

Participant Identification Number \_\_\_\_\_

**National NCD Survey Instrument**  
**for Noncommunicable Diseases Survey**  
 Brunei Darussalam

Survey Information		
Location and Date	Response	Code
Centre/Cluster/Village ID		I1
Village Name		I2
Interviewer ID		I3
Date of completion of the instrument	__ / __ / ____ dd mm year	I4
Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1	I5
	No 2 <i>If NO, END</i>	
Interview language	English 1	I6
	Malay 2	
Time of interview (24 hour clock)	__ : __ Hours : Minutes	I7
Family Name		I8
First Name		I9
Identity Card No	#####	X1
<b>Additional information that may be helpful</b>		
Contact phone number where possible		I10

## Step 1 Demographic Information

Demographic Information			
Question	Response		Code
Sex (record Male / Female as observed)	Male	1	C1
	Female	2	
What is your date of birth? Don't Know 77 77 7777	_ _ / _ _ / _ _ _ _ dd      mm      year If Known, Go to C4		C2
How old are you?	_ _ Years		C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	_ _ Years		C4
What is the highest level of education you have completed?	No formal schooling	1	C5
	Less than primary school	2	
	Primary school completed	3	
	Secondary school completed	4	
	High school completed	5	
	College or university completed	6	
	Post graduate degree	7	
	Refused	88	
What is your race?	Malay	1	C6
	Chinese	2	
	Indian	3	
	Others	4	
	Refused	88	
What is your marital status?	Never married	1	C7
	Currently married	2	
	Separated	3	
	Divorced	4	
	Widowed	5	
	Cohabiting	6	
	Refused	88	

Which of the following best describes your main work status over the past 12 months?  (USE SHOWCARD)	Government employee	1	C8
	Non-government employee	2	
	Self-employed	3	
	Non-paid	4	
	Student	5	
	Homemaker	6	
	Retired	7	
	Unemployed (able to work)	8	
	Unemployed (unable to work)	9	
	Refused	88	
How many people older than 18 years, including yourself, live in your household?	_ _ Number of people		C9
Taking the past year, can you tell me what the average earnings of the household have been?  (RECORD ONLY ONE, NOT ALL THREE)	Per week	_ _ _ _ _ Go to T1	C10a
	OR per month	_ _ _ _ _ Go to T1	C10b
	OR per year	_ _ _ _ _ Go to T1	C10c
	Refused	88	C10d
If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it  (PLEASE READ OPTIONS)	$\leq 36\ 000$	1	C11
	More than $36\ 000 \leq 60\ 000$	2	
	More than $60\ 000 \leq 96\ 000$	3	
	More than $96\ 000 \leq 126\ 000$	4	
	More than $126\ 000$	5	
	Don't know	6	
	Refused	88	

## Step 1 Behavioural Measurements

Tobacco Use			
Now I am going to ask you some questions about tobacco use.			
Question	Response		Code
Do you currently smoke any tobacco products such as cigarettes, cigars or pipes?  (USE SHOWCARD)	Yes	1	T1
	No	2 If NO, Go to T8	
Do you currently smoke tobacco products daily?	Yes	1	T2
	No	2 If NO, Go to T8	
How old were you when you first started smoking?  Don't Know 77	____ Years If KNOWN, Go to T5a/T5aw		T3
Do you remember how long ago it was?  (RECORD ONLY ONE, NOT ALL THREE)  Don't Know 77	____ Years If KNOWN, Go to T5a/T5aw		T4a
	____ OR Months If KNOWN, Go to T5a/T5aw		T4b
	____ OR Weeks		T4c
	Product	Daily OR Weekly	
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	Manufactured cigarettes	____ OR ____	T5a/T5aw
	Hand-rolled cigarettes	____ OR ____	T5b/T5bw
	Pipes full of tobacco	____ OR ____	T5c/T5cw
	Cigars, cheroots, cigarillos	____ OR ____	T5d/T5dw
	Number of shisha sessions	____ OR ____	T5e/T5ew

	Others	OR If OTHERS, go to T5other, Else go to T6	T5f/T5fw
	Others (please specify)		T5other/ T5otherw
During the past 12 months, have you tried to stop smoking?	Yes	1	T6
	No	2	
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes	1 If T2 = YES, Go to A1, If T2 = NO, Go to T9	T7
	No	2 If T2 = YES, Go to A1, If T2 = NO, Go to T9	
	No visit during the past 12 months	3 If T2 = YES, Go to A1, If T2 = NO, Go to T9	
In the past, did you ever smoke any tobacco products?	Yes	1	T8
(USE SHOWCARD)	No	2 If NO, Go to A1	
In the past, did you ever smoke daily?	Yes	1	T9
	No	2	

How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T12	T10
How <b>long ago</b> did you stop smoking?	Years ago <input type="text"/> <input type="text"/> If Known, go to T12	T11a
(RECORD ONLY 1, NOT ALL 3)	OR Months ago <input type="text"/> <input type="text"/> If Known, go to T12	T11b
Don't Know 77	OR Weeks ago <input type="text"/> <input type="text"/>	T11c
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T15	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 If No, go to X2	T13
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes 1 No 2 If No, go to T17	T15
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco, or betel] <b>daily</b> ?	Yes 1 No 2	T16

Electronic cigarettes include any product that uses batteries or other methods to produce a vapor which contains nicotine. They have various other names such as e-cigarette, vape-pen, e-shisha, e-pipes.

Before today, have you heard of electronic cigarettes?	Yes	1	X2
	No	2 <i>If No, go to A1</i>	
Have you ever, even once, used an electronic cigarette?	Yes	1	X3
	No	2 – Skip to A1	
Do you currently use electronic cigarettes on a daily basis, less than daily, or not at all?	DAILY	1	X4
	LESS THAN DAILY	2	
	NOT AT ALL	3	
	REFUSED	88	

### Alcohol Consumption

The next questions ask about the consumption of alcohol.

Question	Response		Code
Have you ever consumed any alcohol such as beer, wine, spirits rice wine, samsi, plum wine and others?  (USE SHOWCARD)	Yes	1	A1
	No	2 <i>Jika TIDAK, Pergi ke D1 / If NO, Go to D1</i>	
Have you consumed any alcohol within the past 12 months?	Yes	1 <i>Jika YA, Pergi ke A4 / If YA, Go to A4</i>	A2
	No	2	
Have you stopped drinking due to health reasons such as negative impact on your health or on the advice of your doctor or other health worker?	Yes	1 <i>Jika YA, Pergi ke D1 / If YA, Go to D1</i>	A3
	No	2 <i>Jika TIDAK, Pergi ke D1 / If NO, Go to D1</i>	
During the past 12 months, how frequently have you had at least one standard alcoholic drink?  (READ RESPONSES, USE SHOWCARD)	Daily	1	A4
	5 – 6 days per week	2	
	3 – 4 days per week	3	
	1 – 2 days per weeks	4	
	1 – 3 days per month	5	
	Less than once a month	6	
Have you consumed any alcohol within the past 30 days?	Yes	1	A5
	No	2 <i>Jika TIDAK, Pergi ke D1 / If NO, Go to D1</i>	

During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?  Don't Know 77	_ _ Number		A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion?  (USE SHOWCARD)	_ _ Number		A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?  Don't Know 77	_ _ Largest number		A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	_ _ Number of times		A9
During each of the past seven days, how many standard drinks did you have each day?  (USE SHOWCARD)  Don't Know 77	Monday	_ _	A10a
	Tuesday	_ _	A10b
	Wednesday	_ _	A10c
	Thursday	_ _	A10d
	Friday	_ _	A10e
	Saturday	_ _	A10f
	Sunday	_ _	A10g

Diet		
<p>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.</p>		
Question	Response	Code
<p>In a typical week, on how many days do you eat fruit?</p> <p>(USE SHOWCARD)</p> <p>Don't Know 77</p>	<p>__ __</p> <p>Number of Days</p> <p>If ZERO days, Go to D3</p>	D1
<p>How many servings of fruit do you eat on one of those days?</p> <p>(USE SHOWCARD)</p> <p>Don't Know 77</p>	<p>__ __</p> <p>Number of servings</p>	D2
<p>In a typical week, on how many days do you eat vegetables?</p> <p>(USE SHOWCARD)</p> <p>Don't Know 77</p>	<p>__ __</p> <p>Number of Days</p>	D3
<p>How many servings of vegetables do you eat on one of those days?</p> <p>(USE SHOWCARD)</p> <p>Don't Know 77</p>	<p>__ __</p> <p>Number of servings</p>	D4
Dietary salt		
<p>With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.</p>		
Question	Response	Code
<p>How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it?</p>	Always	1
	Often	2
	Sometimes	3
	Rarely	4
	Never	5
	Don't know	77
		D5



How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always	1	D6
	Often	2	
	Sometimes	3	
	Rarely	4	
	Never	5	
	Don't know	77	
How often do you eat processed food high in salt? By processed food high in salt I mean foods that have been altered from their natural state such as packaged salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat.  (USE SHOWCARD)	Always	1	D7
	Often	2	
	Sometimes	3	
	Rarely	4	
	Never	5	
	Don't know	77	
How much salt or salty sauce do you think you consume?	Far too much	1	D8
	Too much	2	
	Just the right amount	3	
	Too little	4	
	Far too little	5	
	Don't know	77	
How important to you is lowering the salt in your diet?	Very important	1	D9
	Important	2	
	Not at all important	3	
	Don't know	77	
Do you think that too much salt or salty sauce in your diet could cause a health problem?	Yes	1	D10
	No	2	
	Don't know	77	
Do you do any of the following on a regular basis to control your salt intake?  (RECORD FOR EACH)			
<b>Questions</b>	<b>Response</b>		<b>Code</b>
Limit consumption of processed foods.	Yes	1	D11a
	No	2	

Look at the salt or sodium content on food labels.	Yes	1	D11b
	No	2	
Buy low salt or sodium alternatives.	Yes	1	D11c
	No	2	
Use spices other than salt when cooking.	Yes	1	D11d
	No	2	
Avoid eating foods prepared outside a home.	Yes	1	D11e
	No	2	
Do other things specifically to control your salt intake.	Yes	1	D11f
	No	2	
Others ( <i>please specify</i> )	_ _ _ _ _		D11other
The next questions is about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.			
<b>Questions</b>	<b>Response</b>		<b>Code</b>
What type of oil or fat is most often used for meal preparation in your household?  (USE SHOWCARD, SELECT ONLY ONE)	Vegetable oil	1	D12
	Lard or suet	2	
	Butter or ghee	3	
	Margarine	4	
	Others	5 If OTHERS, Go to D12other	
	None in particular	6	
	None used	7	
	Don't know	77	
	Other	_ _ _ _ _	D12other
On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.  Don't Know 77	_ _ Number		D13

Eating Habits			
The following questions are about what you usually eat and how you eat it.			
Question	Response		Code
Are you following a special diet for your health?	Yes, for less than 6 months	1	X5
	Yes, for 6 months or more	2	
	No	3 <i>If NO, Go To P1</i>	
What does that diet that you are following consist of?	a. Increasing vegetable consumption	1=Yes 2=No	X6
	b. Increasing fruit consumption	1=Yes 2=No	
	c. Reducing fats	1=Yes 2=No	
	d. Reducing the amount of sugar and sweet beverages	1=Yes 2=No	
	e. Reducing the amount of salt	1=Yes 2=No	
	f. Reducing consumption of food	1=Yes 2=No	
	g. Switching method of cooking from mostly frying to baking or steaming	1=Yes 2=No	
	h. Others ( <i>please specify</i> )	1=Yes 2=No	
Others ( <i>please specify</i> )	_ _ _ _ _		X6other

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, harvest food/crops, fishing or hunting for food, seeking employment. In answering the following questions, <i>vigorous intensity activities</i> are activities that require hard physical effort and cause large increases that require moderate physical effort and cause small increases in breathing or heart rate.			
Work			
Question	Response		Code
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?	Yes	1	P1
	No	2 <i>If NO, Go to P4</i>	
(USE SHOWCARD)			

In a typical week, on how many days do you do vigorous intensity activities as part of your work?	— Number of days		P2
How much time do you spend doing vigorous intensity activities at work on a typical day?	— : — Hours : Minutes		P3
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?  (USE SHOWCARD)	Yes	1	P4
	No	2 If NO, Go to P7	
In a typical week, on how many days do you do moderate intensity activities as part of your work?	— Number of days		P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	— : — Hours : Minutes		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. ( <i>For example; to work, for shopping, to market, to place of worship.</i> )			
Question	Response		Code
Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?	Yes	1	P7
	No	2 If NO, Go to P10	
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
How much time do you spend walking or bicycling for travel on a typical day?	— : — Hours : Minutes		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 ( <i>leisure</i> ).			
Question	Response		Code
Do you do any vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate, like running or playing football, for at least 10 minutes continuously?  (USE SHOWCARD)	Yes	1	P10
	No	2 If NO, Go to P13	
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

How much time do you spend doing vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	_ _ : _ _ Hours : Minutes	P12 (a-b)
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Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming or volleyball for at least 10 minutes continuously?	Yes	1	P13
	No	2 <i>If NO, Go to P16</i>	
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities ( <i>leisure</i> )?	_ Number of days		P14
How much time do you spend doing moderate-intensity sports, fitness or recreational activities ( <i>leisure</i> ) on a typical day?	_ _ : _ _ Hours : Minutes	P15 (a-b)	

## Sedentary Behaviour

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

(USE SHOWCARD)

Question	Response	Code
How much time do you usually spend sitting or reclining on a typical day?	_ _ : _ _ Hours : Minutes	P16

## History of Raised Blood Pressure

Question	Response		Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes	1	H1
	No	2 <i>If NO, go to H6</i>	
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes	1	H2a
	No	2 <i>If NO, go to H6</i>	
Have you been told in the past 12 months?	Yes	1	H2b
	No	2	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes	1	H3
	No	2	
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes	1	H4
	No	2	

Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
	No	2	

History of Diabetes			
Question	Response		Code
Have you ever had your blood sugar measured by a doctor or other health worker?	Ya / Yes	1	H6
	Tidak / No	2 <i>If NO, go to H12</i>	
Have you ever been told by a doctor or any other health worker that you have raised blood sugar or diabetes?	Ya / Yes	1	H7a
	Tidak / No	2 <i>If NO, go to H12</i>	
Have you been told in the past 12 months?	Ya / Yes	1	H7b
	Tidak / No	2	
In the past two weeks, have you taken any drugs ( <i>medication</i> ) for diabetes prescribed by a doctor or other health worker?	Ya / Yes	1	H8
	Tidak / No	2	
Are you currently taking insulin for diabetes or raised blood sugar?	Ya / Yes	1	H9
	Tidak / No	2	
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Ya / Yes	1	H10
	Tidak / No	2	
Are you currently taking any herbal or traditional remedy for your diabetes?	Ya / Yes	1	H11
	Tidak / No	2	

History of Raised Total Cholesterol			
Question	Response		Code
Have you ever had your cholesterol ( <i>fat levels in your blood</i> ) measured by a doctor or other health worker?	Yes	1	H12
	No	2 <i>If NO, go to H17</i>	
Have you ever been told by a doctor or any other health worker that you have raised cholesterol?	Yes	1	H13a
	No	2 <i>If NO, go to H17</i>	
Have you been told in the past 12 months?	Yes	1	H13b
	No	2	
In the past two weeks, have you taken any drugs ( <i>medication</i> ) for raised total cholesterol prescribed by a doctor or other health worker?	Yes	1	H14
	No	2	

Have you ever seen a traditional healer for raised cholesterol?	Yes	1	H15
	No	2	
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes	1	H16
	No	2	
<b>History of Cardiovascular Diseases</b>			
<b>Question</b>	<b>Response</b>		<b>Code</b>
Have you ever had a heart attack or chest pain from heart disease ( <i>angina</i> ) or stroke ( <i>cerebrovascular accident or incident</i> )?	Yes	1	H17
	No	2	
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes	1	H18
	No	2	
Are you currently taking statins ( <i>Lovastatin/Simvastatin/Atorvastatin or any other statin</i> ) regularly to prevent or treat heart disease?	Yes	1	H19
	No	2	

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

Health Status and Family History of NCDs			
I would like to ask you some questions about your health and the health of your close family members.			
Question	Response		Code
Would you say your health is	Excellent	1	X7
	Very good	2	
	Good	3	
	Regular	4	
	Bad	5	
	Don't know / Unsure	77	
Have your father; mother, brother, or sister related by blood had any of the following diseases?	Diabetes or excess sugar in blood	1=Yes 2=No	X8
	High blood pressure	1=Yes 2=No	
	Stroke	1=Yes 2=No	
	Cancer or malignant neoplasms	1=Yes 2=No	
	Heart attack before the age of 45 years ( <i>father, brother</i> )	1=Yes 2=No	
	Heart attack before the age of 55 years ( <i>mother, sister</i> )	1=Yes 2=No	

Health Screening Section			
Question	Response		Code
Have you ever had your feces examined to look for hidden blood?	Yes	1	S1
	No	2	
Have you ever had a colonoscopy?	Yes	1	S2
	No	2	
The following question is for men only:	Yes	1	S3
Have you ever had an examination of your prostate?	No	2	
The following questions are for women only:	Yes	1	S4
Have you been shown how to examine your breasts?	No	2	



When was the last time you had an examination of your breasts?	One year or less	1	S5
	Between one or two years	2	
	More than two years	3	
	Never	4	
	Don't Know	77	
When was the last time you had a mammogram?	One year or less	1	S6
	Between one and two years	2	
	More than two years	3	
	Never	4	
	Don't know	77	

**(For women only) Cervical Cancer Screening**

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

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

## Step 2 Physical Measurements

Blood Pressure			
Question	Response		Code
Interviewer ID	_ _ _ _		M1
Device ID ( <i>for blood pressure</i> )	_ _		M2
Cuff size used	Small	1	M3
	Medium	2	
	Large	3	
Reading 1	Systolic	_ _ _ _ mmHg	M4a
	Diastolic	_ _ _ _ mmHg	M4b
Reading 2	Systolic	_ _ _ _ mmHg	M5a
	Diastolic	_ _ _ _ mmHg	M5b
Reading 3	Systolic	_ _ _ _ mmHg	M6a
	Diastolic	_ _ _ _ mmHg	M6b
During the past two weeks, have you been treated for raised blood pressure with drugs ( <i>medication</i> ) prescribed by a doctor or other health worker?	Yes	1	M7
	No	2	

Height And Weight			
Question	Response		Code
For Women: Are you pregnant?	Yes	1 <i>If YES, Go to M16</i>	M8
	No	2	
Interviewer ID	_ _ _ _		M9
Device ID ( <i>for height and weight</i> )	Height	_ _	M10a
	Weight	_ _	M10b
Height	In Centimetres	_ _ _ _ . _ cm	M11
Weight <i>If too large for scale, note 666.6</i>	In Kilograms	_ _ _ _ . _ kg	M12

: Waist		
Question	Response	Code
Device ID ( <i>for waist</i> )	_ _	M13
Waist circumference	In Centimetres    _ _ _ _ . _ cm	M14

Hip Circumference And Heart Rate			
Question	Response		Code
Hip circumference	In Centimetres    _ _ _ _ . _ cm		M15
Heart Rate			
Reading 1	Beats per minute	_ _ _ _	M16a
Reading 2	Beats per minute	_ _ _ _	M16b
Reading 3	Beats per minute	_ _ _ _	M16c

Step 3 Biochemical Measurements			
Blood Glucose			
Question	Response		Code
During the past 12 hours, have you had anything to eat or drink, other than water?	Yes	1	B1
	No	2	
Technician ID	_ _ _ _		B2
Device ID	_ _		B3
Time of day blood specimen taken ( <i>24 hour clock</i> )	_ _ : _ _ Hours : Minutes		B4
Fasting blood glucose ( <i>Choose accordingly</i> )	_ _ . _ _ mmol/l		B5
Today, have you taken insulin or other drugs ( <i>medication</i> ) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes	1	B6
	No	2	

Blood Lipid			
Question	Response		Code
Device ID	_ _ _		B7
Total cholesterol (Choose accordingly)	_ _ _ . _ _ _ mmol/l		B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes	1	B9
	No	2	

Urinary Sodium and Creatinine			
Question	Response		Code
Had you been fasting prior to the urine collection?	Yes	1	B10
	No	2	
Technician ID	_ _ _ _		B11
Device ID	_ _ _		B12
Time of day urine sample taken (24 hour clock)	_ _ : _ _ Hours : Minutes		B13
Urinary sodium	_ _ _ _ . _ _ _ mmol/l		B14
Urinary creatinine	_ _ _ _ . _ _ _ mmol/l		B15

Triglycerides and HDL Cholesterol			
Question	Response		Code
Triglycerides (Choose accordingly)	_ _ _ . _ _ _ mmol/l		B16
HDL Cholesterol (Choose accordingly)	_ _ _ . _ _ _ mmol/l		B17