

11.4 Appendix4 - Questionnaire

REPUBLIC OF THE MARSHALL ISLANDS

Ministry of Health

&

World Health Organisation

In collaboration with the Fiji School of Medicine & the Menzies Center for Population Health Research

WHO STEPwise Approach to NCD Risk Factor Surveillance in the Republic of the Marshall Islands

CHECKLIST

For Interviewer:	Consent	<input type="checkbox"/>	Appointment / fasting instructions	<input type="checkbox"/>
For Team Leader:	Questionnaire review	<input type="checkbox"/>	STEP 1 done	<input type="checkbox"/> see Team Leader
For Registration:	Participant is fasting	<input type="checkbox"/>	(only if STEP 3 required)	
	Consent	<input type="checkbox"/>	STEP 1 done	<input type="checkbox"/>
For Checkout:	STEP 2 done	<input type="checkbox"/>	STEP 3 done	<input type="checkbox"/> (only if STEP 3 required)
	Results form given	<input type="checkbox"/>	Health promotion material given if needed	<input type="checkbox"/>
	Checkout completed	<input type="checkbox"/>		
For data entry:	Data entry complete	<input type="checkbox"/>		
	Data entry problems	<input type="checkbox"/>	(write comments on page at end of form)	

Identification Information

I1 Family name

I2 First name

I3 Address

I4 Phone number

I5 Whose phone Work ☐¹ or Home ☐² or Neighbor / Relative ☐³ (choose one)

I6 Cluster name: I7 Cluster #:

I8 Interviewer: I9 House:

I10 Date of completion of the questionnaire:

I11 Interview time: AM ☐¹ or PM ☐² (choose one)

I12 Interview language: Marshallese ☐¹ or English ☐² (choose one)

STEP 1: QUESTIONNAIRE BASED ASSESSMENT

Demographic Information

D1 Sex: Male ☐¹ or Female ☐² (choose one)

D2 What is your date of birth? (Kwar lotak naaf?)

D3 How old are you? (Jete am iio?) years ONLY IF UNSURE OF DATE OF BIRTH
(Kajjitok wot ne rejaje raan in lotak eo aer)

D4 What is the highest level of education you have completed?

(Jete iio in am kar bed ilo jikuul jen jinoin?)

(choose one)

Never attended school (Iar jab jikuul) ----- ☐¹

Primary school (Elementary) ----- ☐²

Middle school ----- ☐³

High school ----- ☐⁴

Vocational/Technical training school (Job corp/JTPA) ----- ☐⁵

College or university ----- ☐⁶

D5 In total, how many years have you spent at school and in full-time study?

(Kwar jemlok ilo kilaaj jete ak jete iio in am kar jikuul?)

years

D6 Marital status Married ☐¹ or Single ☐²

(choose one)

D7 What is your ethnicity? (Kwe ria?) Marshallese ☐¹ or Other ☐² (choose one)

D8 In what island/city were you born? (Kwar lotak ia, kwalok ene im aelon?)

□□□□□□□□□□□□□□□□

- D9 Where (island/city) did you live in the first 10 years of your life?
(Ilo iio ko jonoul imaan tata ilo mour eo am, ia ko kwar jokwe ie?)

Location (Ene ta)

Number of Years (Jete yio)

- D10 Which of the following best describes your main employment status over the last 12 months?
(Ilo allon ko 12 rej mootlok, kwar jerbal rot?)

(choose one)

- Government employee (*Rijerbal in kien*) ----- ☐¹
 Non-government employee (*Rijerbal in private*) ----- ☐²
 Self-employed (including copra processing, fishing, handicraft making)
 (*Make kobajet ainwot kowainini, anod, amimono*) ----- ☐³
 Non-paid (volunteer, subsistence etc) (*Volunteer pajok ilo ejjelok woneen*) ----- ☐⁴
 Student (*Rijikuul*) ----- ☐⁵
 Homemaker ----- ☐⁶
 Retired ----- ☐⁷
 Unemployed (able to work) (*Ijjab jerbal ak imaron*) ----- ☐⁸
 Unemployed (unable to work) (*Ijjab maron jerbal*) ----- ☐⁹

- D11 How many people in total, including yourself, live in your household?
(Jete armej mwiin koba kwe?)

- D12 How many people 18 years or older, including yourself, live in your household?
(Jete armij im rej jokwe mwiin im re-ritto jen 18 iio?)

- D13 Over the past year, can you tell me what the average gross earnings of the household have been?
(Ilo iio eo ej jemlok, kwomaron ke kwalok jonan jeen eo ear delontok mwiin, aolep kola jen aolep rijerbal ro im ro jet im jeen ej itok jen er (total mokta jen aer ebbok tax im allotment ko?)

- Bi-weekly ¹ \$
 or per month ² \$
 or per year ³ \$
 or refuse to reply ☐⁴
 or don't know ☐⁵

If other than "don't know",
then skip to S1

- D14 If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? (*Ne kwojjab jela, kwomaron ke kwalok emaron jete ?*)

(choose one)

- Is it less than \$5,000? (*Edik jen \$5,000?*) ----- ☐¹
 Is it between \$5,000 and \$10,000? (*Kotaan \$5,000 and \$10,000?*) ----- ☐²
 Is it between \$10,000 and \$15,000? (*Kotaan \$10,000 and \$15,000?*) ----- ☐³
 Is it between \$15,000 and \$20,000? (*Kotaan \$15,000 and \$20,000?*) ----- ☐⁴
 Is it more than \$20,000? (*Elap jen \$20,000*) ----- ☐⁵

Smoking/Tobacco use

- S1a Do you currently smoke any tobacco products such as cigarettes, cigars, pipes?
(Kwoj ke kobataat jikka, cigar ak pipe ko?)

Yes ☐¹
 No ☐²

(if no, skip to S5)

S1b If yes, do you currently smoke tobacco products daily? Yes ☐¹
(Ne aet, kwoj ke kobataat aolep raan?) No ☐²
(if no, skip to S5)

S2a How old were you when you first started smoking daily?
(Kar jete am iio ke kwar jinoo kobataat aolep raan?)

S2b If you don't know how old you were, do you remember how long ago it was?
(Ne kwojjab kememej, kwomaron ke kwalok ewi toon am kobataat aolep raan?)

weeks ago ¹ ☐
or months ago ² ☐
or years ago ³ ☐

S3 On average, how many of the following items do you smoke each day?
(Ewi jonan am kobataat men kein ilo kajjojo raan?)

Number per day
a) Manufactured cigarettes (*Jikka jen mon wia ko*) ☐
b) Hand-rolled cigarettes (*Jikka ko kwoj make limi*) ☐
c) Pipes full of tobacco (*Pipe ko*) ☐
d) Cigars/cheroots (*Cigar*) ☐
e) Other – specify (*Ebar wor ke*) ☐

S4 What influenced you to start smoking? (*Ta eo bwe kwon jinoo kobataat?*)

a) My friends smoked (*Ro motta rej kobataat*) ----- ☐
b) Family members smoked (*Ro nuku rej kobataat*) ----- ☐
c) I just wanted to try it (*Iar konaan kajjion*) ----- ☐
d) No one told me not to (*Ejelok en ear ba injab*) ----- ☐
e) Other – specify (*Ebar wor ke*) ----- ☐

S5 In the past, did you ever smoke daily?
(Kwar ke juon rikobataat aolep raan?)

Yes ☐¹
No ☐²
(if no, skip to S7)

S6a How old were you when you stopped smoking daily?
(Jete am iio ke kwar bojrak kobataat?)

S6b If you don't know how old you were, do you remember how long ago it was?
(Ne kwojjab kememej, emaron ewi toon jen ke kwar bojrak?)

weeks ago ¹ ☐
or months ago ² ☐
or years ago ³ ☐

Assessing use of smokeless tobacco

S7a Do you currently use smokeless tobacco such as snuff or chewing tobacco? Yes ☐¹
(Kwoj ke kojerbal Copenhagen ak chewing tobacco?) No ☐²
(if no, skip to S10)

S7b If yes, do you currently use these products daily? Yes ☐¹
(Ne aet, kwoj ke kojerbali aolep raan?) No ☐²
(if no, skip to S10)

S8 On average, how many times do you use the following items each day?
(Ewi jonan eo ekka am boke ilo kajjojo raan?)

	Number per day
a) Snuff – oral use	<input type="checkbox"/>
b) Snuff – nasal use	<input type="checkbox"/>
c) Chewing tobacco (Copenhagen)	<input type="checkbox"/>
d) Other – specify (Ebar wor ke)	<input type="checkbox"/>

S9 What influenced you to start using smokeless tobacco products such as snuff or chewing tobacco?
(Ta eo ear komman bwe kwon jinoe kojerbale chewing tobacco?)

a) My friends used (Ro motta rej kommane) ----- ☐
b) Family members used (Ro nuku rej kommane) ----- ☐
c) I just wanted to try it (Iar konaan kajjion) ----- ☐
d) No one told me not to (Ejjelok en ear ba injab) ----- ☐
e) Other – specify (Ebar wor ke) ----- ☐

Note: ask the following question ONLY to those who are NOT a current daily user

(Lelok kajitok kein nan ro wot im rejjab kojerbal chewing tobacco aolep raan ilo torein)

S10 In the past, did you ever use smokeless tobacco such as snuff or chewing tobacco daily? Yes ☐¹
(Kwar ke juon eo ej kojerbal chewing tobacco aolep raan?) No ☐²

Assessing exposure to passive smoking (Etale jonan baat eo armej eo ej emmenonoiki)

S11 How often are you exposed to other people smoking in your presence?
(Ewi ekutkutin am emmenonoik baat jen ro jet ilo jikin kein?)

	Daily <u>Aolep raan</u>	Occasionally <u>Jet wot iien</u>	Never <u>Ijjab</u>
a) At work (ilo jikin jermal) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b) At home (ilo mweo imom) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
c) On public transport (ilo taxi ak bus ko) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
d) In public eating places (ijoko jikin public) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

Betel nut use

BN1 Do you currently use betel nut? Yes ☐¹
(Kwoj ke kojerbal betel nut?) No ☐²
(if no, skip to BN6)

BN2 If yes, do you currently use betel nut daily? Yes ☐¹
(Ne aet, kwoj ke kojerbal betel nut aolep raan?) No ☐²
(if no, skip to BN6)

BN3 On average, how many times do you use betel nut each day?
(Ewi jonan eo ekka am kojerbale ilo kajjojo raan?)

BN4 What influenced you to start using betel nut?
(Ta eo ear kommane bwe kwon jinoe kojerbal betel nut?)

a) My friends used (Ro motta rej kommane) ----- ☐
b) Family members used (Ro nuku rej kommane) ----- ☐
c) I just wanted to try it (Iar konaan kajjion) ----- ☐

- d) No one told me not to (*Ejjelok en ear ba injab*) ----- ☐
- e) Other – specify (*Ebar wor ke*) ----- ☐

BN5

When you chew betel nut, do you add cigarettes or tobacco?
(*Ne kwoj kojerbal betel nut, kwoj ke ilik jikka ie?*)

(choose one)

- Yes, all the time (*Aet, aolep iien*) ----- ☐¹
- Yes, but not all the time (*Aet botaab ejjab aolep iien*) ----- ☐²
- No, never (*Ijjab*) ----- ☐³

Note: ask the following question ONLY to those who are NOT a current daily user
(***Lelok kajitok kein nan armej eo ejjab kojerbal betel nut aolep raan ilo torein***)

BN6

In the past, did you ever use betel nut daily?
(*Kwar ke juon eo ej kojerbal betel nut aolep raan?*)

Yes ☐¹
No ☐²

Alcohol Consumption

A1a

Have you ever consumed any type of alcoholic beverage – such as beer, wine, liquor, coolers, fermented cider?
(*Kwonanin ke kar idaak dennin kadok kein ainwot bia, wain, vodka, wain cooler, jemanin?*)
(if no, skip to N1a)

Yes ☐¹
No ☐²

A1b

If yes, was this within the past 12 months? (*Ne aet, ear ke ilo allon ko 12 rej jemlok?*)
(if no, skip to N1a)

Yes ☐¹
No ☐²

A2

In the past 12 months, how frequently have you had at least one alcoholic drink?
(*Ilo allon ko 12 rej jemlok, ewi emakijik in am idaak dik tata juon dennin kadok?*)
one

(choose

- 5 or more days a week (*5 allen im lonlok ilo juon wiik*) ----- ☐¹
- 1-4 days per week (*1-4 raan ilo juon wiik*) ----- ☐²
- 1-3 days per month (*1-3 raan ilo juon allon*) ----- ☐³
- Less than once per month (*Edik jen juon allen ilo juon allon*) ----- ☐⁴

A3

When you drink alcohol, on average how many drinks do you have during one day?
(*Ne kwoj idaak dennin kadok, ewi jonan eo ekka am idaak ilo juon raan?*)

A4

During the past 7 days, how many standard drinks of any alcoholic beverage or combination of beverages did you have in a single day? (*Ilo wiik eo ej jemlok, ewi jonan jabrewot kain dennin kadok eo im kwar idaak ilo kajjojo raan kein?*)

- | | |
|--------------------|---------------------------------|
| a) Monday ----- | <input type="checkbox"/> drinks |
| b) Tuesday ----- | <input type="checkbox"/> drinks |
| c) Wednesday ----- | <input type="checkbox"/> drinks |
| d) Thursday ----- | <input type="checkbox"/> drinks |
| e) Friday ----- | <input type="checkbox"/> drinks |
| f) Saturday ----- | <input type="checkbox"/> drinks |
| g) Sunday ----- | <input type="checkbox"/> drinks |

For men only: (*Nan emmaan ro wot*)

A5a In the past 12 months, on how many days did you have 5 or more alcoholic drinks in a single day?
(*Ilo allon ko 12 rej jemlok, jete raan im kwar idaak 5 im lonlok dennin kadok ilo juon raan?*)

For women only: (*Nan kora ro wot*)

- A5b In the past 12 months, on how many days did you have 4 or more alcoholic drinks in a single day?
(*Ilo allon ko 12 rej jemlok, jete raan im kwar idaak 4 im lonlok dennin kadok ilo juon raan?*)

For everyone: (Nan aolep)

- A6 In the past 12 months, what was the largest number of drinks you had on a single occasion, counting all types of alcoholic beverages combined? (*Ilo allon ko 12 rej jemlok, ewi jonan eo elap tata im kwar idaak ilo juon iien?*)

- A7 How old were you when you started drinking alcohol?
(*Jete am iio ke kwar jinoe idaak dennin kadok?*)

- A8 What influenced you to start drinking?
(*Ta eo ear komman bwe kwon jinoe idaak dennin kadok?*)

- a) My friends used (*Ro motta rej kommane*) ----- ☐
b) Family members used (*Ro nuku rej kommane*) ----- ☐
c) I just wanted to try it (*Iar konaan kajjion*) ----- ☐
d) No one told me not to (*Ejjelok en ear ba injab*) ----- ☐
e) Other – specify (*Ebar wor ke*) ----- ☐

Mark all relevant answers
(*kalet aolep uaak ko rekkar*)

- A9 Where do you mostly get your alcoholic beverage from? (*Ia eo ekka am ebbok dennin kadok jene?*)
(choose one)
Store (*Mon wia*) ----- ☐¹
Friends and relatives (*Ro motta im nuku*) ----- ☐²
Home brew (*Ij make komman*) ----- ☐³

- A10 When you drink alcohol, which of the following are you likely to eat while drinking?
(*Ne iien am idaak dennin kadok, mona rot ekka am mona?*)

- | | <u>Yes</u> | <u>No</u> |
|--|---------------------------------------|---------------------------------------|
| a) Sashimi ----- | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| b) Raw poultry parts (<i>lul, tu, bao</i>) ----- | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| c) Chips/pretzels/popcorn ----- | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| d) Cooked meats/poultry (<i>jalele ko romat</i>) ----- | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| e) Sweets (<i>tonal ko</i>) ----- | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| f) Other (specify) | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |
| g) Nothing at all (<i>ejjelok</i>) ----- | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² |

Mark all relevant answers
(*kalet aolep uaak ko rekkar*)

- A11 When you drink alcohol, do you smoke tobacco products?
(*Ne kwoj idaak dennin kadok, kwoj ke kobataat?*)
- Yes ☐¹
No ☐²

Nutrition

Definition of serving size of fruit

(fresh, canned, frozen, excludes fruit juice) eaten with meals or as a snack:

- 1 cup diced
- 1 medium piece
- 2 small pieces

Example of fruit

fresh apple, orange, banana, grapes, watermelon, cantaloupe, kiwi, peaches, pears, pineapple, papaya, pandanus, lime, canned fruits, etc.

1.1.1 Definition of serving size of vegetable

(fresh, canned, frozen, excludes vegetable juice) eaten with meals or as a snack:

- 1 cup raw vegetables
- ½ cup cooked vegetables

Example of vegetables

corn, cucumber, cabbage, lettuce, carrots, bell peppers, broccoli, frozen vegetables, canned vegetables, breadfruit, taro, pumpkin, etc.

- N1a On how many days do you eat fruit in a typical week?
(*Jete raan ilo juon wiik im ekka am mona leen wojke ko jej ba fruit?*)
- N1b How many servings of fruit do you eat on one of these days?
(*Ilo raan ko kwoj mona leen wojke kein (fruit), jete serving kwoj mona?*)
- N2a On how many days do you eat vegetables (imported and local) in a typical week?
(*Jete raan ilo juon wiik im ekka am mona leen wojke ko jej ba vegetable?*)
- N2b How many servings of vegetables do you eat on one of these days?
(*Ilo raan ko kwoj mona leen wojke kein (vegetable), jete serving kwoj mona?*)
- N3a Do you usually prepare meals at home? Yes ☐¹
(*Kwoj ke komat im kopooj mona nan ri-mwiin?*) No ☐²
(if no, skip to N4)
- N3b What types of oil or fat is used most often for meal preparation at home?
(*Kurij rot ko ekkutkut tata in am kojerbale ilo iien am komat ilo mweo imom?*) (choose one)
- Coconut cream (*El*) ----- ☐¹
- Vegetable oil (*Kurij den*) ----- ☐²
- Shortening, lard, pig fat (*Kurij ben im kurij in piik*) ----- ☐³
- Butter or ghee (*Bata*) ----- ☐⁴
- Margarine ----- ☐⁵
- Other - specify (*Ebar wor ke*)----- ☐⁶
- Nothing in particular (*Ejelok*) ----- ☐⁷
- I don't use any oil or fat when preparing meals
(*Ijjab kojerbal kurij kein ilo iien ao komat mona*) ----- ☐⁸
- Don't know (*Ijaje*) ----- ☐⁹
- N3c What is the most common way you cook the following foods?
(*Ewi wawein eo ekka tata am kommati jalele kein?*)
- | | <u>Bake</u>
<i>Umum</i> | <u>Boil</u>
<i>Boil</i> | <u>Grill</u>
<i>Jinkadol</i> | <u>Fry</u>
<i>Burae</i> | <u>Steam</u>
<i>Stiim</i> | <u>Stew</u>
<i>Taketake</i> | <u>Raw</u>
<i>Amij</i> | <u>Don't Eat</u>
<i>Ijjab mona</i> |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Fish (<i>Ek</i>) | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁶ | <input type="checkbox"/> ⁷ | <input type="checkbox"/> ⁸ |
| b) Beef/meat (<i>Kao</i>) | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁶ | <input type="checkbox"/> ⁷ | <input type="checkbox"/> ⁸ |
| c) Chicken (<i>Bao</i>) | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | <input type="checkbox"/> ⁵ | <input type="checkbox"/> ⁶ | <input type="checkbox"/> ⁷ | <input type="checkbox"/> ⁸ |
- N3d How many days in one week do you cook the following foods with coconut cream?
(*Jete raan ilo juon wiik im kwoj kojerbal el nan komati mona kein?*)
- a) Breadfruit (*Ma*) ----- ☐ days
- b) Taro (*Iaraj*) ----- ☐ days
- c) Pumpkin (*Paanke*) ----- ☐ days
- d) Banana (*Binana*) ----- ☐ days
- e) Fish (*Ek*) ----- ☐ days
- f) Rice (*Raij*) ----- ☐ days
- N4 In the past 7 days, how many days did you eat any local food crops such as:
(*Ilo raan ko 7 rej jemlok, jete raan kwar mona mona in aelon kein ainwot?*)
- a) Breadfruit (*Ma*) ----- ☐ days
- b) Taro (*Iaraj*) ----- ☐ days
- c) Pumpkin (*Paanke*) ----- ☐ days
- d) Banana (*Binana*) ----- ☐ days
- e) Sweet potato (*Piteto tonal*) ----- ☐ days
- f) Other – specify (*Ebar wor ke*) ----- ☐ days
- N5 In the past 7 days, how many days did you eat fresh fish?
(*Ilo raan ko 7 rej jemlok, jete raan kwar mona ek kaal?*)

- N6 In the past 7 days, how many days did you eat canned meats or canned fish?
(Ilo raan ko 7 rej jemlok, jete raan kwar mona jalele ko ilo kuwat?) ☐ days
- N7 How many cups of caffeinated coffee do you drink each day on average?
(Jete kap in kobe (caffeine) ekka am idaak ilo kajjojo raan?) ☐ cups
- N8 When you drink coffee or tea, how many teaspoons of sugar do you use per cup?
(Ne kwoj idaak kobe ak tii, jete tijipuun in juka kwoj ilik ilo kajjojo kap?) ☐ tsp
- N9 In the past 7 days, how many cans of regular soft drink did you have?
(Ilo raan ko 7 rej jemlok, jete kuwat in kola (regular) im kwar idaak?)

Physical Activity

O. Occupational Physical Activity - paid or unpaid (Makitkit ko kwoj kommani ikijien jermal)

Reply to the following questions thinking about a typical week during the past 12 months.
(Uaaki kajitok kein ilo am lomnak kin makitkit ko ekka am kommani ilo juon wiik ilo allon ko 12 rej jemlok.)

- O1 Did you work mostly in the household?
(Ekka ke am kar jermal ilo mweo imom?) Yes ☐¹
No ☐²
- O2 How long is your typical workday?
(Jete awa ekka am jermal ilo juon raan?) ☐ hours
- O3 Does your work involve mostly sitting or standing still with walking for less than 10 minutes at a time? (Jermal eo kwoj kommane elap wot ke am jijjet ak jutak im kwoj etetal wot edik jen 10 minit ilo juon iien?) Yes ☐¹
No ☐²
(if yes, skip to T1a)
- O4a Does your work involve vigorous activity, like heavy lifting, digging, or construction work for at least 10 minutes at a time? (Jermal eo kwoj kommane elap ke am emmakitkit ainwot ekkotak, kob ron, kaamoto im kwojjab bojrak eto j en 10 minit ilo juon iien?) Yes ☐¹
No ☐²
(if no, skip to O5a)
- O4b If yes, on how many days in a typical week?
(Ne aet, jete raan ilo juon wiik?) ☐ days
- O4c How much time do you spend doing this on a typical day?
(Jete awa kwoj jolok nan kommane makitkit kein ilo juon raan?) ☐ h : ☐ m
- O5a Does your work involve moderate-intensity activities, like brisk walking or carrying light loads for at least 10 minutes at a time? (Ilo jermal eo am, kwoj ke etetal ilo emman jonan ak ekkotak mweik ko romera eto jen 10 minit ilo juon iien?) Yes ☐¹
No ☐²
(if no, skip to T1a)
- O5b If yes, on how many days in a typical week?
(Ne aet, jete raan ilo juon wiik?) ☐ days
- O5c How much time do you spend doing this on a typical day?
(Jete awa kwoj jolok nan kommane makitkit kein ilo juon raan?) ☐ h : ☐ m

T. Travel-related Physical Activity (Makitkit ko ilo iien am itoitak)

- T1a Do you walk or cycle (pedal bicycle) to and from places (to work, to the market, to church, etc) for at least 10 minutes at a time? (Kwoj ke etetal ak baijokol elap jen 10 minit nan jikin ko?) Yes ☐¹
No ☐²
(if no, skip to L1)
- T1b If yes, on how many days in a typical week?
(Ne aet, jete raan ilo juon wiik?) ☐ days
- T1c How much time do you spend traveling this way on a typical day?
(Jete awa kwoj itoitak rot in ilo juon raan?) ☐ h : ☐ m

L. Other Physical Activity – recreation/sport/leisure (*Makitkit ko kwoj kommani ilo iien am kakkije*)

This set of questions is about activities you do in your leisure-time for recreation, such as sport (that is, activities aside from your work or travel, and not the activities already mentioned). (*Kajjitok kein rej ikijjen makitkit ko kwoj kommani ilo iien am kakkije ak ikkure*).

- L1 Does your recreation, sport and leisure (RSL) time involve mostly sitting, reclining, or standing, with walking for less than 10 minutes at a time? (*Makitkit ko ekka am kommani ilo iien am kakkije ekka wot ke am jijjet, bed bajok ak jutak ilo juon wot jikin im eto jen 10 minit?*)

Yes ☐¹

No ☐²

- L2a Do you do vigorous activities like weight lifting, running, or strenuous sports in your RSL-time for at least 10 minutes at a time? (*Kwoj ke kommani makitkit kein im eto jen 10 minit ilo iien am kakkije ainwot ekkotak, ettor, im ikkure ko ainwot basketball, tennis, aonon?*)

Yes ☐¹

No ☐²

(if no, skip to L3a)

- L2b If yes, on how many days in a typical week?
(*Ne aet, jete raan ilo juon wiik?*)

days

- L2c How much time do you spend doing this on a typical day?
(*Jete awa kwoj jolok nan kommane makitkit kein ilo juon raan?*)

h : m

- L3a Do you do moderate-intensity activities, like brisk walking, cycling or swimming, in your RSL-time for at least 10 minutes at a time? (*Ilo iien am kakkije, kwoj ke etetal ilo emman jonan, baijokol, ao im eto jen 10 minit?*)

Yes ☐¹

No ☐²

(if no, skip to R1)

- L3b If yes, on how many days in a typical week?
(*Ne aet, jete raan ilo juon wiik?*)

days

- L3c How much time do you spend doing this on a typical day?
(*Jete awa kwoj jolok nan kommane makitkit kein ilo juon raan?*)

h : m

R. Sitting/reclining (*Sitting/reclining*)

This question is about sitting or reclining. Think back over the past 7 days to time spent at work, at home, or during recreation time, including time spent sitting at a desk, visiting friends, reading, or watching television - but not counting time spent sleeping. (*Kajjitok kein rej ikkijjen am jijjet im bed bajok. Kwon ememej lok raan ko 7 rej jemlok ikkijjen jonan eo kwar jolok ilo am jermal, ilo am bed mweo imom ak ilo iien am bed bajok botaab ejjab ilo iien am kiki.*)

- R1 How much time do you spend sitting or reclining on a typical day?
(*Jete awa kwoj jolok nan jijjet im bed bajok ilo juon raan?*)

h : m

Knowledge and Attitude on Diabetes

I will now ask you a few questions to help me understand your thoughts and beliefs about the disease we call **diabetes mellitus**. (*Kio inaa kajjitok jet kajjitok ko bwe in melele kin lomnak im tomak ko am ikkijjen naninmej in tonal.*)

- K1 Tell me of any factors that you know of that contribute to diabetes. (*Kwomaron ke kwalok jet un ko rej komman naninmej in tonal.*)

Note: Do NOT read out the following. Mark “yes” only for those factors that the participant mentions on their own without prompting.
(JAB kwalok waanjonok kein. Kane doulul eo an ‘yes’ ikkijjen uaak eo armej eo ej kwalok.)

- | | Yes |
|--|--------------------------|
| a) Doing little physical activity (<i>Ejjabwe emmakitkit</i>) ----- | <input type="checkbox"/> |
| b) Burdened with stress (<i>Elap am eddo kin inebata</i>) ----- | <input type="checkbox"/> |
| c) Overweight (<i>Killep</i>) ----- | <input type="checkbox"/> |
| d) Smoking/tobacco use (<i>Kobataat im Kojerbal tobacco</i>) ----- | <input type="checkbox"/> |
| e) Drinking alcohol (<i>Idaak dennin kadok</i>) ----- | <input type="checkbox"/> |
| f) Eating too much high fat foods (<i>Elap mona mona ko rekurij</i>) ----- | <input type="checkbox"/> |
| g) Eating too much during a meal (<i>Burokolep</i>) ----- | <input type="checkbox"/> |

- h) Eating little fruits, vegetables, local food crops (*Ejjabwe mona mona in leen wojke ko*) ----- ☐
i) Eating too much sugar and sweet foods (*Elap mona tonal im mona ko retonal*) ----- ☐
j) Eating too much white rice (*Elap mona rajj mouij*) ----- ☐
k) Older age (*Ilo iien ad lallap im lallap*) ----- ☐
l) Genetics/family inheritance (*Bodan*) ----- ☐
m) Pregnancy (*Bororo*) ----- ☐
n) Ethnicity (*Kwe ria*) ----- ☐
o) Nuclear contamination (*Baijin in bomb*) ----- ☐
p) Other – specify (*Ebar wor ke*) ----- ☐

K2 Tell me of any symptoms of diabetes that you know of. (*Kwalok kokolla ko an naninmej in tonal.*)

Note: Do NOT read out the following. Mark “yes” only for those symptoms that the participant mentions on their own without prompting.

(JAB kwalok waanjonok kein. Kane doulul eo an ‘yes’ ikkijen uaak eo armej eo ej kwalok)

- Yes
- a) Frequent urination (*Emmakijkij am kapojak den*) ----- ☐
b) Excess thirst (*Kwo emmaroro*) ----- ☐
c) Blurry vision (*Ettab am erre*) ----- ☐
d) Weakness (*Majno*) ----- ☐
e) Poor wound healing (*Eto an kinej ko mo*) ----- ☐
f) Other – specify (*Ebar wor ke*) ----- ☐

K3 Tell me what parts of the body are affected in diabetes if the blood sugar is poorly controlled. (*Kwalok ijoko ilo anbwim im naninmej in tonal emaron kakkuri.*)

Note: Do NOT read out the following. Mark “yes” only for those parts of the body that the participant mentions on their own without prompting.

(JAB kwalok waanjonok kein. Kane doulul eo an ‘yes’ ikkijen uaak eo armej eo ej kwalok.)

- Yes
- a) Feet/legs (*Neem*) ----- ☐
b) Hands/arms (*Peim*) ----- ☐
c) Eyes (*Mejam*) ----- ☐
d) Kidneys (*Dokein jibke*) ----- ☐
e) Heart (*Menono*) ----- ☐
f) Brain (*Komelij*) ----- ☐
g) Pancreas (*Aj en edik*) ----- ☐
h) Blood vessels (*Ialan botoktok*) ----- ☐
i) Other – specify (*Ebar wor ke*) ----- ☐

K4 In the last 12 months, have you received any information about diabetes from any of these people? (*Ilo allon ko 12 rej jemlok, kwar ke bok melele kin naninmej in tonal jen armej rein?*)

- (answer all)
Yes No
- a) Doctors/Health Assistant (*Takto ro*) ----- ☐ ☐
b) Nurses/Health Educators ----- ☐ ☐
c) Relatives (*Ro nukum*) ----- ☐ ☐
d) Friends/Neighbors (*Ro mottam*) ----- ☐ ☐
e) Traditional healer (*Ri-uno in Majol*) ----- ☐ ☐
f) Pastor/Priest (*Rikaki in kabun*) ----- ☐ ☐

K5 In the last 12 months, have you received any information about diabetes from any of these sources? (*Ilo allon ko 12 rej jemlok, kwar ke bok melele ko ikkijen naninmej in tonal jen wawein kein?*)

- (answer all)
Yes No
- a) TV program ----- ☐ ☐
b) Radio program ----- ☐ ☐
c) Pamphlets/leaflets/books (*Bok in riid ko*) ----- ☐ ☐
d) Posters ----- ☐ ☐
e) Newspaper/Newsletter ----- ☐ ☐
f) Internet ----- ☐ ☐
g) Workshops/Seminars/Lectures ----- ☐ ☐

K6 In the last 12 months, have you received any information about diabetes in any of these following locations? (*Ilo allon ko 12 rej jemlok, kwar ke bok melele ikkijen naninmej in tonal jen jokein?*)

		(answer all)	
		Yes	No
a)	Health clinic/hospital -----	<input type="checkbox"/>	<input type="checkbox"/>
b)	Work place (<i>Jikin jerbal</i>) -----	<input type="checkbox"/>	<input type="checkbox"/>
c)	Church (<i>Mon jar</i>) -----	<input type="checkbox"/>	<input type="checkbox"/>
d)	Supermarket/shopping centre (<i>Mon wia ko</i>) -----	<input type="checkbox"/>	<input type="checkbox"/>
e)	Hotel -----	<input type="checkbox"/>	<input type="checkbox"/>
f)	Schools (<i>Mon jikuul ko</i>) -----	<input type="checkbox"/>	<input type="checkbox"/>
g)	Health fairs/community fairs -----	<input type="checkbox"/>	<input type="checkbox"/>

History of Diabetes

H1 Have you had your blood sugar tested for diabetes in the last 12 months? Yes ☐¹
(Ilo allon ko 12 rej jemlok, kwananin ke kar jeek kin naninmej in tonal?) No ☐²
 Uncertain ☐³

H2 If yes, where did you have your blood sugar tested last? (*Ne aet, kwar jeek ia alik tata?*) (choose one)
 Health Center/hospital ----- ☐¹
 Community health fair ----- ☐²
 Zone nurse station (*Ibben Zone nurse ro*) ----- ☐³
 At home (*Ilo mweo imom*) ----- ☐⁴
 Workshop/seminar/training ----- ☐⁵
 Work place (*Jikin jerbal*) ----- ☐⁶
 Other – specify (*Ebar wor ke*) ----- ☐⁷

H3 Have you ever been told by a doctor or health worker that you have diabetes? (*Kwananin ke kar ron jen takto ak rijerbal ro an ejmour ke ewor am naninmej in tonal?*) Yes ☐¹
 No ☐²
 Uncertain ☐³
 (if no, skip to K7 in the next section)

H4 Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker? (*Ilo torein, elon ke ian komadmod kein nan naninmej in tonal im kwoj boke jen takto eo am?*) (answer all)

	Yes	No	Uncertain
a) Insulin (<i>Wa in insulin</i>) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b) Oral drug – medication (<i>Uno batin ko</i>) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
c) Special prescribed diet (<i>Kejparok am mona</i>) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
d) Advice/treatment to lose weight (<i>Rojan im komadmod ko nan kaidikdik</i>)----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
e) Advice/treatment to stop smoking (<i>Rojan im komadmok ko nan bojrak kobataat</i>) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
f) Advice to exercise (<i>Rojan nan kejjimourur</i>) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
g) Advice on foot care (<i>Rojan nan kejparok neem</i>) -----	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

H5 During the past 12 months have you seen a traditional healer for diabetes? Yes ☐¹
(Ilo allon ko 12 rej jemlok, kwar ke lolok juon ri-uno ikkijen naninmej in tonal?) No ☐²
 (if no, skip to K7 in the next section)

H6 If yes, are you currently taking any herbal or traditional remedy for your diabetes? Yes ☐¹
(Ne aet, kwoj ke kojerbal uno in Majol nan komadmod naninmej in tonal in am?) No ☐²

Knowledge and Attitude on Hypertension

I will now ask you a few questions to help me understand your thoughts and beliefs about the disease we call **high blood pressure** or **hypertension**. (*Inaaj kio kajjitok jet kajjitok ko nan jipan eo melele kin lomnak im tomak ko am ikkijen naninmej in aibulat.*)

K7 Tell me of any factors that you know of that contribute to high blood pressure. (*Kwomaron ke kwalok un ko im kwo melele kaki im rej komman bwe en wor naninmej in aibulat.*)

Note: Do NOT read out the following. Mark “yes” only for those factors that the participant mentions on their own without prompting.

(JAB kwalok waanjonok kein. Kane doulul eo an ‘yes’ ikkijen uaak eo armej eo ej kwalok.)

- | | Yes | |
|---|--------------------------|--|
| a) Doing little physical activity (<i>Ejjabwe emmakitkit</i>) | <input type="checkbox"/> | |
| b) Burdened with stress (<i>Elap am eddo kin inebata</i>) | <input type="checkbox"/> | |
| c) Overweight (<i>Killep</i>) | <input type="checkbox"/> | |
| d) Smoking/tobacco use (<i>Kobataat im Kojerbal tobacco</i>) | <input type="checkbox"/> | |
| e) Drinking alcohol (<i>Idaak dennin kadok</i>) | <input type="checkbox"/> | |
| f) Eating too much high fat foods (<i>Elap mona mona ko rekuriij</i>) | <input type="checkbox"/> | |
| g) Eating too much during a meal (<i>Burokolep</i>) | <input type="checkbox"/> | |
| h) Eating little fruits, vegetables, local food crops (<i>Ejjabwe mona leen wojke ko</i>) | <input type="checkbox"/> | |
| i) Eating too much salt and salty foods (<i>Elap mona jol im mona ko rejol</i>) | <input type="checkbox"/> | |
| j) Eating too much white rice (<i>Elap mona raij mouij</i>) | <input type="checkbox"/> | |
| k) Older age (<i>Ilo iien ad lellap im lallap</i>) | <input type="checkbox"/> | |
| l) Genetics/family inheritance (<i>Bodan</i>) | <input type="checkbox"/> | |
| m) Pregnancy (<i>Bororo</i>) | <input type="checkbox"/> | |
| n) Diabetes (<i>Naninmej in tonal</i>) | <input type="checkbox"/> | |
| o) Nuclear contamination (<i>Baijin in bomb</i>) | <input type="checkbox"/> | |
| p) Other – specify (<i>Ebar wor ke</i>) | <input type="checkbox"/> | |

K8 Tell me what complications might occur if high blood pressure is poorly controlled. (*Kwomaron ke kio kwalok jet apan ak utamwe ko remaron walok ne kwojjab keparok aibulat eo am.*)

Note: Do NOT read out the following. Mark “yes” only for those complications that the participant mentions on their own without prompting.

(JAB kwalok waanjonok kein. Kane doulul eo an ‘yes’ ikkijen uaak eo armej eo ej kwalok.)

- | | Yes | |
|--|--------------------------|--|
| a) Brain/stroke | <input type="checkbox"/> | |
| b) Heart/Heart attack (<i>Metak ob</i>) | <input type="checkbox"/> | |
| c) Kidneys/Kidney failure (<i>Kutni</i>) | <input type="checkbox"/> | |
| d) Problem with blood vessels (<i>Ejoran ialan botoktok ko ilo anbwinnim</i>) | <input type="checkbox"/> | |
| e) Premature birth (<i>Ejibikbik ak jaun an ajri eo allon ilo iien an lotak</i>) | <input type="checkbox"/> | |
| f) Miscarriage (<i>Mej lojiem ilo iien am bororo</i>) | <input type="checkbox"/> | |
| g) Other – specify (<i>Ebar wor ke</i>) | <input type="checkbox"/> | |

K9 In the last 12 months, have you received any information about high blood pressure from any of these people? (*Ilo allon ko 12 rej jemlok, kwar ke bok melele ikkijen naninmej in aibulat jen armej rein?*)

- | | (answer all) | |
|--|--------------------------|--------------------------|
| | Yes | No |
| a) Doctors/Health Assistant (<i>Takto ro</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Nurses/Health Educators | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Relatives (<i>Ro nukum</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Friends/Neighbors (<i>Ro mottam</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Traditional healer (<i>Ri-uno in Majol</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Pastor/Priest (<i>Rikaki in kabun</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

K10 In the last 12 months, have you received any information about high blood pressure from any of these sources? (*Ilo allon ko 12 rej jemlok kwar ke bok melele ikkijen naninmej in tonal jen wawein kein?*)

- | | (answer all) | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a) TV program | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Radio program | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Pamphlets/leaflets/books (<i>Bok in riid ko</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Posters | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Newspaper/Newsletter | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Internet | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Workshops/Seminars/Lectures | <input type="checkbox"/> | <input type="checkbox"/> |

- K11 In the last 12 months, have you received any information about high blood pressure in any of these following locations? (*Ilo allon ko 12 rej jemlok, kwar ke bok melele ikkijen naninmej in aibulat jen jikin kein?*)
- (answer all)
- | | Yes | No |
|--|--------------------------|--------------------------|
| a) Health clinic/hospital ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Work place (<i>Jikin jerbal</i>) ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Church (<i>Mon jar</i>) ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Supermarket/shopping centre (<i>Mon wia ko</i>) ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Hotels ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Schools (<i>Mon jikuul ko</i>) ----- | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Health fairs/community fairs ----- | <input type="checkbox"/> | <input type="checkbox"/> |

History of Hypertension

- H7 When was your blood pressure last measured by a health professional?
(*Naat eo aliktata im kwar etale blood pressure eo am?*)
- (choose one)
- | | | |
|---|--------------------------|--------------|
| Within the last 12 months (<i>Ilo allon ko 12 rej mootlok</i>) ----- | <input type="checkbox"/> | ¹ |
| 1-5 years ago (<i>Ilo iio ko 1-5 rej mootlok</i>) ----- | <input type="checkbox"/> | ² |
| Not within the last 5 years (<i>Iar jab ilo iio ko 5 rej mootlok</i>) ----- | <input type="checkbox"/> | ³ |
| Never (<i>Ijjanin</i>) ----- | <input type="checkbox"/> | ⁴ |
| Uncertain (<i>Ijjab lukun jela</i>) ----- | <input type="checkbox"/> | ⁵ |
- (if “never” or “uncertain”, skip to H9)
- H8 If yes, where did you have your blood pressure tested last?
(*Ne aet, ia eo kwar etale blood pressure eo am alik tata?*)
- (choose one)
- | | | |
|---|--------------------------|--------------|
| Health Center/hospital ----- | <input type="checkbox"/> | ¹ |
| Community health fair ----- | <input type="checkbox"/> | ² |
| Zone nurse station (<i>Ibben Zone nurse ro</i>) ----- | <input type="checkbox"/> | ³ |
| At home (<i>Ilo mweo imom</i>) ----- | <input type="checkbox"/> | ⁴ |
| Workshop/seminar/training ----- | <input type="checkbox"/> | ⁵ |
| Work place (<i>Jikin jerbal</i>) ----- | <input type="checkbox"/> | ⁶ |
| Other – specify (<i>Ebar wor ke</i>) ----- | <input type="checkbox"/> | ⁷ |
- H9 During the past 12 months have you been told by a doctor or other health worker that you have high blood pressure or hypertension? (*Ilo allon ko 12 rej jemlok, takto ak rijerbal ro jet an ejmour renanin ke kar ba ke ewor am naninmej in aibulat?*)
- | | | |
|-----------|--------------------------|--------------|
| Yes | <input type="checkbox"/> | ¹ |
| No | <input type="checkbox"/> | ² |
| Uncertain | <input type="checkbox"/> | ³ |
- (if no, skip to the next section)
- H10 Are you currently receiving any of the following treatments for high blood pressure prescribed by a doctor or other health worker? (*Kwoj ke kojerbal wawein komadmod kein jen takto eo am ikkijen naninmej in aibulat?*)
- (answer all)
- | | Yes | No | Uncertain |
|--|--------------------------|--------------------------|--------------------------|
| a) Drug(s) –(<i>Uno ko jen takto eo am</i>) ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Special prescribed diet (<i>Kejparok am mona</i>) ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Advice/treatment to lose weight (<i>Rojan im komadmod ko nan kaidikdik</i>) ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Advice/treatment to stop smoking
(<i>Rojan im komadmod ko nan bojrak kobataat</i>) ----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Advice to exercise (<i>Rojan nan kejiimourur</i>)----- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- H11 During the past 12 months have you seen a traditional healer for high blood pressure or hypertension? (*Ilo allon ko 12 rej jemlok, kwar ke lolok juon ri-uno in Majol ikkijen aibulat?*)
- | | | |
|-----|--------------------------|--------------|
| Yes | <input type="checkbox"/> | ¹ |
| No | <input type="checkbox"/> | ² |
- (if no, skip to the next section)
- H12 If yes, are you currently taking any herbal or traditional remedy for your high blood pressure?
(*Ne aet, kwoj ke kojerbal uno in Majol ikkijen naninmej in aibulat?*)
- | | | |
|-----|--------------------------|--------------|
| Yes | <input type="checkbox"/> | ¹ |
| No | <input type="checkbox"/> | ² |

STEP 2: PHYSICAL MEASUREMENTS

PMa Date of measurements:

PMb Time of measurements: ☐ AM ☐¹ or PM ☐² (choose one)

Height, Weight and Waist Measurements

M1 Technician ID: ☐

M2 Measuring Board: ☐

M3 Scale: ☐

M4 Tape measure ☐

M5 Height: ☐ centimeters

M6 Weight: ☐ kilograms

M7 Participant currently pregnant (for women only) Yes ☐¹ (if "yes", skip to M9)
No ☐²
Uncertain ☐³

M8 Waist Girth (cm): ☐ centimeters

Use the following for unusual measurements:

Low value (out of range) ---- 777.7

Missing data ----- 888.8

High value (out of range) --- 999.9

Blood Pressure Measurement

M9 Technician ID: ☐

M10 BP Device: ☐

M11 Cuff size used: Small ☐¹ or
Medium ☐² or
Large ☐³ (choose one)

Use the following for unusual measurements:

Low value (out of range) ---- 777

Missing data ----- 888

High value (out of range) --- 999

M12 Systolic blood pressure (mmHg): ☐ Reading 1 Reading 2 Reading 3

M13 Diastolic blood pressure (mmHg): ☐

Note: Reading 3 needed only if readings 1 and 2 are 10mmHg or

STEP 3: BIOCHEMICAL MEASUREMENTS

Fasting status

B1 During the last 12 hours have you had anything to eat (including chewing gum) or to drink, other than water or unsweetened black tea or coffee? Yes ☐¹

No ☐²

Uncertain ☐³

(if "yes" or "uncertain", see Team Leader to reschedule for Step 3)

Blood glucose

B2 Technician ID: ☐

B3 Device: ☐

Use the following for unusual measurements:

Low value (out of range) ---- 77.7

Missing data ----- 88.8

High value (out of range) --- 99.9

B4 Time of blood specimen taken (Hours/minutes): ☐ AM ^o¹ **or** PM ^o² (choose one)
B5 Fasting blood glucose (mmol/l): ☐

Comments
