

WHO STEPS Survey

Solomon Islands 2015



**The WHO STEPwise approach to
noncommunicable disease risk factor
surveillance (STEPS)**

World Health Organization
20 Avenue Appia, 1211 Geneva 27, Switzerland

For further information: www.who.int/chp/steps



**World Health
Organization**



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

Solomon Islands

Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID	<input type="text"/>	I1
Cluster/Centre/Village name	<input type="text"/>	I2
Interviewer ID	<input type="text"/>	I3
Date of completion of the instrument	<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	Yes 1 No 2 If NO, END	I5
Interview Language <i>[Insert Language]</i>	English 1 <i>[Add others]</i> 2 <i>[Add others]</i> 3 <i>[Add others]</i> 4	I6
Time of interview (24 hour clock)	<input type="text"/> : <input type="text"/> hrs mins	I7
Family Surname	<input type="text"/>	I8
First Name	<input type="text"/>	I9
Contact phone number where possible	<input type="text"/>	I10

Step 1 Demographic Information

CORE: Demographic Information

Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	<div><div><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></div></div> <div>dd mm year</div>	C2
How old are you?	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)?	Years <div><div></div><div></div></div>	C4

What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
<i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>		
What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> background ?	Melanesian 1 Polynesian 2 Micronesian 3 Chinese/Asian 4 Other 5 Refused 88	C6
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your main work 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 Refused 88	C8
<i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>		
<i>(USE SHOWCARD)</i>		
How many people older than 18 years, including yourself, live in your household?	Number of people <input type="text"/>	C9

Question	Response	Code														
Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	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 estimate of the annual household income if I read some options to you? Is it [INSERT QUINTILE VALUES IN LOCAL CURRENCY] (READ OPTIONS)	<table> <tr> <td>≤ Quintile (Q) 1</td> <td>1</td> </tr> <tr> <td>More than Q 1, ≤ Q 2</td> <td>2</td> </tr> <tr> <td>More than Q 2, ≤ Q 3</td> <td>3</td> </tr> <tr> <td>More than Q 3, ≤ Q 4</td> <td>4</td> </tr> <tr> <td>More than Q 4</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 (Q) 1	1	More than Q 1, ≤ Q 2	2	More than Q 2, ≤ Q 3	3	More than Q 3, ≤ Q 4	4	More than Q 4	5	Don't Know	77	Refused	88	C11
≤ Quintile (Q) 1	1															
More than Q 1, ≤ Q 2	2															
More than Q 2, ≤ Q 3	3															
More than Q 3, ≤ Q 4	4															
More than Q 4	5															
Don't Know	77															
Refused	88															

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? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1								
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2								
How old were you when you first started smoking?	Age (years) Don't know 77 <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> If Known, go to T5a/T5aw					T3				
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> If Known, go to T5a/T5aw					T4a				
	OR in Months <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> If Known, go to T5a/T5aw					T4b				
	OR in Weeks <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					T4c				
On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓									
	Manufactured cigarettes <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T5a/T5aw
	Hand-rolled cigarettes <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T5b/T5bw
	Pipes full of tobacco <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T5c/T5cw
Home grown tobacco <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T5d/T5dw	
Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> If Other, go to T5other, else go to T6									T5f/T5fw	
Other (please specify): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T5other/ T5otherw	
During the past 12 months, have you tried to stop smoking ?	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?	Yes 1 If T2=Yes, go to T12; if T2=No, go to T9 No 2 If T2=Yes, go to T12; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T12; if T2=No, go to T9	T7								
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T8								
In the past, did you ever smoke daily ?	Yes 1 If T1=Yes, go to T12, else go to T12 No 2 If T1=Yes, go to T12, else go to T12	T9								
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T17	T12								
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 If No, go to T14aw	T13								
On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD)	DAILY↓ WEEKLY↓									
	Snuff, by mouth <table border="1"><tr><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></tr></table>									T14b/ T14bw	

Don't Know 7777

Betel Nut Use (Section N)

The next questions ask about the use of betel nut.

N 1a	Do you currently <i>chew betel</i> nut ? (used in last 30 days)
-------------	--

Yes	1
No	2

9

X3

N 1b	<u>If Yes,</u> Do you currently chew betel nuts daily?
-------------	---

Yes	1
No	2

□

X4

N 2a	How old were you when you first started chewing betel nuts daily?
-------------	--

Age (years)

Don't remember D K

11

X5

N 2b	Do you remember how long ago it was?
-------------	--------------------------------------

In Years

Years

□ □

X6a

OR in Months

Months

X6b

OR in Weeks

Weeks

11

X6c

N 3	Do you usually smoke while chewing betel nut?
-----	--

Yes	1
No	2

9

X9

CORE: Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question	Response	Code		
Have you ever consumed any alcohol such as beer, wine, spirits or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A16</i>	A1		
Have you consumed any alcohol within the past 12 months ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2		
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to A16</i>	A3		
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	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 past 30 days ?	Yes 1 No 2 <i>If No, go to A13</i>	A5		
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) <i>Don't Know 77</i>	Monday <table border="1"><tr><td></td><td></td></tr></table>			A10a
Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A10b	
Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A10c	
Thursday <table border="1"><tr><td></td><td></td></tr></table>			A10d	
Friday <table border="1"><tr><td></td><td></td></tr></table>			A10e	
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A10f	
Sunday <table border="1"><tr><td></td><td></td></tr></table>			A10g	

CORE: Alcohol Consumption, continued

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

Question	Response	Code		
During the past 7 days , did you consume any homebrewed alcohol, kwaso , homebrew , any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to A13</p>	A11		
On average, how many standard drinks of the following did you consume during the past 7 days ? (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. moonshine <table border="1"><tr><td> </td><td> </td></tr></table>			A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <table border="1"><tr><td> </td><td> </td></tr></table>			A12b
	Alcohol brought over the border/from another country <table border="1"><tr><td> </td><td> </td></tr></table>			A12c
Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <table border="1"><tr><td> </td><td> </td></tr></table>			A12d	
Other untaxed alcohol in the country <table border="1"><tr><td> </td><td> </td></tr></table>			A12e	
During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A13		
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A14		
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>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A15		
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	<p>Yes, more than monthly 1</p> <p>Yes, monthly 2</p> <p>Yes, several times but less than monthly 3</p> <p>Yes, once or twice 4</p> <p>No 5</p>	A16		
Do you usually smoke during or after drinking?	<p>Yes 1</p> <p>No 2</p>	X7		

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												
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> If Zero days, go to D3			D1										
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			D2										
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> If Zero days, go to D5			D3										
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			D4										
What prevents you from eating more fruits and vegetables	Cost Availability Prefer to sell it Don't like Time Other/ Don't know	X23												
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 <i>[insert country specific examples]</i> , and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.														
How often do you add salt 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)	<table border="0"> <tr><td>Always</td><td>1</td></tr> <tr><td>Often</td><td>2</td></tr> <tr><td>Sometimes</td><td>3</td></tr> <tr><td>Rarely</td><td>4</td></tr> <tr><td>Never</td><td>5</td></tr> <tr><td>Don't know</td><td>77</td></tr> </table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D5
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	<table border="0"> <tr><td>Always</td><td>1</td></tr> <tr><td>Often</td><td>2</td></tr> <tr><td>Sometimes</td><td>3</td></tr> <tr><td>Rarely</td><td>4</td></tr> <tr><td>Never</td><td>5</td></tr> <tr><td>Don't know</td><td>77</td></tr> </table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D6
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													
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)	<table border="0"> <tr><td>Always</td><td>1</td></tr> <tr><td>Often</td><td>2</td></tr> <tr><td>Sometimes</td><td>3</td></tr> <tr><td>Rarely</td><td>4</td></tr> <tr><td>Never</td><td>5</td></tr> <tr><td>Don't know</td><td>77</td></tr> </table>	Always	1	Often	2	Sometimes	3	Rarely	4	Never	5	Don't know	77	D7
Always	1													
Often	2													
Sometimes	3													
Rarely	4													
Never	5													
Don't know	77													
How much salt or salty sauce do you think you consume?	<table border="0"> <tr><td>Far too much</td><td>1</td></tr> <tr><td>Too much</td><td>2</td></tr> <tr><td>Just the right amount</td><td>3</td></tr> <tr><td>Too little</td><td>4</td></tr> <tr><td>Far too little</td><td>5</td></tr> <tr><td>Don't know</td><td>77</td></tr> </table>	Far too much	1	Too much	2	Just the right amount	3	Too little	4	Far too little	5	Don't know	77	D8
Far too much	1													
Too much	2													
Just the right amount	3													
Too little	4													
Far too little	5													
Don't know	77													

The next questions ask about cereals that you usually eat. I have a nutrition card here that shows you some examples of cereal foods. Each picture

represents the size of serving. As you answer these questions please think of a typical week in the last year.

Question	Response	Code		
In a typical week, on how many days do you eat rice ? (<i>USE SHOWCARD</i>)	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> <i>If Zero days, go to</i>			X11
How many servings of rice do you eat on one of those days?	Number of servings Don't Know 77 <table><tr><td></td><td></td></tr></table>			X12
In a typical week, on how many days do you eat noodles ?	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> <i>If Zero days, go to</i>			X13
How many servings of noodles do you eat on one of those days?	Number of servings Don't know 77 <table><tr><td></td><td></td></tr></table>			X14
In a typical week, on how many days do you eat bread ?	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> <i>If Zero days, go to</i>			X15
How many servings of bread do you eat on one of those days?	Number of servings Don't know 77 <table><tr><td></td><td></td></tr></table>			X16
In a typical week, on how many days do you eat bakery products , such as cake, navy biscuits, ring cake, pancake, pasta?	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> <i>If Zero days, go to</i>			X17
How many servings of these do you eat on one of those days?	Number of servings Don't know 77 <table><tr><td></td><td></td></tr></table>			X18
In the last week, on how many days did you have a drink containing sugar including fizzy drinks, juice drinks (excluding pure unsweetened fruit juice), cordials/drink mixes, and home made drinks with added sugar (use showcard)	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> <i>If Zero days, go to</i>			X19
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 <table><tr><td></td><td></td></tr></table>			X20
In the last week, how often did you have a drink to which you added sugar, like milo, tea or coffee (use showcard). (If had more than one drink a day, please include this eq 10 times in last week)	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> <i>If Zero days, go to</i>			X21
How many teaspoons of sugar did you add, on average, to each of these drinks	Number of teaspoons Don't know 77 <table><tr><td></td><td></td></tr></table>			X22

CORE: Physical Activity		
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. <i>[Insert other examples if needed]</i>. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>		
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 4</i>	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[for carrying light loads]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 7</i>	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
Travel to and from places		
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. <i>[Insert other examples if needed]</i></p>		
Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 <i>If No, go to P 10</i>	P7
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?	Number of days <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

CORE: Physical Activity, Continued		
Question	Response	Code
Recreational activities		
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> .		
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P 13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div>	P12 (a-b)
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div>	P15 (a-b)

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?	Hours : minutes <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div>	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?	Yes	1	H1
	No	2 If No, go to H6	
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 If No, go to H6	
Have you been told in the past 12 months?	Yes	1	H2b
	No	2	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes	1	H3
	No	2	
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes	1	H4
	No	2	
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
	No	2	

CORE: History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	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?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	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?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

CORE: History of Raised Total Cholesterol

Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	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?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months?	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?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases

Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

CORE: Lifestyle Advice

During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20f

CORE (for women only): Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1	CX1
	No 2	
	Don't know 77	

K10/Mental Health

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		X24
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		X25
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		X26
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		X27
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		X28
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		X29

Oral Health

Oral Health		
The next questions ask about your oral health status and related behaviours.		
Question	Response	Code
How many natural teeth do you have?	No natural teeth 1 <i>If no natural teeth, go to O4</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	O1
How would you describe the state of your teeth ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	O2
How would you describe the state of your gums ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77	O3
Do you have any removable dentures/false teeth ?	Yes 1	O4

Participant Identification Number

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	No	2	If No, go to O6	
Which of the following removable dentures do you have? (RECORD FOR EACH)				
An upper jaw denture	Yes	1		O5a
	No	2		
A lower jaw denture	Yes	1		O5b
	No	2		
During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes	1		O6
	No	2		

Question	Response	Code								
Do you use toothpaste to clean your teeth?	Yes 1 No 2 <i>If No, go to O12a</i>	O10								
Do you use toothpaste containing fluoride ?	Yes 1 No 2 Don't know 77	O11								
Do you use any of the following to clean your teeth ? (RECORD FOR EACH)										
Toothbrush	Yes 1 No 2	O12a								
Wooden toothpicks	Yes 1 No 2	O12b								
Plastic toothpicks	Yes 1 No 2	O12c								
Thread (dental floss)	Yes 1 No 2	O12d								
Charcoal	Yes 1 No 2	O12e								
Fine sand	Yes No	O12X1								
Chewstick	Yes 1 No 2	O12f								
Coconut husk	Yes No	O12X2								
Other	Yes 1 <i>If Yes, go to O12other</i> No 2	O12g								
Other (please specify) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										O12other
Have you experienced any of the following problems during the past 12 months because of the state of your teeth ? (RECORD FOR EACH)										
Difficulty in chewing foods	Yes 1 No 2	O13a								
Difficulty with speech/trouble pronouncing words	Yes 1 No 2	O13b								
Felt tense because of problems with teeth or mouth	Yes 1 No 2	O13c								

Participant Identification Number

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Embarrassed about appearance of teeth	Yes 1 No 2	O13d
Avoid smiling because of teeth	Yes 1 No 2	O13e
Sleep is often interrupted	Yes 1 No 2	O13f
Days not at work because of teeth or mouth	Yes 1 No 2	O13g
Difficulty doing usual activities	Yes 1 No 2	O13h
Less tolerant of spouse or people close to you	Yes 1 No 2	O13i
Reduced participation in social activities	Yes 1 No 2	O13j

Participant Identification Number

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Step 2 Physical Measurements

CORE: Blood Pressure							
Question	Response	Code					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1	
Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2			
Cuff size used	Small 1 Medium 2 Large 3	M3					
Reading 1	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	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	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?	Yes 1 No 2	M7					
CORE: Height and Weight							
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9	
Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table> Weight <table border="1"><tr><td></td><td></td></tr></table>					M10a M10b	
Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M12
CORE: Waist							
Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M13			
Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M14
Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15

Step 3 Biochemical Measurements

CORE: Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink,	Yes 1	B1

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other than water?	No 2	
Technician ID		B2
Device ID		B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes hrs mins	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l mg/dl	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?	Yes 1 No 2	B6
CORE: Blood Lipids		
Device ID		B7
Total cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l mg/dl	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
Blood creatinine & Haemoglobin		
Capillary creatinine (only for those who are providing urine samples)	μmol/L	X34
Capillary Haemoglobin	mg/dl	X35a
Venous haemoglobin	mg/dl	X35b
CORE: Urinary sodium and creatinine		
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10
Technician ID		B11
Device ID		B12
Time of day urine sample taken (24 hour clock)	Hours : minutes hrs mins	B13
Urinary albumin (dipstix)	Mg/dl	X36
Urinary sodium	mmol/l	B14
Urinary creatinine	mmol/l	B15