



# 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>	<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"/> <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 Nauruan 2 Both (English & Nauruan) 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
Other Name <i>Enter any other name that you are known of – If none please enter "None"</i>	<input type="text"/>	I9b
<b>Additional Information that may be helpful</b>		
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? <i>Don't Know 77 77 7777</i> <i>Enter date of birth of participant. If unknown, select "don't know".</i>	<table><tr><td><div><div></div><div></div></div></td><td><div><div></div><div></div></div></td><td><div><div></div><div></div><div></div><div></div></div></td><td><i>If known, Go to C4</i></td></tr><tr><td>dd</td><td>mm</td><td>year</td><td></td></tr></table>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<i>If known, Go to C4</i>	dd	mm	year		C2
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div></div>	<i>If known, Go to C4</i>							
dd	mm	year								
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".</i></p> <p><i>Select appropriate response.</i></p>	<table><tr><td>No formal schooling</td><td>1</td></tr><tr><td>Less than primary school</td><td>2</td></tr><tr><td>Primary school completed</td><td>3</td></tr><tr><td>Secondary school completed</td><td>4</td></tr><tr><td>College/University completed</td><td>6</td></tr><tr><td>Post graduate degree</td><td>7</td></tr><tr><td>Refused</td><td>88</td></tr></table>	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						
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																					
<p>What is your <i>relevant ethnic group / racial group / cultural subgroup / others</i> <b>background</b>?</p> <p><i>Select the relevant ethnic/cultural group to which the participant belongs.</i></p>	<table><tr><td>Nauruans</td><td>1</td></tr><tr><td>Others</td><td>2</td></tr><tr><td>Refused</td><td>88</td></tr></table>	Nauruans	1	Others	2	Refused	88	C6														
Nauruans	1																					
Others	2																					
Refused	88																					
<p>What is your <b>marital status</b>?</p> <p><i>Select the appropriate response.</i></p>	<table><tr><td>Never married</td><td>1</td></tr><tr><td>Currently married</td><td>2</td></tr><tr><td>Separated</td><td>3</td></tr><tr><td>Divorced</td><td>4</td></tr><tr><td>Widowed</td><td>5</td></tr><tr><td>Cohabitating/De-facto</td><td>6</td></tr><tr><td>Refused</td><td>88</td></tr></table>	Never married	1	Currently married	2	Separated	3	Divorced	4	Widowed	5	Cohabitating/De-facto	6	Refused	88	C7						
Never married	1																					
Currently married	2																					
Separated	3																					
Divorced	4																					
Widowed	5																					
Cohabitating/De-facto	6																					
Refused	88																					
<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.</i></p> <p><i>Select appropriate response.</i></p>	<table><tr><td>Government employee</td><td>1</td></tr><tr><td>Non-government employee</td><td>2</td></tr><tr><td>Self-employed</td><td>3</td></tr><tr><td>Non-paid/volunteer</td><td>4</td></tr><tr><td>Student</td><td>5</td></tr><tr><td>Homemaker</td><td>6</td></tr><tr><td>Retired</td><td>7</td></tr><tr><td>Unemployed (able to work)</td><td>8</td></tr><tr><td>Unemployed (unable to work)</td><td>9</td></tr><tr><td>Refused</td><td>88</td></tr></table>	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
Government employee	1																					
Non-government employee	2																					
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Homemaker	6																					
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Unemployed (able to work)	8																					
Unemployed (unable to work)	9																					
Refused	88																					
<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>	<table><tr><td>Number of people</td><td><div><div></div><div></div><div></div></div></td></tr></table>	Number of people	<div><div></div><div></div><div></div></div>	C9																		
Number of people	<div><div></div><div></div><div></div></div>																					

EXPANDED: Demographic Information, Continued																
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	C10d															
If you don't know the amount, can you give an <b>estimate</b> of the annual household income if I read some options to you? Is it [INSERT QUINTILE VALUES IN LOCAL CURRENCY] (READ OPTIONS) <i>Select the appropriate quintile value for the annual household income.</i>	<table> <tr> <td>≤ Quintile 10,000</td> <td>1</td> </tr> <tr> <td>More than 10,001, ≤ Q 20,000</td> <td>2</td> </tr> <tr> <td>More than Q 20,001, ≤ Q 30,000</td> <td>3</td> </tr> <tr> <td>More than Q 30,001 ≤ Q 50,000</td> <td>4</td> </tr> <tr> <td>More than Q 50,001</td> <td>5</td> </tr> <tr> <td>Don't Know</td> <td>77</td> </tr> <tr> <td>Refused</td> <td>88</td> </tr> </table>	≤ Quintile 10,000	1	More than 10,001, ≤ Q 20,000	2	More than Q 20,001, ≤ Q 30,000	3	More than Q 30,001 ≤ Q 50,000	4	More than Q 50,001	5	Don't Know	77	Refused	88	C11
≤ Quintile 10,000	1															
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More than Q 30,001 ≤ Q 50,000	4															
More than Q 50,001	5															
Don't Know	77															
Refused	88															



have been smoking tobacco products on a daily basis.

No 2 If T1=Yes, go to T12, else go to T10

## EXPANDED: Tobacco Use

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 <table border="1"><tr><td></td><td></td><td></td></tr></table> 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 <table border="1"><tr><td></td><td></td><td></td></tr></table> If Known, go to T12				T11a							
	OR Months ago <table border="1"><tr><td></td><td></td><td></td></tr></table> If Known, go to T12				T11b							
OR Weeks ago <table border="1"><tr><td></td><td></td><td></td></tr></table>				T11c								
Did you stop smoking for health reasons	Yes 1 No 2	X2										
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T15	T12										
Do you currently use smokeless tobacco products daily?	DAILY WEEKLY											
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	Snuff, by mouth <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											T14a/ T14aw
	Snuff, by nose <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											T14b/ T14bw
	Chewing tobacco <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											T14c/ T14cw
Betel, quid <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											T14d/ T14dw	
Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>											T14e/ T14ew	
	Other (please specify): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>IF T13=No, go to T16, else go to T17</i>											T14other/ T14othew
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	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 [snuff, chewing tobacco, or betel] <b>daily</b> ?	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.</i> <i>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</i>	Yes 1 No 2	T18										

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.	Don't work in a closed area 3	
Do you currently use e-cigarettes	Yes 1 No 2 If No, go to A1	X3
If yes, how often do you use e-cigarette	Once a day 1 More than once a day 2 Every week but not daily 3 Occasionally 4	X4

**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 [add other local examples]? (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 If No, go to A16	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 If Yes, go to A4  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 If Yes, go to A16  No 2 If No, go to A16	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 If No, go to A13	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><div></div><div></div></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><div></div><div></div></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><div></div><div></div></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 	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
<b>CORE: Alcohol Consumption, continued</b>		
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</b> alcohol, any alcohol <b>brought over the border/from another country</b> , any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> 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>	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)  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>	Homebrewed spirits, e.g. moonshine	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine	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

EXPANDED: Alcohol Consumption		
<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>	<div>Daily or almost daily1</div> <div>Weekly2</div> <div>Monthly3</div> <div>Less than monthly4</div> <div>Never5</div>	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>	<div>Daily or almost daily1</div> <div>Weekly2</div> <div>Monthly3</div> <div>Less than monthly4</div> <div>Never5</div>	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>	<div>Daily or almost daily1</div> <div>Weekly2</div> <div>Monthly3</div> <div>Less than monthly4</div> <div>Never5</div>	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>	<div>Yes, more than monthly1</div> <div>Yes, monthly2</div> <div>Yes, several times but less than monthly3</div> <div>Yes, once or twice4</div> <div>No5</div>	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



CORE: Diet		
<p>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.</p>		
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
Dietary salt		
<p>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.</p> <p><i>Read this opening statement out loud. Don't forget to use the showcard which will help the respondent when answering to the questions.</i></p>		
<p>How often do you <b>add salt, oxo or a salty sauce such as soya sauce</b> 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 <b>salt, oxo, salty seasoning or a salty sauce</b> added in cooking or preparing foods in your household?</p> <p><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 <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 [add country specific examples]. [INSERT EXAMPLES] (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><b>How much salt or salty sauce</b> do you think you consume?</p>	<p>Far too much 1</p>	D8

Read out all the answer options and select the appropriate response.

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 <b>lowering the salt</b> in your diet? <i>Select the appropriate response.</i>	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9
Do you think that too much salt or salty sauce in your diet could cause a <b>health problem</b> ? <i>Select the appropriate response.</i>	Yes 1 No 2 Don't know 77	D10
Do you do any of the following on a regular basis to <b>control your salt intake</b> ? (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 No 2	D11a
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b
Buy low salt/sodium alternatives	Yes 1 No 2	D11c
Use spices other than salt when cooking	Yes 1 No 2	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f
Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px;"></div>	D11other
What type of <b>oil or fat is most often</b> used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)  <i>Select the appropriate response.</i>	Vegetable oil 1 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	D12
	Other <div style="border-bottom: 1px solid black; width: 100px;"></div>	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 Don't know 77 <div style="border-bottom: 1px solid black; width: 100px;"></div>	D13

<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 such as ice coffee, ice tea (use showcard)</p>	<p>Number of days Don't Know 77</p>	<p>X12</p>
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Three empty number lines are provided for recording data. Each number line has 10 equal intervals, with vertical tick marks at each interval boundary. The lines are intended for students to draw a dot plot representing the distribution of the number of books read.

**CORE: Injury**

Question	Response	Code
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**CORE: Reproductive Health**

			Yes 1	
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**CORE: Physical Activity**

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.

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.

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<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>No 2 If No, go to P 4</p>	
<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 style="text-align: center;">_ _</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 style="text-align: center;">_ _ : _ _</p> <p style="text-align: center;">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 style="text-align: center;">_ _</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 style="text-align: center;">_ _ : _ _</p> <p style="text-align: center;">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. 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 (pedal cycle) 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
<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> <p style="text-align: center;">_ _</p>	P8

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      <input type="text"/> : <input type="text"/></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.</p> <p>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      <input type="text"/></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      <input type="text"/> : <input type="text"/></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      <input type="text"/></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      <input type="text"/> : <input type="text"/></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

5-2-13

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)

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.

\_\_\_\_\_ : \_\_\_\_\_  
 hrs mins

P16  
(a-b)

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

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

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: 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)		
<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	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 <i>If C1=1 go to X25</i>	H20f
	No 2 <i>If C1=1 go to X25</i>	

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

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done through pap smear. 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..

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

Question	Response	Code
Have you ever had a screening test for cervical cancer – Pap Smear, using any of these methods described above? <i>Select the appropriate response.</i>	Yes 1 No 2 If No, then go to X23 Don't know 77	CX1
If yes, when was the last time you had this done	Within last year 1 Within last two years 2 Longer than two years 3 Can't remember 4	X22
Do you know how to do self-breast examination to check for lumps or other abnormalities	Yes 1 No 2 If No, go to X25 Unsure 3 If Unsure, go to X25	X23
Do you do self-breast examination every month?	Yes 1 No 2 Sometimes 3 Unsure 4	X24

## Oral Health

Have you in the last six months been to a dentist for any check-up or treatment	Yes, check-up, no treatment need Yes, extraction or filling of tooth No, not been in last six months	1 2 3	X25
How would you describe the state of your teeth	Good Painful Decayed Loose/mobile teeth	1 2 3 4	X26



How would you describe the state of your gums	Good	1	X27
	Bleeding and/or painful	2	
	Swollen	3	
	Not sure/other	4	

## MENTAL HEALTH

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 ☐

Note the response that is selected: ☐ 1. None of the time /2. A little of the time /3. Some of the time /4.

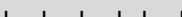
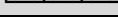


Most of the time /5. All of the time ☐

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	X28
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	X29
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	X30
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	X31
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	X32
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	X33
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	X34

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>	<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>	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) <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 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 If Yes, go to M16 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

EXPANDED: Hip Circumference and Heart Rate		
Hip circumference <i>Record participant's hip circumference in centimetres with one decimal point.</i>	in Centimeters (cm) 	M15
Heart Rate <i>Record the three heart rate readings.</i>		M16a
Reading 1	Beats per minute 	
Reading 2	Beats per minute 	
Reading 3	Beats per minute 	M16c

CORE: Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water? <i>It is essential that the participant has fasted.</i>	Yes 1 If Yes, go to B10 No 2	B1
Technician ID <i>Record ID of the person taking the measurement.</i>	<input type="text"/>	B2
Device ID <i>Record device ID.</i>	<input type="text"/>	B3
Time of day blood specimen taken (24 hour clock) <i>Enter time measurement started.</i>	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L] <i>Double check that the participant has fasted.</i>	mmol/l <input type="text"/> . <input type="text"/>	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose? <i>Select appropriate response.</i>	Yes 1 No 2	B6
CORE: Blood Lipids		
Device ID <i>Record device ID.</i>	<input type="text"/>	B7
Total cholesterol [CHOOSE ACCORDINGLY: MMOL/L] <i>Record value for total cholesterol.</i>	mmol/l <input type="text"/> . <input type="text"/>	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker? <i>Select appropriate response.</i>	Yes 1 No 2	B9
HDL Cholesterol [CHOOSE ACCORDINGLY: MMOL/L ]	mmol/l <input type="text"/> . <input type="text"/>	B17

Record value for HDL cholesterol.

## EXPANDED: Hemoglobin for women of CBA

Hemoglobin <i>[CHOOSE ACCORDINGLY: <b>MMOL/L</b>]</i> <i>Only women of child bearing age will take part in this measurement.</i>	mmol/l <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	B18
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**CORE: Urinary sodium and creatinine**

Had you been fasting prior to the urine collection?	Yes 1	B10
<i>It is essential that the participant did not fast prior to urine collection.</i>	No 2	

Technician ID <i>Record technician ID. (Not on the PDA)</i>	<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> Not on PDA	B11
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Device ID <i>Record device ID. (Not on the PDA)</i>	Not on PDA	B12
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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 style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;"> </div> <span style="margin: 0 10px;">:</span> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;"> </div> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 5px;"> <span style="margin-right: 40px;">hrs</span> <span>mins</span> </div>	B13
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Urinary sodium <i>Record value for urinary sodium. (Note that this question will not show on the PDA)</i>	<div> <div>mmol/l</div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>.</div> <div></div> </div> </div> <div>Not on PDA</div>	B14
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Urinary creatinine <i>Record value for urinary creatinine. (Note that this question will not show on the PDA)</i>	<div style="text-align: right;">mmol/l</div> <div style="text-align: center;">  </div> <div style="text-align: center;">Not on PDA</div>	B15
--	---	-----