



Republic of Botswana

STEPS Instrument For Non-Communicable Diseases Risk Factors Survey



2014



MINISTRY of HEALTH
REPUBLIC OF BOTSWANA



World Health
Organization

Chronic Disease Risk Factor Surveillance Botswana

Survey Information

| Location and Date | | Response | Code |
|-------------------|--------------------------------------|--------------------------------------|------|
| 1. | District name (code) | _ _ _ _ | I1 |
| 2. | Village name (code) | | I2 |
| 3. | Locality | | X1 |
| 4. | Enumeration Area | | X2 |
| 5. | Plot number/House number | | X3 |
| 6. | Interviewer ID | _ _ _ _ | I3 |
| 7. | Date of completion of the Instrument | _ _ _ _ : _ _ _ _ _ dd mm year | I4 |

----- ✂ ----- ✂ -----

| Consent, Interview Language and Name | | Response | Code |
|--|-------------------------------------|-------------------------------------|------|
| Participant Id Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | | | |
| 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) | _ _ _ : _ _ _ _ hrs mins | I7 |
| 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 (<i>Record Male / Female as observed</i>) | Male 1 | Female 2 | C1 |
| 16 | What is your date of birth? <i>Don't Know 77 777 7777</i> | _ _ _ _ _ _ _ _ _ _ _ _ _ _ | <i>If known, Go to C4</i> | C2 |
| | | dd | mm | year |
| 17 | How old are you? | Years | _ _ _ | C3 |
| 18 | In total, how many years have you spent at school or in full-time study (excluding pre-school)? | Years | _ _ _ | C4 |

EXPANDED: Demographic Information

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

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? <i>(USE SHOWCARD)</i> | Yes 1 No 2 <i>If No, go to T8</i> | T1 | | |
| 27 | Do you currently smoke tobacco products daily ? | Yes 1 No 2 | T2 | | |
| 28 | How old were you when you first started smoking? | Age (years) Don't know 77 _ _ <i>If Known, go to T5a/T5aw</i> | T3 | | |
| 29 | Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> | In Years _ _ <i>If Known, go to T5a/T5aw</i> | T4a | | |
| | <i>Don't know 77</i> | OR in Months _ _ <i>If Known, go to T5a/T5aw</i> | T4b | | |
| | | OR in Weeks _ _ | T4c | | |
| 30 | 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> | Tobacco products | DAILY | WEEKLY | |
| | | Manufactured cigarettes | _ _ _ _ | _ _ _ _ | T5a/T5aw |
| | | Hand-rolled cigarettes | _ _ _ _ | _ _ _ _ | T5b/T5bw |
| | | Pipes full of tobacco | _ _ _ _ | _ _ _ _ | T5c/T5cw |
| | | Cigars, cheroots, cigarillos | _ _ _ _ | _ _ _ _ | T5d/T5dw |
| | | Number of Shisha Sessions | _ _ _ _ | _ _ _ _ | T5e/T5ew |
| | | Other | _ _ _ _ | _ _ _ _ | T5f/T5fw |
| | | Other (please specify): | _ _ _ _ _ _ _ | | T5other/ T5otherw |
| 31 | During the past 12 months, have you tried to stop smoking ? | Yes 1 No 2 | T6 | | |
| 32 | 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 | | |
| 33 | In the past, did you ever smoke any tobacco products? <i>(USE SHOWCARD)</i> | Yes 1 No 2 <i>If No, go to T12</i> | T8 | | |
| 34 | 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 | | |

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

| 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 No 2 | X5a |
| | Wood | Yes 1 No 2 | X5b |
| | Coal, charcoal | Yes 1 No 2 | X5c |
| | Gas / bio-gas | Yes 1 No 2 | X5d |
| | Solar power | Yes 1 No 2 | X5e |
| | Electricity | Yes 1 No 2 | X5f |

| | | | |
|-----|--|---------------|-----|
| 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 1 No 2 | 1 2 If No, go to X14 | A1 |
| 54. | Have you consumed an alcoholic drink within the past 12 months ? | Yes 1 No 2 | 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 1 No 2 | 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 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 | 1 2 3 4 5 6 | A4 |
| 57. | Have you consumed an alcoholic drink within the past 30 days ? | Yes 1 No 2 | 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 | _ _ | 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 | _ _ | A7 |

Participant Identification Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | |
|--|--|---|----------------------|------|
| 60. | During the past 30 days , what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together? | Largest number Don't Know 77 | <input type="text"/> | A8 |
| 61. | During the past 30 days, how many times did you have 6 or more standard alcoholic drinks in a single drinking occasion? | Number of times Don't Know 77 | <input type="text"/> | A9 |
| 62. | During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77 | 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 |
| I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions. | | | | |
| 63. | During the past 7 days, did you consume any homebrewed alcohol ; any alcohol brought over the border/from another country. (AMEND ACCORDING TO LOCAL CONTEXT) (USE SHOWCARD) | Yes | 1 | A11 |
| | | No | 2 If No, go to A13 | |
| 64. | On average, how many standard drinks of the following did you consume during the past 7 days ? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) Don't Know 77 | Homebrewed spirits, | <input type="text"/> | A12a |
| | | Homebrewed or Morula beer | <input type="text"/> | A12b |
| | | Alcohol brought over the border/from another country | <input type="text"/> | A12c |
| | | Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves | <input type="text"/> | A12d |
| | | Other untaxed alcohol in the country | <input type="text"/> | A12e |

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: 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 1 No 2 <i>If No, go to P 4</i> | P1 |
| 87. In a typical week, on how many days do you do vigorous-intensity activities as part of your work? | Number of days _ | P2 |
| 88. How much time do you spend doing vigorous-intensity activities at work on a typical day? | Hours : minutes _ _ : _ _ 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 1 No 2 <i>If No, go to P 7</i> | P4 |
| 90. In a typical week, on how many days do you do moderate-intensity activities as part of your work? | Number of days _ | P5 |
| 91. How much time do you spend doing moderate-intensity activities at work on a typical day? | Hours : minutes _ _ : _ _ hrs mins | P6 (a-b) |

Travel to and from places

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 (pedal cycle) for at least 10 minutes continuously to get to and from places? | Yes 1 No 2 <i>If No, go to P 10</i> | P7 |
| 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 _ | P8 |
| 94. How much time do you spend walking or bicycling for travel on a typical day? | Hours : minutes _ _ : _ _ hrs mins | P9 (a-b) |

Recreational activities

The next questions exclude the work and transport activities that you have already mentioned.

Now I would like to ask you about sports, fitness and recreational activities (leisure), *[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 1 No 2 <i>If No, go to P 13</i> | 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 _ | P11 |
| 97. How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? | Hours : minutes _ _ : _ _ | P12 (a-b) |

Participant Identification Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | | |
|------|---|-----------------|--------|------|--------------|
| | | | 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 | | 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 | | | 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 | | | P15 (a-b) |

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 | | | P16 (a-b) |
|------|---|-----------------|--|--|--------------|

| 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 No | 1 2 | H17 |
| 122. | Are you currently taking aspirin regularly to prevent or treat heart disease? | Yes No | 1 2 | H18 |
| 123. | Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? | Yes No | 1 2 | H19 |

| 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) | | | | |
| 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 |

| EXPANDED: History of Other Chronic Diseases/conditions | | | | | |
|---|--|--|-------------------------------------|-----------------|---------------|
| 131. | During the past 12 months have you been told by a doctor or other health workers that you have/had or suffered from the following problems/conditions? | Eye/vision Problem(like Cataract retinopathy) | Yes No | 1 2 | X15a |
| | | Kidney problem | Yes No | 1 2 | X15b |
| | | Nerves problem | Yes No | 1 2 | X15c |
| | | Skin problem | Yes No | 1 2 | X15d |
| | | Bronchial asthma | Yes No | 1 2 | X15e |
| | | Mental Illness (Such as depression, loneliness, suicidal attempt, no close friends etc.) | Yes No | 1 2 | X15f |
| | | cancer | Yes No | 1 2 | X15g |
| | | Any other conditions Specify _____ | Yes No | 1 2 | X15h |
| 1 3 2 | During the past 3 years, have you heard or had any information/education on lifestyle modifications? | | Yes No | 1 2 go to V3 | X16 |
| 1 3 3 | Through which of the following media have you heard or had information/education on lifestyle modifications? (TICK ONE OR MORE APPROPRIATELY) | TV Internet/e-mail Radio Newspapers Friends, neighbours Public gathering/meeting Health facilities | Y/N Y/N Y/N Y/N Y/N Y/N | | X17a-g |

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

Step 2 Physical Measurements

CORE: Height and Weight

| Question | | Response | | Code |
|----------|---|---------------------|---------------------------------|------|
| 1. | Interviewer ID | | _ _ _ _ | M9 |
| 2. | Device IDs for height and weight | Height | _ _ _ | M10a |
| | | Weight | _ _ _ | M10b |
| 3. | Height | in Centimetres (cm) | _ _ _ _ . _ _ | M11 |
| 4. | Weight <i>If too large for scale 666.6</i> | in Kilograms (kg) | _ _ _ _ . _ _ | 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 | | _ _ _ | M13 |
| 7. | Waist circumference | in Centimetres (cm) | _ _ _ _ . _ _ | M14 |
| 8. | Hip circumference | in Centimeters (cm) | _ _ _ _ . _ _ | M15 |

CORE: Blood Pressure/Heart Rate (HR)

| | | | | |
|-----|---|--------------------------|-------------|------|
| 9. | Interviewer ID | | _ _ _ _ | M1 |
| 10. | Device ID for blood pressure | | _ _ _ | M2 |
| 11. | Cuff size used | Small Medium Large | 1 2 3 | M3 |
| 12. | Reading 1 | Systolic (mmHg) | _ _ _ _ | M4a |
| | | Diastolic (mmHg) | _ _ _ _ | M4b |
| | | (HR) Beats per minute | _ _ _ _ | M16a |
| 13. | Reading 2 | Systolic (mmHg) | _ _ _ _ | M5a |
| | | Diastolic (mmHg) | _ _ _ _ | M5b |
| | | (HR) Beats per minute | _ _ _ _ | M16b |
| 14. | Reading 3 | Systolic (mmHg) | _ _ _ _ | M6a |
| | | Diastolic (mmHg) | _ _ _ _ | M6b |
| | | (HR) Beats per minute | _ _ _ _ | 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 | | _ _ _ _ | B2 |
| 18. | Device ID | | _ _ | B3 |
| 19. | Time of day blood specimen taken (24 hour clock) | Hours : minutes | _ _ : _ _ hrs mins | B4 |
| 20. | Fasting blood glucose <i>Choose accordingly: mmol/l or mg/dl</i> | mmol/l | _ _ _ . _ _ | B5 |
| | | mg/dl | _ _ _ _ . _ | |
| 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 | | _ _ | B7 |
| 23. | Total cholesterol <i>Choose accordingly: mmol/l or mg/dl</i> | mmol/l | _ _ _ . _ _ | B8 |
| | | mg/dl | _ _ _ _ . _ | |
| 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 | _ _ _ . _ _ | B10 |
| | | mg/dl | _ _ _ _ . _ | |
| 26. | HDL Cholesterol <i>Choose accordingly: mmol/l or mg/dl</i> | mmol/l | _ . _ _ | B11 |
| | | mg/dl | _ _ _ _ . _ | |