

# **National STEP wise Survey of Chronic Non- communicable Diseases & Risk Factors Instrument (Core and Expanded)**





# National STEP wise Survey of Chronic Non-communicable Diseases & Risk Factor

## Survey Information

Location and Date		Response	Code
1	Municipality No.	_____	I1
2	Area No.	_____	I2
3	Census square No.	_____	X1
4	Cluster No.	_____	X2
5	Electricity No.	_____	X3
6	Interviewer ID	_____	I3
7	Date of completion of the instrument	_____ dd      mm      year	I4

Consent, and Name		Response	Code
8	Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
9	Time of interview (24 hour clock)	_____ : _____ hrs      mins	I7
10	Family Surname	_____	I8
11	First Name	_____	I9
<b>Additional Information that may be helpful</b>			
12	Contact phone number where possible (mobile, home; work)	_____	I10

Record and file identification information (I5 to I10) separately from the completed questionnaire.

## 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. Health Insurance	
11. Disability Status	
12. Other Demographic Information	

Question		Response	Code																				
13	Sex (Record Male / Female as observed)	Male    1 Female    2	C1																				
14	What is your date of birth? Don't Know 77 77 7777	<table><tr><td><table><tr><td> </td><td> </td></tr><tr><td>dd</td><td></td></tr></table></td><td><table><tr><td> </td><td> </td></tr><tr><td>mm</td><td></td></tr></table></td><td><table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>year</td><td></td><td></td><td></td></tr></table></td><td>If known, Go to C4</td></tr></table>	<table><tr><td> </td><td> </td></tr><tr><td>dd</td><td></td></tr></table>			dd		<table><tr><td> </td><td> </td></tr><tr><td>mm</td><td></td></tr></table>			mm		<table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>year</td><td></td><td></td><td></td></tr></table>					year				If known, Go to C4	C2
<table><tr><td> </td><td> </td></tr><tr><td>dd</td><td></td></tr></table>			dd		<table><tr><td> </td><td> </td></tr><tr><td>mm</td><td></td></tr></table>			mm		<table><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>year</td><td></td><td></td><td></td></tr></table>					year				If known, Go to C4				
dd																							
mm																							
year																							
15	How old are you?	Years <table><tr><td> </td><td> </td></tr></table>			C3																		
16	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <table><tr><td> </td><td> </td></tr></table>			C4																		

## EXPANDED: Demographic Information

17	What is the <b>highest level of education</b> you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Preparatory school completed 4 Secondary school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
18	What is your <b>marital status</b> ?	Never married 1 Currently married 2 Divorced 3 Widowed 4 Refused 88	C7
19	Which of the following best describes your <b>main work</b> status over the past 12 months?	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Satisfied (Doesn't work and not looking for work) 10 Refused 88	C8
20	Is there a family relationship (consanguinity) between the mother and father (parents)?	Yes 1 No 2	X4

## Step 1 Behavioural Measurements

**CORE: Tobacco Use**

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, eating fruits and vegetables and physical activity. Let's start with tobacco.

Question		Response		Code	
21	Have <b>you ever smoked</b> any tobacco products, such as cigarettes, cigars or pipes or Shisha? (USE SHOWCARD)	Yes 1 No 2 If No, go to T9a		T1a	
22	Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars, pipes or Shisha? (USE SHOWCARD)	Yes 1 No 2 If No, go to T6		T1	
23	Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2 If No, go to T6 a		T2	
24	How old were you when you <b>first started</b> smoking daily?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a		T3	
25	Do you remember how long ago it was?	In Years <input type="text"/> <input type="text"/> If Known, go to T5a		T4a	
	(RECORD ONLY 1, NOT ALL 3)	OR    in Months <input type="text"/> <input type="text"/> If Known, go to T5a		T4b	
	Don't know 77	OR    in Weeks <input type="text"/> <input type="text"/>		T4c	
26	On average, <b>how many</b> of the following do you smoke each day?  (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 77	Manufactured cigarettes <input type="text"/> <input type="text"/>		T5a	
		Hand-rolled cigarettes <input type="text"/> <input type="text"/>		T5b	
		Pipes full of tobacco <input type="text"/> <input type="text"/>		T5c	
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/>		T5d	
		Shisha <input type="text"/> <input type="text"/>		X5	
		Other <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6a		T5e	
		Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		T5other	
27	During the past 12 months, have you tried to <b>stop smoking</b> ?	Yes 1 No 2		T6a	
28	During any visit of a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1    If T2=Yes, go to T9a		T6b	
		No 2    If T2=Yes, go to T9a			
		No visit during the past 12 months 3    If T2=Yes, go to T9a			

EXPANDED: Tobacco Use			
Question		Response	Code
29	In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes 1 No 2 If No, go to T9a	T6
30	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years) Don't Know 77 <input type="text"/> If Known, go to T9a	T7
31	How <b>long ago</b> did you stop smoking daily?	Years ago <input type="text"/> If Known, go to T9a	T8a
	(RECORD ONLY 1, NOT ALL 3)	OR Months ago <input type="text"/> If Known, go to T9a	T8b
	Don't Know 77	OR Weeks ago <input type="text"/>	T8c
32	Have you <b>ever</b> used <b>smokeless tobacco</b> products, such as [snuff, chewing tobacco, Swaika, Medwakh]? (USE SHOWCARD)	Yes 1	T9a
		No 2 If No, go to T13	
33	Do you <b>currently use</b> any <b>smokeless tobacco</b> such as [snuff, chewing tobacco, Swaika, Medwakh]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T9
34	Do you <b>currently use</b> <b>smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 If No, go to T12	T10
35	On average, how many <b>times a day</b> do you use ....  (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 77	Snuff, by mouth <input type="text"/>	T11a
		Snuff, by nose <input type="text"/>	T11b
		Chewing tobacco <input type="text"/>	T11c
		Swaika <input type="text"/>	X6
		Medwakh <input type="text"/>	X7
		Other <input type="text"/> If Other, go to T11other, else go to T13	T11e
		Other (specify) <input type="text"/> Go to T13	T11other
36	In the <b>past</b> , did you <b>ever use</b> smokeless tobacco such as [snuff, chewing tobacco, or Swaika, Medwakh ] <b>daily</b> ?	Yes 1 No 2	T12
37	During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?	Number of days Don't know 77 <input type="text"/>	T13
38	During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 <input type="text"/>	T14

**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
39	How many days in the week, on do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <u>    </u> If Zero days, go to D3	D1
40	How many <b>servings</b> of fruit do you eat on one day? (USE SHOWCARD)	Number of servings Don't Know 77 <u>    </u>	D2
41	How many days in the week do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <u>    </u> If Zero days, go to D5	D3
42	How many <b>servings</b> of vegetables do you eat on one day? (USE SHOWCARD)	Number of servings Don't know 77 <u>    </u>	D4

## EXPANDED: Diet

43	What type of <b>oil or fat is most often</b> used for meal preparation in your household?  (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Vegetable ghee 2 Butter 3 Animal ghee 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5
		Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D5other
44	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.	Number Don't know 77 <input type="checkbox"/> <input type="checkbox"/>	D6

EXPANDED QATAR: Diet					
45	In a typical <b>week</b> , on <b>how many days</b> do you eat or drink the following? (USE SHOWCARD)				
	Whole grain cereals and products (such as: brown bread, brown rice, oats, etc.)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8a
	Refined cereals and products (such as: white bread, rice, pasta, etc.)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8b
	Legumes (such as: beans, lentils, chickpeas, etc.)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8c
	Milk and dairy products (fresh milk, powder milk, yogurt, labneh, cheeses, eggs)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8d
	Fish and seafood	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8e
	Poultry and chicken	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8f
lamb, beef	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8g	
Sweets (such as: chocolate, candy, cake, baklava, ice-cream, etc.)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8h	
Sugar sweetened beverages (such as: sodas (not diet), artificial juices, etc.)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8i	
Fresh fruit juices	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8j	
Fast foods bought from a fast food restaurant (such as: hamburgers fried chicken, shawarma, pizza, fries, pizza, etc.)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X8k	

CORE: Physical Activity			
<p>Now I am going to ask you about your physical activity during the week and the time you spend to exercise different types of physical activity. I hope to answer these questions even if you think you do not do any physical activity think first about physical activity at work, whether paid or unpaid, or household chores. (Insert other examples if needed) in answering the following questions, 'vigorous-intensity activities' can be defined as work that requires hard physical effort and cause large increase in breathing or heart rate. The 'moderate-intensity activities' is the activity that requires moderate physical effort and cause small increases in breathing or heart rate.</p>			
Question	Response		Code
<b>Work</b>			
46	<p>Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously?</p>	<p>Yes 1</p> <p>No 2 If No, go to P 4</p>	P1
47	How many days in a week, do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
48	How much time do you spend doing vigorous-intensity activities at work on a day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
49	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>Yes 1</p> <p>No 2 If No, go to X9</p>	P4
50	How many days in a week, do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
51	How much time do you spend doing moderate-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
<b>Travel to and from places</b>			
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example, for shopping, to market, to mosque. <i>[Insert other examples if needed]</i></p>			
52	Do you walk for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 If No, go to P 10</p>	P7
53	How many days in a week, do you walk for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
54	How much time do you spend walking for travel on a day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)



CORE: Physical Activity, Continued			
Question	Response		Code
<b>Recreational activities</b>			
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure), <i>[Insert relevant terms]</i> .			
55	Do you do any vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 13	P10
56	How many days in a week do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P11
57	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P12 (a-b)
58	Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P16	P13
59	How many days in a week, do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P14
60	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P15 (a-b)

EXPANDED: Physical Activity			
<b>Sedentary behaviour</b>			
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, reading, or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>			
61	In the previous week how much time do you spend sitting or reclining on a day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P16 (a-b)
62	What is the total number of your daily working hours in a workweek?	Number of hours <input type="text"/>	X9

CORE: History of Raised Blood Pressure			
Question		Response	Code
63	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
		No 2 <i>If No, go to X10</i>	
64	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	H2a
		No 2 <i>If No, go to X10</i>	
65	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

EXPANDED: History of Raised Blood Pressure			
66	Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?		
	Drugs (medication) that you have taken in the past two weeks	Yes 1	H3a
		No 2	
	Advice to reduce salt intake	Yes 1	H3b
		No 2	
	Advice or treatment to lose weight	Yes 1	H3c
		No 2	
	Advice or treatment to stop smoking	Yes 1	H3d
		No 2	
	Advice to start or do more exercise	Yes 1	H3e
		No 2	
	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
68	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	
69	Is there a family history of hypertension or do one of your parents (father or mother), brothers or sisters, suffers from, high blood pressure (hypertension)?	Yes 1	X10
		No 2	

CORE: History of Diabetes			
Question		Response	Code
70	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 If No, go to X13	
71	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
		No 2 If No, go to X13	
72	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes				
73	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?			
	Insulin	Yes	1	H8a
		No	2	
	Drugs (medication) that you have taken in the past two weeks	Yes	1	H8b
		No	2	
	Special prescribed diet	Yes	1	H8c
		No	2	
Advice or treatment to lose weight	Yes	1	H8d	
	No	2		
Advice or treatment to stop smoking	Yes	1	H8e	
	No	2		
Advice to start or do more exercise	Yes	1	H8f	
	No	2		
74	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H9
No		2		
75	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10
No		2		
76	Do you do testing for your blood sugar at home	Yes	1	X11
		No	2	
77	Do you visit the diabetes clinic or your doctor for diabetes on a regular basis?	Yes	1	X12
		No	2	
78	Is there a family history of diabetes, do your parents (father or mother) or children or brothers or sisters suffer from diabetes?	Yes	1	X13
		No	2	

The next questions ask about your oral health status and related behaviors

Questions		Response		Code
79	How many natural teeth do you have?	No natural teeth 1 to 9 teeth 10 to 19 teeth 20 teeth or more Don't know	1 if no natural teeth, go to O3 2 3 4 77	O1
80	How would you describe the <b>state of your teeth</b> ?	Excellent Very Good Good Average Poor Very Poor Don't Know	1 2 3 4 5 6 77	O2
81	How would you describe the <b>state of your gums</b> ?	Excellent Very Good Good Average Poor Very Poor Don't Know	1 2 3 4 5 6 77	O3
82	Do you have any <b>removable dentures</b> ?	Yes No	1 2 If No, go to O6	O4
83	Which of the following removable dentures do you have? (RECORD FOR EACH)			
	An upper jaw denture	Yes No	1 2	O5a
	A lower jaw denture	Yes No	1 2	O5b
84	During the past 12 months, did your teeth or mouth cause any <b>Pain or discomfort</b> ?	Yes No	1 2	O6
85	How long has it been since you last <b>saw a dentist</b>	Less than 6 months 6-12 months More than 1 year but less than 2 years 2 or more years but less than 5 years 5 or more years Never received dental care	1 2 3 4 5 6 If Never, go to O9	O7
86	What was the <b>main reason for your last visit</b> to the dentist?	Consultation / advice Pain or trouble with teeth, gums or mouth Treatment / Follow – up treatment Routine check-up treatment Other	1 2 3 4 5 If Other, go to O8 other	O8
		Other (please specify) <input type="text"/>		O8other

Questions		Response		Code
87	How <b>often do you clean</b> your teeth?	Never Once a month 2-3 times a month Once a week 2-6 times a week Once a day Twice or more a day	1 If never, go to O13a 2 3 4 5 6 7	O9
88	Do you use <b>toothpaste</b> to clean your teeth?	Yes No	1 2 If No, go to O12a	O10
89	Do you use <b>toothpaste</b> containing <b>fluoride</b> ?	Yes No Don't know	1 2 77	O11
90	Do you use any of the following to clean <b>your teeth</b> ? (RECORD FOR EACH)			
	Toothbrush	Yes No	1 2	O12a
	Wooden toothpicks	Yes No	1 2	O12b
	Plastic toothpicks	Yes No	1 2	O12c
	Thread (dental floss)	Yes No	1 2	O12d
	Miswak	Yes No	1 2	O12f
	Other	Yes No	1 If Yes, go to O12other 2	O12g
	Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>		O12other
91	Have you experienced <b>any of the following problems</b> during the past 12 months because of the <b>state of your teeth</b> ? (RECORD FOR EACH)			
	Difficulty in chewing foods	Yes No	1 2	O13a
	Difficulty with speech / trouble pronouncing words	Yes No	1 2	O13b
	Embarrassed about appearance of teeth	Yes No	1 2	O13d
	Avoid smiling because of teeth	Yes No	1 2	O13e
	Sleep is often interrupted	Yes No	1 2	O13f
	Days not at work because of teeth or mouth	Yes No	1 2	O13g
	Difficulty doing usual activities	Yes No	1 2	O13h
	Reduced participation in social activities	Yes No	1 2	O13j

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

Question		Response	Code
92	In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	All of the time 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4  No seat belt in the car I usually am in 5 Don't Know 77 Refused 88	V1
93	In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?	All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88	V2
94	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 V5</i> Don't know 77 <i>If don't know, go to V5</i> Refused 88 <i>If Refused, go to V5</i>	V3
95	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
<b>The next questions ask about the most serious accidental injury you have had in the past 12 months</b>			
96	In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1 No 2 <i>If No, go to step 2</i> Don't know 77 <i>If don't know, go to step 2</i>  Refused 88 <i>If Refused, go to step 2</i>	V5
97	Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Other (specify) 7 Don't know 77 Refused 88	V6
		Other (please specify) <input type="text"/>	V6other
98	Where were you when you had this injury?	Home 1 School 2 Workplace 3 Road/Street/Highway 4 Farm 5 Sports/athletic area 6 Other (specify) 7 Don't know 77 Refused 88	V7
		Other (please specify) <input type="text"/>	V7other

## Step 2 Physical Measurements

### CORE: Height and Weight

Question		Response	Code
99	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M1
100	Device IDs for height and weight	Height <div><div></div><div></div></div>	M2a
		Weight <div><div></div><div></div></div>	M2b
101	Height	in Centimetres (cm) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M3
102	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M4
103	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5

### CORE: Waist

104	Device ID for waist	<div><div></div><div></div><div></div></div>	M6
105	Waist circumference	in Centimetres (cm) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M7
106	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M8
107	Device ID for blood pressure	<div><div></div><div></div><div></div></div>	M9
108	Cuff size used	Standard 1 Large 2	M10
109	Reading 1	Systolic ( mmHg) <div><div></div><div></div><div></div><div></div></div>	M11a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11b
110	Reading 2	Systolic ( mmHg) <div><div></div><div></div><div></div><div></div></div>	M12a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12b
111	Reading3	Systolic ( mmHg) <div><div></div><div></div><div></div><div></div></div>	M13a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13b
112	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M14

### EXPANDED: Hip Circumference and Heart Rate

113	Hip circumference	in Centimeters (cm)	<div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>	M15
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### Step 3 Biochemical Measurements

**CORE: Blood Glucose**

Question		Response	Code
114	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
115	Technician ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B2
116	Device ID	<input type="text"/> <input type="text"/> <input type="text"/>	B3
117	Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	B4
118	Fasting blood glucose	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	B5
119	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6

**CORE: Blood Lipids**

120	Device ID	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	B7
121	Total cholesterol	mg/dl <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	B8
122	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	<div style="display: flex; justify-content: space-around;"> <span>Yes 1</span> <span>No 2</span> </div>	B9

**EXPANDED: Triglycerides, HDL and LDL Cholesterol**

<b>123</b>	Triglycerides	mg/dl <u>    </u> <u>    </u> <u>    </u> . <u>  </u>	<b>B10</b>
<b>124</b>	HDL Cholesterol	mg/dl <u>    </u> <u>    </u> <u>    </u> . <u>  </u>	<b>B11</b>
<b>125</b>	LDL Cholesterol	mg/dl <u>    </u> <u>    </u> <u>    </u> . <u>  </u>	<b>X14</b>

