	Systolic (mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
Reading 3 <i>Record third measurement.</i>	Systolic (mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	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 If C1=2 (male), go M9	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>	_ _ _ _	M9
Device IDs for height and weight <i>Record device IDs.</i>	Height _ _	M10a
	Weight _ _	M10b

Record value for HDL cholesterol.

EXPANDED: Hemoglobin for women of CBA		
Hemoglobin [CHOOSE ACCORDINGLY: MMOL/L] <i>Only women of child bearing age will take part in this measurement.</i>	mmol/l _ _ . _ _	B18
CORE: Urinary sodium and creatinine		
Had you been fasting prior to the urine collection? <i>It is essential that the participant did not fast prior to urine collection.</i>	Yes 1 No 2	B10
Technician ID <i>Record technician ID. (Not on the PDA)</i>	_ _ _ Not on PDA	B11
Device ID <i>Record device ID. (Not on the PDA)</i>	_ _ Not on PDA	B12
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
Urinary sodium <i>Record value for urinary sodium. (Note that this question will not show on the PDA)</i>	mmol/l _ _ _ . _ Not on PDA	B14
Urinary creatinine <i>Record value for urinary creatinine. (Note that this question will not show on the PDA)</i>	mmol/l _ _ . _ _ Not on PDA	B15