

Kenya 2015 (12-March-2015)

Participant Identification Number (seven digits)

Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID (4 digits)		I1
Cluster/Centre/Village name (20 characters)		I2
County Name (20 digits)		X1
Location \Residence	Rural 1 Urban 2	X2a
Household number		X2b
Interviewer ID		I3
Date of interview	 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	English 1 Kiswahili 2 Other 3	I6
Time of interview (24 hour clock)	 : hrs mins	I7
Family Surname		I8
First Name		I9
Contact phone number where possible (10 digits)		I10

Step 1 Demographic Information

Demographic Information		
Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	<div style="display: flex; justify-content: space-between;"> <div>Male 1</div> <div>Female 2</div> </div>	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div>dd</div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div>mm</div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div>year</div> </div> </div> <div style="text-align: right; margin-top: 5px;"><i>If known, Go to C4</i></div>	C2
How old are you?	<div style="display: flex; justify-content: space-between;"> <div>Years</div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	<div style="display: flex; justify-content: space-between;"> <div>Years</div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div>	C4
What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	<div style="display: flex; justify-content: space-between;"> <div>No formal schooling</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>primary school incomplete</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Primary school completed</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Secondary school incomplete</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Secondary school completed</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>A-level completed</div> <div>6</div> </div> <div style="display: flex; justify-content: space-between;"> <div>College/University completed</div> <div>7</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Post graduate degree</div> <div>8</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Refused</div> <div>88</div> </div>	C5
What is your <i>ethnic background</i> ?	<div style="display: flex; justify-content: space-between;"> <div>Borana</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Embu</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Kalenjin</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Kamba</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Kikuyu</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Kisii</div> <div>6</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Luhya</div> <div>7</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Luo</div> <div>8</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Maasai</div> <div>9</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Meru</div> <div>10</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Miji Kenda</div> <div>11</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Somali</div> <div>12</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Turkana</div> <div>13</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Others</div> <div>14</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Refused</div> <div>88</div> </div>	C6
What is your marital status ?	<div style="display: flex; justify-content: space-between;"> <div>Never married</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Currently married</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Separated</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Divorced</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Widowed</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Cohabiting</div> <div>6</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Refused</div> <div>88</div> </div>	C7

Question	Response	Code		
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/volunteer 4 Student 5 Homemaker (housewife/house husband) 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8		
How many people older than 18 years, including yourself, live in your household?	Number of people <table border="1"><tr><td></td><td></td></tr></table>			C9
What is the main source of drinking water for members of your household? (Choose ONLY One)	Piped water (into dwelling) 11 Piped into compound, yard or 12 Piped to neighbor 13 Piped to water kiosk 14 Public tap/standpipe 15 Tubewell/Borehole 21 Dug well (protected) 31 Dug well (unprotected) 32 Spring water (protected) 41 Spring water (unprotected) 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (<i>specify</i>) 96	X3		
	Others	X3others		

Question	Response	Code	
What kind of toilet facility do members of your household usually use?	Flush to piped sewer system 11	X4	
	Flush to septic tank 12		
	Flush to pit (latrine) 13		
	Flush to somewhere else 14		
	Flush to unknown place/not sure/DK 15		
	Ventilated Improved Pit latrine (VIP) 21		
	Pit latrine with slab 22		
	Pit latrine without slab/open 23		
	Composting toilet 31		
	Bucket 41		
	Hanging toilet/hanging latrine 51		
	No facilities or bush or field or ocean 95		
Other (specify) 96			
Others _____	X4others		
Main material of the dwelling floor: Record observation	Earth/sand 11	X5	
	Dung 12		
	Wood planks 21		
	Palm/bamboo 22		
	Parquet or polished wood 31		
	Vinyl or asphalt strips 32		
	Ceramic tiles 33		
	Cement 34		
	Carpet 35		
	Other (specify) 96		
	Other _____		X5others
	Main material of the roof: Record observation (Choose ONLY One)		No Roof 11
Grass/Thatch/Makuti 12			
Dung/Mud 13			
Corrugated iron (Mabati) 21			
Tin cans 22			
Asbestos sheet 31			
Concrete 32			
Tiles 33			
Others 96			
Others _____		X6others	

Question	Response	Code
Main materials of the walls: Record observation	No walls 11 Cane/palm/trunks 12 Dirt 13 Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Wood planks/shingles 36 Other (specify) 96	X7
	Others _____	X7others
What type of fuel does your household mainly use for cooking?	Electricity 01 Liquefied Petroleum Gas 02 Natural gas 03 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (specify) 96 No food cooked in the 97	X8
Does this household or any member of ther household own any of the following items?	a. Electricity 1 =Yes, 2=No b. Radio 1 =Yes, 2=No c. Television 1 =Yes, 2=No d. Mobile Telephone 1 =Yes, 2=No e. Non-Mobile Telephone 1 =Yes, 2=No f. Refrigerator 1 =Yes, 2=No g. Washing machine 1 =Yes, 2=No h. Computer 1 =Yes, 2=No i. Watch 1 =Yes, 2=No j. Bicycle 1 =Yes, 2=No k. Motorcycle/scooter 1 =Yes, 2=No l. Animal Drawn Cart 1 =Yes, 2=No m. Car\Truck 1 =Yes, 2=No n. Boat with motor 1 =Yes, 2=No	X9a X9b X9c X9d X9e X9f X9g X9h X9i X9j X9k X9l X9m X9n
Do you or someone living in this household own this dwelling or do you rent this dwelling?	Own 1 Rent 2	X10

	Rent free/squatter/other 3	
Does your household employ any help (such as house help, shamba man etc)?	Yes 1 No 2	X11
Does any member of this household own any agricultural land?	Yes 1 No 2	X12
Does this household own any livestock, herds, other farm animals, or poultry?	Yes 1 No 2 If no, skip to T1	X13
How many of the following animals does the household own?	a. Local Cattle b. Exotic/grade cattle c. Horse/donkey/camel d. goat e. sheep f. chicken/goose/duck g. Pigs h. Camel If don't know, record 888	X14a X14b X14c X14d X14e X14f X14g X14h

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, hand-rolled, cigars, waterpipes/shisha, or pipes/kiko? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T8</i>	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><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T5a/T5aw</i>					T3							
Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	In Years <table><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T5a/T5aw</i>					T4a							
	OR in Months <table><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T5a/T5aw</i>					T4b							
OR in Weeks <table><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 ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	DAILY↓ WEEKLY↓												
	Manufactured cigarettes	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											T5a/T5aw w
	Hand-rolled cigarettes	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											T5b/T5bw w
	Pipes full of tobacco (Kiko)	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											T5c/T5cw w
Cigars, cheroots, cigarillos	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											T5d/T5dw w	
Number of Shisha sessions	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											T5e/T5ew w	

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	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 T5other, else go to T6</i>											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><td></td><td></td></tr></table>											T5other/T5otherw	
During the past 12 months, have you tried to stop smoking ?	Yes 1	T6										
	No 2											

Question	Response	Code							
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7							
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8							
In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9							
How old were you when you stopped smoking?	Age (years) <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T12</i> Don't Know 77			T10					
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T12</i>			T11a					
OR Months ago <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T12</i>			T11b						
OR Weeks ago <table border="1"><tr><td></td><td></td></tr></table>			T11c						
Do you currently use any smokeless tobacco products such as <i>snuff, chewing tobacco, kuber, , pan?</i> (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T15</i>	T12							
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T14aw</i>	T13							
On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	<div style="display: flex; justify-content: space-around;"> DAILY↓ WEEKLY↓ </div>								
	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>								
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
Chewing tobacco e.g. kuber <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14c/ T14cw
Betel, quid with tobacco (pan) <table border="1"><tr><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></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></tr></table> <i>If T13=No, go to T16, else go to T17</i>									T14othe r/ T14othe rw
In the past , did you ever use smokeless tobacco products such as <i>snuff, chewing tobacco, kuber, or pan?</i>	Yes 1 No 2 <i>If No, go to T17</i>	T15							

Question	Response	Code
In the past , did you ever use smokeless tobacco products such as <i>snuff, chewing tobacco, or betel</i> daily ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed 3	T18
Have you ever used an electronic cigarette?"	Yes 1 No 2 Don't know 3	X15

Alcohol Consumption

The next questions ask about the consumption of alcohol. When asking about amount of alcohol consumed, you can tell me what types of alcohol you were drinking and I will calculate how much this is when measured in "standard unit of alcohol" or "standard drink" which is the amount of alcohol you find in a small beer, one glass of wine, or one tot of spirits.

Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, spirits, fermented cider, changaa, busaa, or any other local brew? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</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 D1</i> No 2 <i>If No, go to D1</i>	A3

Question	Response	Code		
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 If No, go to D1	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><tr><td></td><td></td></tr></table>			A6
During the past 30 days, when you drank alcohol, how much did you on average drink during one drinking occasion? (USE SHOWCARD)	Number of standard units of alcohol Don't know 77 <table><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 of standard units of alcohol Don't Know 77 <input type="text"/>	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 <input type="text"/>	A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 7	Monday <input type="text"/>	A10a
	Tuesday <input type="text"/>	A10b
	Wednesday <input type="text"/>	A10c
	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f
	Sunday <input type="text"/>	A10g

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				
Question	Response	Code		
During the past 7 days , did you consume any homebrewed alcohol (excluding changaa, busaa or muratina) or any alcohol not intended for drinking ? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to D1</i>	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. changaa <table border="1"><tr><td></td><td></td></tr></table>			A12a
	Homebrewed beer or wine, e.g. Busaa, muratina, mnazi, mkoma beer, 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	

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 (one 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> <i>If Zero days, go to D3</i>			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> <i>If Zero days, go to D5</i>			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

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 show cards). 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 *packaged salty snacks e.g crisps*, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

Question	Response	Code
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? (USE SHOWCARD)	Always (every meal) 1 Often (most meals) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5 Don't know 77	D5
How often is salt, salty seasoning or a salty sauce put in the food when cooking or preparing foods in your household?	Always (every meal) 1 Often (most meals) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5 Don't know 77	D6
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 njugu-karanga, packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and	Always (every meal) 1 Often (most meals) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5 Don't know 77	D7
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8
How important to you is lowering the salt in your diet?	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 health problem ?	Yes 1 No 2 Don't know 77	D10

Do you do any of the following on a regular basis to **control your salt intake**?
(RECORD FOR EACH)

Limit consumption of processed foods	Yes	1	D11a
	No	2	
	Not applicable	3	
Look at the salt or sodium content on food labels	Yes	1	D11b
	No	2	
	Not applicable	3	

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Question	Response	Code
Buy low salt/sodium alternatives	Yes 1 No 2 Not applicable 3	D11c
Use spices other than salt when cooking	Yes 1 No 2 Not applicable 3	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2 Not applicable 3	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go</i> No 2 Not applicable 3	D11f
Other (please specify)	_ _ _ _ _ _ _	D11other
The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.		
What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil (liquid) 1	D12
	Vegetable fat (solid) 2	
	Lard or suet 3	
	Butter or ghee 4	
	Margarine 5	
	Palm Oil 6	
	Coconut Oil 7	
	Other 8 <i>If Other, go to D12 other</i>	
	None in particular 9	
	None used 10	
	Don't know 77	
	Other _ _ _ _ _ _ _	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.	Number Don't know 77 _	D13

Dietary Sugar Intake

With the next questions, we would like to learn more about sugar in your diet. Dietary sugar includes ordinary sugar, refined sugar such as candy, chocolate, fizzy drinks (see show card). The following questions are on adding sugar to beverages right before you drink them, on how sweet beverages foods are prepared in your home, on eating processed foods that are high in sugar such as packaged snacks and questions on controlling your sugar intake. Please answer the questions even if you consider yourself to eat a diet low in sugar.

Question	Response	Code
How often do you add sugar to your beverages right before you drink them or as you are drinking them? (SELECT ONLY ONE) (USE SHOWCARD)	Always (every drink) 1 Often (every day but not _ _ _ _ _ _ _ _ 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5	X16

	Don't know 77									
In a typical week on how many days do you take soda (carbonated drinks) like fanta, coca cola, 7-up, Afya, Softa, Vimto, or other sugary drinks?	Number of days <table border="1"><tr><td></td><td></td></tr></table> Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> If Zero days, go to x18					X17a				
How many 300ml bottles do you take each time you drink soda on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			X17b						
Question	Response	Code								
How often do you eat processed food high in sugar ? By processed food high in sugar, I mean biscuits, wafers, cakes, candy, sweets and chocolate and alike? (USE SHOWCARD)	Always (every meal) 1 Often (every day) 2 Sometimes (every week) 3 Rarely 4 Never 5 Don't know 77	X18								
How much sugar do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	X19								
How important to you is lowering the sugar in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	X20								
Do you think that too much sugar in your diet could cause a health problem ?	Yes 1 No 2 Don't know 77	X21								
Do you do any of the following on a regular basis to control your sugar intake ? (RECORD FOR EACH)										
Minimize the amount of sugar used in beverages	Yes 1 No 2	X22a								
Limit consumption of soda and sugary drinks	Yes 1 No 2	X22b								
Limit consumption of processed foods	Yes 1 No 2	X22c								
Use of natural/unrefined alternatives	Yes 1 No 2	X22d								
Do other things specifically to control your sugar intake	Yes 1 No 2	X22e								
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>									X22other

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>			
Work			
Question	Response	Code	Questi
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>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>		P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	<p>Number of days <input type="text"/></p>		P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs</p> <p>mins</p>		P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as <i>brisk walking or carrying light loads</i> for at least 10 minutes	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>		P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	<p>Number of days <input type="text"/></p>		P5
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</p> <p>mins</p>		P6 (a-b)

Travel to and from places		
Question	Response	Code
<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.</p>		
Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 <i>If No, go to P</i> 10</p>	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?	<p>Number of days</p> <p>□</p>	P8
How much time do you spend walking or bicycling for travel on a typical day?	<p>□□ : □□</p> <p>Hours : minutes hrs</p> <p>mins</p>	P9 (a-b)
Recreational activities		
Question	Response	Code
<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 (<i>leisure</i>),</p>		
Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like running or playing football for at least 10 minutes continuously?	<p>Yes 1</p> <p>No 2 <i>If No, go to P</i> 13</p>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	<p>Number of days</p> <p>□</p>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	<p>□□ : □□</p> <p>Hours : minutes hrs</p> <p>mins</p>	P12 (a-b)
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, cycling, swimming, volleyball for at least 10	<p>Yes 1</p> <p>No 2 <i>If No, go to</i> P16</p>	P13
Question	Response	Code
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	<p>Number of days</p> <p>□</p>	P14

Sedentary behavior		
<p>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.</p> <p>(USE SHOWCARD)</p>		
<p>How much time do you usually spend sitting or reclining on a typical day?</p>	<div> <div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> </div> </div> <div> <div>Hours</div> <div>:</div> <div>minutes</div> </div> <div> <div>hrs</div> <div>mins</div> </div>	<p>P16 (a-b)</p>

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 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?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Have you been told in the past 12 months?	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?	Yes 1 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

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

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 Don't know 3	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2 Don't know 3	H19

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 the use of alcohol/ don't start	Yes 1 No 2	H20b
Reduce salt in your diet	Yes 1 No 2	H20c
Reduce use of refined sugar in your diet	Yes 1 No 2	H20d
Eat at least five servings of fruit	Yes 1	H20e

and/or vegetables each day	No 2	
Reduce fat in your diet	Yes 1 No 2	H20f
Start or do more physical activity	Yes 1 No 2	H20g
Did not see a physician within the last 3 years		

Question	Response	Code
Maintain a healthy body weight or lose weight	Yes 1 No 2	H20h
Where is your primary source of health care?	Self-medication 1 Herbal/alternative therapy 2 Dispensaries 3 Community Health Worker 4 Health center 5 Sub county/district hospitals 6 County referral hospital (provincial) 7 National referral 8 Private clinic 9 Private hospital 10 OTC/pharmacy 11	X23

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/cervix, 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
For men and women: Have you heard of the cervical cancer screening methods described above??	Yes 1 No 2 Don't know 77	X24
For women only: Have you ever had a screening test for cervical cancer, using any of these methods described	Yes 1 No 2	CX1

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above?	Don't know 77
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Injury		
The next questions ask about different experiences and behaviours that are related to		
Question	Response	Code
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 vehicle I usually am in 5 Don't Know 77 Refused 88	V1
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
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
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
The next questions ask about the most serious accidental injury you have had in the past 12 months.		
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 V8</i> Don't know 77 <i>If don't know, go to V8</i> Refused 88 <i>If Refused, go to V8</i>	V5
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/attack 6 Other (specify) 7 Don't know 77	V6

Participant Identification Number

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	Refused	88										
	Other (please specify)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Question	Response	Code								
Where were you when you had this injury?	Home 1	V7								
	School 2									
	Workplace 3									
	Road/Street/Highw 4									
	--- 5									
	Farm 5									
	Sports/athletic 6									
	Other (specify) 7									
	Don't know 77									
	Refused 88									
Other (please specify)	<table><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									V7oth er

Unintentional Injury

The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.

Question	Response		Code
In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	Always	1	V8
	Sometimes	2	
	Never	3	
	Did not ride in the past 30 days	4	
	Don't Know	77	
	Refused	88	
In the past 30 days, how often did you cross the road at a designated crossing area (zebra crossing, foot bridge)?	Every time I crossed the road	1	X25
	Sometimes	2	
	Never	3	
	Have not had to cross a road in the past 30 days	4	
	The roads I cross do not have designated	5	
	Don't Know	77	
In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times	<div><div></div><div></div><div></div></div>	V9
	Don't Know	77	
	Refused	88	
In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times	<div><div></div><div></div><div></div></div>	V10
	Don't Know	77	
	Refused	88	

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The following questions are about different experiences and behaviours that are

Question	Response	Code
In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never 1 <i>If never, go to 01</i> Rarely (1- 2 2 Sometimes (3 - 5 3 Often (6 or more 4 Don't know 77 <i>If don't know, go</i> Refused 88 <i>If Refused, go to</i>	V11
The next questions ask about the most serious violent incidence you have had in the		
Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS)	Being shot with a firearm 1 A weapon (other than a firearm) was used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Other (specify) 4 Don't know 77 Refused 88	V12
	----- -----	V12ot her
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend /acquaintance/nei 4 Unrelated 5 Stranger 6 Official or legal 7 Other (specify) 8 Refused 88	V13
	Other (please specify) <u> </u>	V13ot her

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</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 to 27 teeth or more 4 28 to 32 teeth 5 Don't know 77	01									
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	02									
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	03									
Do you have any removable dentures ?	Yes 1 No 2 <i>If No, go to 06</i>	04									
Which of the following removable dentures do you have? (RECORD FOR EACH)											
An upper jaw denture	Yes 1 No 2	05a									
A lower jaw denture	Yes 1 No 2	05b									
During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes 1 No 2	06									
The last time you had pain or discomfort with your teeth or mouth, what did you do first of all?	Went to consult a Traditional healer 1 Went to Health dispensary 2 Went to Public Medical Center\Hospital 3 Went to Private Medical Center\Hospital 4 Went to a Private Dental Clinic 5 Went to a Pharmacy 6 I used self-medication only 7 I did not use or do anything 8 Did other things 9 Don't know 77	X26									
	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>										
How long has it been since you last saw a dentist ?	Less than 6 months 1 6-12 months 2 More than 1 year but less 3	07									

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	2 or more years but less	4	
	5 or more years	5	
	Never received dental care	6 <i>If Never,</i>	

Question	Response	Code						
What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, 2 Treatment / Follow-up 3 Routine check-up treatment 4 Other 5 <i>If Other, go to 08oth</i>	08						
	Other (please specify) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							08other
How often do you clean your teeth?	Never 1 <i>If Never, go to 013a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7	09						
Do you use toothpaste to clean your teeth?	Yes 1 No 2 <i>If No, go to 012a</i>	010						
Do you use toothpaste containing fluoride ?	Yes 1 No 2 Don't know 77	011						
Do you use any of the following to clean your teeth ?								
Toothbrush	Yes 1	012a						
	No 2							
Wooden toothpicks	Yes 1	012b						
	No 2							
Plastic toothpicks	Yes 1	012c						
	No 2							
Thread (dental floss)	Yes 1	012d						
	No 2							
Charcoal	Yes 1	012e						
	No 2							
Chewstick / miswak	Yes 1	012f						
	No 2							
Other	Yes 1 <i>If Yes, go to</i>	012g						
	No 2							
Other (please specify) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								012other
How often do you replace your tooth brush?								
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	013a						
	No 2							
Difficulty with speech/trouble pronouncing words	Yes 1	013b						
	No 2							
Felt tense because of problems with teeth or mouth	Yes 1	013c						
	No 2							
Embarrassed about appearance of teeth	Yes 1	013d						
	No 2							

Avoid smiling because of teeth	Yes	1	013e
	No	2	
Sleep is often interrupted	Yes	1	013f
	No	2	

Question	Response		Code
Days not at work (or school) because of teeth or mouth	Yes	1	013g
	No	2	
Difficulty doing usual activities	Yes	1	013h
	No	2	
Less tolerant of spouse or people close to you	Yes	1	013i
	No	2	
Reduced participation in social activities	Yes	1	013j
	No	2	

Khat use		
Now I am going to ask you some questions about Khat chewing.		
Question	Response	Code
Have you ever chewed Khat? (USE SHOWCARD)	Yes 1	K1
	No 2 If No, go to End of STEP1	
Do you currently chew Khat?	Yes 1	K2
	No 2 If No, go to End of STEP1	

Step 2 Physical Measurements

Blood Pressure

Question	Response	Code
Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M1
Device ID for blood pressure	<div><div></div><div></div></div>	M2
Reading 1	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M4a
	Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M4b
Heart Rate Reading 1	Beats per minute <div><div></div><div></div><div></div><div></div></div>	M16a
Reading 2	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M5a
	Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M5b
Heart Rate Reading 2	Beats per minute <div><div></div><div></div><div></div><div></div></div>	M16b
Reading 3	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M6a
	Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M6b
Heart Rate Reading 3	Beats per minute <div><div></div><div></div><div></div><div></div></div>	M16c
In 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	M7
	No 2	

Height and Weight

For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Device IDs for height and weight	Height <input type="text"/> <input type="text"/> Weight <input type="text"/> <input type="text"/>	M10a M10b
Height	in Centimetres (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	M12

Waist

Waist circumference	in Centimetres (cm) <div><div></div><div></div><div></div><div></div><div></div></div>	M14
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Hip Circumference and Heart Rate

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

Blood Glucose																	
Question	Response	Code															
During the past 8 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1															
Technician ID	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					B2											
Device ID	<table border="1"> <tr> <td></td><td></td> </tr> </table>			B3													
Time of day blood specimen taken (24 hour clock)	<table border="0"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> <tr> <td>Hours</td><td>:</td><td>minutes</td><td>hrs</td><td></td> </tr> <tr> <td></td><td></td><td>mins</td><td></td><td></td> </tr> </table>			:			Hours	:	minutes	hrs				mins			B4
		:															
Hours	:	minutes	hrs														
		mins															
Fasting blood glucose	mmol/l <table border="1"> <tr> <td></td><td></td><td>.</td><td></td><td></td> </tr> </table>			.			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															
Blood Lipids																	
Total cholesterol	mmol/l <table border="1"> <tr> <td></td><td></td><td>.</td><td></td><td></td> </tr> </table>			.			B7										
		.															
Hdl cholesterol	mmol/l <table border="1"> <tr> <td></td><td></td><td>.</td><td></td><td></td> </tr> </table>			.			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															