



Republic of Botswana

STEPS Instrument For Non-Communicable Diseases Risk Factors Survey



2014



MINISTRY *of* HEALTH
REPUBLIC OF BOTSWANA



World Health
Organization

Participant Identification Number

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Chronic Disease Risk Factor Surveillance Botswana

Survey Information

Location and Date		Response	Code																								
1.	District name (code)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					I1																				
2.	Village name (code)		I2																								
3.	Locality		X1																								
4.	Enumeration Area		X2																								
5.	Plot number/House number		X3																								
6.	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					I3																				
7.	Date of completion of the Instrument	<table border="1"> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="4">dd</td> <td colspan="4">mm</td> <td colspan="4">year</td> </tr> </table>													dd				mm				year				I4
dd				mm				year																			

Consent, Interview Language and Name		Response		Code									
9	Consent has been read and obtained	Yes 1 No 2 If NO, END		I5									
10	Interview Language	English 1 Setswana 2 Others 3		I6									
11	Time of interview (24 hour clock)	<table border="1"><tr><td></td><td></td><td>:</td><td></td><td></td></tr><tr><td colspan="2">hrs</td><td></td><td colspan="2">mins</td></tr></table>			:			hrs			mins		I7
		:											
hrs			mins										
12	Family Surname			I8									
13	First Name			I9									
Additional Information that may be helpful													
14	Contact phone number where possible			I10									

Record and file identification information (I 5 to I 10) separately from the completed questionnaire.

Step 1 a. Demographic Information

CORE: Demographic Information

Question		Response		Code
15	Sex (Record Male / Female as observed)	Male 1	Female 2	C1
16	What is your date of birth? Don't Know 77 777 7777	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div>If known, Go to C4</div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div>		C2
17	How old are you?	Years	<div></div> <div></div> <div></div>	C3
18	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	<div></div> <div></div> <div></div>	C4

EXPANDED: Demographic Information

19	What is the highest level of education you have completed?	No formal schooling Less than primary school Primary school completed Jnr. Secondary school completed Snr. Secondary school completed High school completed Tertiary school completed College/University completed Post graduate degree Refused	1 2 3 4 5 6 7 8 9 88	C5
20	What is your (<i>ethnic / racial group / cultural subgroup / others</i> Nationality) background?	Motswana Other African European Asian Others Refused	1 2 3 4 5 88	C6
21	What is your current marital status ?	Never married married Separated Divorced Widowed Not married but Living with partner/cohabit Refused	1 2 3 4 5 6 88	C7
22	Which of the following best describes your main work status over the past 12 months?	Government employee Parastatal Non-government employee Self-employed Non-paid/unpaid family helper Student Homemaker/house work Retired Unemployed (able to work) Unemployed (unable to work) Refused	1 2 3 4 5 6 7 8 9 10 88	C8
23	How many people older than 15 years, including yourself, live in your household?	Number of people	<input type="text"/>	C9

EXPANDED: Demographic Information, Continued													
Question		Response			Code								
24	Taking the past year , can you tell me what the average earnings of the household have been in Pula? (RECORD <u>ONLY ONE</u> , 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										
25	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 (READ OPTIONS)	<5,000 Pula	1	C11									
		5,000 – 9,999	2										
		10,000 – 14,999	3										
		15,000 – 19,999	4										
		≥ 20,000	5										
		Don't Know	77										
		Refused	88										

Step 1 b. Behavioural Measurements

CORE: Awareness on Tobacco & Use



Now I am going to ask you some questions about tobacco

Question	Response	Code		
26 Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	<div style="display: flex; justify-content: space-between;"> <div>Yes</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>No</div> <div>2 If No, go to T8</div> </div>	T1		
27 Do you currently smoke tobacco products daily ?	<div style="display: flex; justify-content: space-between;"> <div>Yes</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>No</div> <div>2</div> </div>	T2		
28 How old were you when you first started smoking?	<div style="display: flex; justify-content: space-between;"> <div>Age (years)</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Don't know 77</div> <div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> </div> <div style="text-align: right; margin-top: 5px;">If Known, go to T5a/T5aw</div>	T3		
29 Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	<div style="display: flex; justify-content: space-between;"> <div>In Years</div> <div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> </div> <div style="text-align: right; margin-top: 5px;">If Known, go to T5a/T5aw</div>	T4a		
	<div style="display: flex; justify-content: space-between;"> <div>OR in Months</div> <div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> </div> <div style="text-align: right; margin-top: 5px;">If Known, go to T5a/T5aw</div>	T4b		
	<div style="display: flex; justify-content: space-between;"> <div>OR in Weeks</div> <div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> </div> <div style="text-align: right; margin-top: 5px;">If Known, go to T5a/T5aw</div>	T4c		
30 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	Tobacco products	DAILY	WEEKLY	
	Manufactured cigarettes	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	T5a/T5aw
	Hand-rolled cigarettes	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	T5b/T5bw
	Pipes full of tobacco	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	T5c/T5cw
	Cigars, cheroots, cigarillos	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	T5d/T5dw
	Number of Shisha Sessions	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	T5e/T5ew
	Other	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	<div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div>	T5f/T5fw
	Other (please specify):	<div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div> <div style="border-bottom: 1px solid black; width: 40px;"></div>		

T5other/
T5otherw

EXPANDED: Tobacco Use					
Question		Response			Code
35	How old were you when you stopped smoking?	Age (years) Don't Know 77	<div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <i>If Known, go to T12</i>		T10
36	How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago	<div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <i>If Known, go to T12</i>		T11a
		OR Months ago	<div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> <i>If Known, go to T12</i>		T11b
		OR Weeks ago	<div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>		T11c
37	Do you currently use any smokeless tobacco products such as <i>[snuff, chewing tobacco, betel]</i> ? <i>(USE SHOWCARD)</i>	Yes No	1 1. <i>If No, go to T15</i>		T12
38	Do you currently use smokeless tobacco products daily ?	Yes No	1 2 <i>If No, go to T15</i>		T13
39	On average, how many times a day/week do you use <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, and USE SHOWCARD)</i> <i>Don't Know 7777</i>	Smokeless Tobacco	DAILY	WEEKLY	
		Snuff, by mouth	<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>	T14a/T14aw
		Snuff, by nose	<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>	T14b/T14bw
		Chewing tobacco	<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>	T14c/T14cw
		Betel, quid	<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>	T14d/T14dw
		Other	<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>	T14e/T14ew
		Other (please specify):	<div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> <i>If T13=No, go to, else go to T15</i>		T14other/ T14otherw
40	In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> ?	No	1 2 <i>If No, go to T17</i>		T15
41	In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> daily ?	Yes No	1 2 <i>If No, go to T17</i>		T16
42	During the past 30 days, on how many days did someone in your home smoked when you were present?	Number of days Don't know 77	<div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> 77		T17
	During the past 7 days, on how many days did someone smoked in closed areas in your workplace (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area	<div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> 77		T18
44	What is the main reason that you use tobacco products (smoking, or smokeless) (SELECT ONLY 1)	Unable to stop / habit Sign of prestige Relieves stress, relaxation Seen from parents, neighbours, friends Peer pressure Recreational, gives pleasure Advertising/Promotion To socialize Other reasons	1 2 3 4 5 6 7 8 9 specify:		X4

45	During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? (RECORD FOR EACH)				
	Newspapers or magazines	Yes No Don't know	1 2 77	TP1a	
	Television	Yes No Don't know	1 2 77	TP1b	
	Radio	Yes No Don't know	1 2 77	TP1c	
46	During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?		Yes No Don't know	1 2 77	TP2
47	During the past 30 days, have you noticed any of the following types of cigarette promotions? (RECORD FOR EACH)				
	Free samples of cigarettes	Yes No Don't know	1 2 77	TP3a	
	Cigarettes at sale prices	Yes No Don't know	1 2 77	TP3b	
	Coupons for cigarettes	Yes No Don't know	1 2 77	TP3c	
	Free gifts or special discount offers on other products when buying cigarettes	Yes No Don't know	1 2 77	TP3d	
	Clothing or other items with a cigarette brand name or logo	Yes No Don't know	1 2 77	TP3e	
	Cigarette promotions in the mail	Yes No Don't know	1 2 77	TP3f	
48	During the past 30 days, did you notice any health warnings on cigarette packages ?		Yes No Did not see any cigarette packages Don't know	1 2 3 If "did not see any cigarette packages", go to TP6 77	TP4
49	During the past 30 days, have warning labels on cigarette packages led you to think about quitting ?		Yes No Don't know	1 2 77	TP5

50	The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes  Don't know or Don't smoke or purchase manuf. cigarettes 7777	TP6
51	In total, how much money did you pay for this purchase? (DIGITS TO BE ADAPTED TO COUNTRY NEEDS)	Amount  Don't know 7777 Refused 8888	TP7

EXPANDED - Exposure to other FUMES			
52a	During the past 12 months, what source of energy was used for cooking by this household? (RECORD FOR EACH)		
Paraffin	Yes	1	X5a
	No	2	
Wood	Yes	1	X5b
	No	2	
Coal, charcoal	Yes	1	X5c
	No	2	
Gas / bio-gas	Yes	1	X5d
	No	2	
Solar power	Yes	1	X5e
	No	2	
Electricity	Yes	1	X5f
	No	2	

52b	During the past 12 months, what source of energy was used for heating by this household? (RECORD FOR EACH)		
	Paraffin	Yes 1 No 2	X6a
	Wood	Yes 1 No 2	X6b
	Coal, charcoal	Yes 1 No 2	X6c
	Gas / bio-gas	Yes 1 No 2	X6d
	Solar power	Yes 1 No 2	X6e
	Electricity	Yes 1 No 2	X6f

CORE: Alcohol Consumption				
Question		Response		Code
53.	Have you ever consumed an alcoholic drink such as beer, wine, spirits, chibuku, homemade brews, khadi, mokuru, fermented cider etc. (USE SHOWCARD OR SHOW EXAMPLES)	Yes No	1 2 If No, go to X14	A1
54.	Have you consumed an alcoholic drink within the past 12 months ?	Yes No	1 2 If No, go to X14	A2
55.	Have you stopped drinking due to health, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes No	1 If Yes, go to A16 2 If No, go to A16	A3
56.	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 5-6 days per week 3-4 days per week 1-2 days per week 1-3 days per month Less than once a month	1 2 3 4 5 6	A4
57.	Have you consumed an alcoholic drink within the past 30 days ?	Yes No	1 2	A5
58.	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77	<u> </u> <u> </u> <u> </u>	A6
59.	During the past 30 days, when you drank alcohol, how many standard alcoholic drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77	<u> </u> <u> </u> <u> </u>	A7

EXPANDED: Alcohol Consumption				
65.	During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily Weekly Monthly Less than monthly Never	1 2 3 4 5	A13
66.	During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily Weekly Monthly Less than monthly Never	1 2 3 4 5	A14
67.	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?	Daily or almost daily Weekly Monthly Less than monthly Never	1 2 3 4 5	A15
68.	During the past 12 months , have you had family problems or a problem with your partner due to someone else's drinking?	Yes, more than monthly Yes, monthly Yes, several times but less than monthly Yes, once or twice No	1 2 3 4 5	A16

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
70.	Do you eat fruits at least once a week ?	Yes No	1 2 If no go to X9	X8
71.	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77	<input type="text"/> <input type="text"/> <input type="text"/>	D1
72.	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77	<input type="text"/> <input type="text"/> <input type="text"/>	D2
73.	What is the main reason for not eating fruits ?	Not available Not affordable/expensive Gives me discomfort Seasonal Others - specify Don't know/No reason	1 2 3 4 5 77	X9
74.	Do you eat vegetables at least once a week ?	Yes No	1 2 If no go to X11	X10
75.	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77	<input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D5	D3
76.	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77	<input type="text"/> <input type="text"/> <input type="text"/>	D4
77.	What is the main reason for not eating vegetables ?	Not available Not affordable/expensive Gives me discomfort Others - specify Don't know/No reason	1 2 3 4 77	X11

EXPANDED: Diet				
78.	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil Lard or suet Butter or ghee Margarine Other None in particular None used Don't know	1 2 3 4 5 6 7 77	D5
		Specify the type of oil/fat	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D5other
79.	On average, how many meals per week do you eat that were not prepared at your home Note: Meal means breakfast, lunch or dinner .	Number Don't know 77	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D6
80.	During the past 7 days, on average, how many of the following drinks did you consume per day? *1 standard drink is roughly equivalent to 340 ml of sugar based fluid in a can, bottle or glass) RECORD FOR EACH	100% fruit juice Fruit nectar Fizzy or soft drink Regular soda or pop Diet pop/Diet soda Regular sports drinks/Energy drinks Don't know	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 77	X12a-f
81.	During the past 7 days, on average, how many cups/mugs of hot drinks(milk, coffee, tea) did you consume with 0 tea spoons, 1-3 tea spoons, or 4+ tea spoons of sugar per day? RECORD FOR EACH (1 CUP/MUG is ≠ 150-200ml capacity)	0 tsp 1-3tsp 4+ tsp	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X13
82.	How often is salt or salty sauce added to your daily meal right before you eat or as you are eating	Always Often Sometimes Rarely Never Don't know	1 2 3 4 5 77	DS1
83.	How often is salt added in cooking or preparing foods in your household?	Always Often Sometimes Rarely Never Don't know	1 2 3 4 5 77	DS2
84.	Do you think that lowering salt in your diet is important?	Yes very important Yes somewhat important Not at all important Don't know	1 2 3 77	DS5
85.	Do you think that too much salt in your diet could cause a serious health problem ?	Yes No Don't know	1 2 77	DS6

CORE: Physical Activity

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.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. *[Insert other examples if needed]*. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

Question		Response		Code
Work				
86.	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 No	1 2 If No, go to P 4	P1
87.	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
88.	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)
89.	Does your work involve moderate-intensity activity , that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes No	1 2 If No, go to P 7	P4
90.	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
91.	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	
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The next questions exclude the physical activities at work that you have already mentioned.

Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship.

[Insert other examples if needed]

92.	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	Yes No	1 2 <i>If No, go to P 10</i>	P7
93.	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
94.	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)

Recreational activities	Frequency	Duration	Intensity	Energy Expenditure (kcal/min)
Walking	30 min	30 min	Low	3.5
Jogging	30 min	30 min	Medium	7.0
Cycling	30 min	30 min	Medium	6.0
Swimming	30 min	30 min	Medium	5.0
Yoga	30 min	30 min	Low	3.0
Golfing	30 min	30 min	Low	3.0
Fishing	30 min	30 min	Low	3.0
Reading	30 min	30 min	Low	3.0
Watching TV	30 min	30 min	Low	3.0
Shopping	30 min	30 min	Low	3.0
Housework	30 min	30 min	Low	3.0
Childcare	30 min	30 min	Low	3.0
Commuting	30 min	30 min	Low	3.0
Meals	30 min	30 min	Low	3.0
Personal hygiene	30 min	30 min	Low	3.0
Stress management	30 min	30 min	Low	3.0
Learning	30 min	30 min	Low	3.0
Volunteering	30 min	30 min	Low	3.0
Traveling	30 min	30 min	Low	3.0
Relaxation	30 min	30 min	Low	3.0
Sleeping	30 min	30 min	Low	3.0
Working	30 min	30 min	Low	3.0
Eating	30 min	30 min	Low	3.0
Drinking	30 min	30 min	Low	3.0
Smoking	30 min	30 min	Low	3.0
Alcohol consumption	30 min	30 min	Low	3.0
Drugs use	30 min	30 min	Low	3.0
Sexual activity	30 min	30 min	Low	3.0
Stress management	30 min	30 min	Low	3.0
Learning	30 min	30 min	Low	3.0
Volunteering	30 min	30 min	Low	3.0
Traveling	30 min	30 min	Low	3.0
Relaxation	30 min	30 min	Low	3.0
Sleeping	30 min	30 min	Low	3.0
Working	30 min	30 min	Low	3.0
Eating	30 min	30 min	Low	3.0
Drinking	30 min	30 min	Low	3.0
Smoking	30 min	30 min	Low	3.0
Alcohol consumption	30 min	30 min	Low	3.0
Drugs use	30 min	30 min	Low	3.0
Sexual activity	30 min	30 min	Low	3.0
Stress management	30 min	30 min	Low	3.0
Learning	30 min	30 min	Low	3.0
Volunteering	30 min	30 min	Low	3.0
Traveling	30 min	30 min	Low	3.0
Relaxation	30 min	30 min	Low	3.0
Sleeping	30 min	30 min	Low	3.0
Working	30 min	30 min	Low	3.0
Eating	30 min	30 min	Low	3.0
Drinking	30 min	30 min	Low	3.0
Smoking	30 min	30 min	Low	3.0
Alcohol consumption	30 min	30 min	Low	3.0
Drugs use	30 min	30 min	Low	3.0
Sexual activity	30 min	30 min	Low	3.0
Stress management	30 min	30 min	Low	3.0
Learning	30 min	30 min	Low	3.0
Volunteering	30 min	30 min	Low	3.0
Traveling	30 min	30 min	Low	3.0
Relaxation	30 min	30 min	Low	3.0
Sleeping	30 min	30 min	Low	3.0
Working	30 min	30 min	Low	3.0
Eating	30 min	30 min	Low	3.0
Drinking	30 min	30 min	Low	3.0
Smoking	30 min	30 min	Low	3.0
Alcohol consumption	30 min	30 min	Low	3.0
Drugs use	30 min	30 min	Low	3.0
Sexual activity	30 min	30 min	Low	3.0
Stress management	30 min	30 min	Low	3.0
Learning	30 min	30 min	Low	3.0
Volunteering	30 min	30 min	Low	3.0
Traveling	30 min	30 min	Low	3.0
Relaxation	30 min	30 min	Low	3.0
Sleeping	30 min	30 min	Low	3.0
Working	30 min	30 min	Low	3.0
Eating	30 min	30 min	Low	3.0
Drinking	30 min	30 min	Low	3.0
Smoking	30 min	30 min	Low	3.0
Alcohol consumption	30 min	30 min	Low	3.0
Drugs use	30 min	30 min	Low	3.0
Sexual activity	30 min	30 min	Low	3.0
Stress management	30 min	30 min	Low	3.0
Learning	30 min	30 min	Low	3.0

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). *[Insert relevant terms]*.

95.	Do you do any vigorous-intensity sports , fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes No	1 2 If No, go to P 13	P10
96.	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days	<input type="text"/>	P11
97.	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes	<input type="text"/> : <input type="text"/>	P12 (a-b)

Participant Identification Number

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			hrs mins							
98.	Do you do any moderate-intensity sports , fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, [<i>cycling, swimming, and volleyball</i>] for at least 10 minutes continuously?	Yes No	1 2 <i>If No, go to P16</i>	P13						
99.	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days	<table border="1"><tr><td> </td></tr></table>		P14					
100.	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes	<table border="1"><tr><td> </td><td>:</td><td> </td></tr><tr><td>hrs</td><td></td><td>mins</td></tr></table>		:		hrs		mins	P15 (a-b)
	:									
hrs		mins								

EXPANDED: Physical Activity**Sedentary behavior**

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.

[INSERT EXAMPLES] (USE SHOWCARD)

101.	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	<table border="1"><tr><td> </td><td>:</td><td> </td></tr><tr><td>hrs</td><td></td><td>mins</td></tr></table>		:		hrs		mins	P16 (a-b)
	:									
hrs		mins								

CORE: History of Raised Blood Pressure

102.	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes No	1 2 <i>If No, go to H6</i>	H1
103.	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes No	1 2 <i>If No, go to H6</i>	H2a
104.	Have you been told in the past 12 months?	Yes No	1 2	H2b
105.	In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes No	1 2	H3
106.	Have you ever seen a traditional healer, spiritual, herbalist for raised blood pressure or hypertension?	Yes No	1 2	H4
107.	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes No	1 2	H5

CORE: History of Diabetes

108.	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes No	1 2	H6
109.	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes No	1	H7a
110.	Have you been told in the past 12 months ?	Yes No	1 2	H7b
111.	In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes No	1 2	H8
112.	Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes No	1 2	H9
113.	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes No	1 2	H10
114.	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes No	1 2	H11

CORE: History of Raised Total Cholesterol

115.	Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes No	1 2 <i>If No, go to H17</i>	H12
116.	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes No	1 2 <i>If No, go to H17</i>	H13a
117.	Have you been told in the past 12 months?	Yes No	1 2	H13b
118.	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 No	1 2	H14
119.	Have you ever seen a traditional healer for raised cholesterol?	Yes No	1 2	H15
120.	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes No	1 2	H16

CORE: History of Cardiovascular Diseases

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

CORE: Lifestyle Advice

During the past three years, has a doctor or any other **health worker advised** you to do any of the following?
(RECORD FOR EACH)

RECORD FOR ENROL				
124.	Quit using tobacco or don't start	Yes No	1 2	H20a
125.	Reduce salt in your diet	Yes No	1 2	H20b
126.	Eat at least five servings of fruit and/or vegetables each day	Yes No	1 2	H20c
127.	Reduce fat in your diet	Yes No	1 2	H20d
128.	Start or do more physical activity	Yes No	1 2	H20e
129.	Maintain a healthy body weight or lose weight	Yes No	1 if c1=1 go to X15 2 if c1=1 go to X15	H20f

CORE Cervical Cancer Screening

130.	Have you ever had a screening test for cervical cancer?	Yes No Don't know	1 2 go to X15 77	CX1
	Which screening test was done?	Pap smear Visual Inspection with Acetic Acid (VIA) Human Papilloma Virus (HPV) test Don't know	1 2 3 77	X14

CORE Injury				
134	In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) Yes (as passenger) Yes (as pedestrian) Yes (as a cyclist) No Don't know Refused	1 2 3 4 5 77 88	V3
135	In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes No Don't know Refused	1 2 77 88	V5
136	Please indicate which of the following the cause of the above injury was.	Fall Sports/ Exercise Burn Poisoning Cut Near-drowning Animal bite Other (please specify) Don't know Refused Specify Other	1 2 3 4 5 6 7 8 77 88	V6 V6other

Step 2 Physical Measurements

CORE: Height and Weight

Question		Response		Code						
1.	Interviewer ID		<table><tr><td></td><td></td><td></td><td></td></tr></table>					M9		
2.	Device IDs for height and weight	Height Weight	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					M10a M10b		
3.	Height	in Centimetres (cm)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M11
4.	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M12
5.	For women: Are you pregnant?	Yes No	1 <i>If Yes, go to M 8</i> 2	M8						

CORE: Waist/Hip

6.	Device ID for waist		<div><div></div><div></div><div></div></div>	M13
7.	Waist circumference	in Centimetres (cm)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M14
8.	Hip circumference	in Centimeters (cm)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M15

CORE: Blood Pressure/Heart Rate (HR)

9.	Interviewer ID		<div><div></div><div></div><div></div><div></div></div>	M1
10.	Device ID for blood pressure		<div><div></div><div></div></div>	M2
11.	Cuff size used	Small Medium Large	1 2 3	M3
12.	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
		(HR) Beats per minute	<div><div></div><div></div><div></div><div></div></div>	M16a
13.	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
		(HR) Beats per minute	<div><div></div><div></div><div></div><div></div></div>	M16b
14.	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
		(HR) Beats per minute	<div><div></div><div></div><div></div><div></div></div>	M16c
15.	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 No	1 2	M7

HR is an expanded measurement.

Step 3 Biochemical Measurements

CORE: Blood Glucose

Question		Response		Code									
16.	During the past 12 hours have you had anything to eat or drink, other than water?	Yes	1	B1									
		No	2										
17.	Technician ID		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B2					
18.	Device ID		<table border="1"><tr><td></td><td></td></tr></table>			B3							
19.	Time of day blood specimen taken (24 hour clock)	Hours : minutes	<table border="1"><tr><td></td><td></td><td>:</td><td></td><td></td></tr><tr><td colspan="2">hrs</td><td colspan="2">mins</td></tr></table>			:			hrs		mins		B4
		:											
hrs		mins											
20.	Fasting blood glucose <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						B5				
mg/dl	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>												
21.	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	B6									
		No	2										

CORE: Blood Lipids

22.	Device ID		<table border="1"><tr><td></td><td></td></tr></table>			B7			
23.	Total cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						B8
mg/dl	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>								
24.	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	B9					
		No	2						

EXPANDED: Triglycerides, LDL and HDL Cholesterol

25.	Triglycerides <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						B10
mg/dl	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>								
26.	HDL Cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B11	
mg/dl	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								