



MINISTRY OF
HEALTH, ENVIRONMENT,
YOUTH, SPORTS & CULTURE
CAYMAN ISLANDS GOVERNMENT

Cayman Islands

Health Risk Factors Survey May – June 2012





The Cayman Islands

Survey Information

Location and Date		Response	Code																
1	Cluster Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							I1										
2	District Name		I2																
3	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					I3												
4	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> </tr> <tr> <td colspan="2">dd</td> <td colspan="2">mm</td> <td colspan="4">year</td> </tr> </table>									dd		mm		year				I4
dd		mm		year															

Consent, Interview Language and Name		Response	Code										
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	I5										
6	Interview Language	English 1	I6										
7	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										
8	Surname / Last name		I8										
9	First Name		I9										
Additional Information that may be helpful													
10	Contact phone number where possible		I10										

Record and file identification information (I5 to I10) separately from the completed questionnaire.

Step 1 Demographic Information

CORE: Demographic Information	
1. Name	
2. Age	
3. Gender	
4. Ethnicity	
5. Religion	
6. Marital Status	
7. Education Level	
8. Employment Status	
9. Annual Income	
10. Home Address	
11. Phone Number	
12. Email Address	

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

EXPANDED: Demographic Information

15	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Middle School completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
16a	Which one of the following best describes your status in the Cayman Islands?	Caymanian 1 Non- Caymanian 2	X1
16b	What is your <i>ethnic group / racial group / cultural subgroup background</i> ?	Black 1 Indigenous Caymanian 2 White 3 East Indian 4 Hispanic 5 Asian 6 Mixed 7 Other 8 Don't Know/Not Stated 77 Refused 99	C6
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	Government employee 1 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	C8
19	How many people older than 18 years, including yourself, live in your household?	Number of people <input type="text"/>	C9

EXPANDED: Demographic Information, Continued

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.

Question		Response	Code
22	Have you ever smoked any tobacco products, such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T9a</i>	T1a
23	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 T6</i>	T1
24	Do you currently smoke tobacco products daily ?	Yes 1 No 2 <i>If No, go to T6a</i>	T2
25	How old were you when you first started smoking daily?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T3
26	Do you remember how long ago it was?	In Years <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4a
	<i>(RECORD ONLY 1, NOT ALL 3)</i>	OR in Months <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4b
	<i>Don't know 77</i>	OR in Weeks <input type="text"/> <input type="text"/>	T4c
27	On average, how many of the following do you smoke each day? <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 77</i>	Manufactured cigarettes <input type="text"/> <input type="text"/>	T5a
		Hand-rolled cigarettes <input type="text"/> <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/> <input type="text"/>	T5c
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/>	T5d
		Other <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6a</i>	T5e
		Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other
28	During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6a
29	During any visit of 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 T9a</i> No 2 <i>If T2=Yes, go to T9a</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T9a</i>	T6b

EXPANDED: Tobacco Use

The next questions ask about the consumption of alcohol.

Question		Response		Code
40	Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> ? <i>(USE SHOWCARD OR SHOW EXAMPLES)</i>	Yes 1 No 2 <i>If No, go to D1</i>	A1a	
41	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 <i>If No, go to D1</i>	A1b	
42	During the past 12 months, how frequently have you had at least one alcoholic drink? <i>(READ RESPONSES, USE SHOWCARD)</i>	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2	
43	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 <i>If No, go to D1</i>	A3	
44	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4	
45	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? <i>(USE SHOWCARD)</i>	Number Don't know 77 <input type="text"/>	A5	
46	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"/>	A6	
47	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7	

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48	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
49	During each of the past 7 days , how many standard alcoholic drinks did you have each day? <i>(USE SHOWCARD)</i> <i>Don't Know 77</i>	Monday <input type="text"/> <input type="text"/> <input type="text"/>	A9a
		Tuesday <input type="text"/> <input type="text"/> <input type="text"/>	A9b
		Wednesday <input type="text"/> <input type="text"/> <input type="text"/>	A9c
		Thursday <input type="text"/> <input type="text"/> <input type="text"/>	A9d
		Friday <input type="text"/> <input type="text"/> <input type="text"/>	A9e
		Saturday <input type="text"/> <input type="text"/> <input type="text"/>	A9f
		Sunday <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A9g

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 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
50	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"/> If Zero days, go to D3	D1
51	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"/>	D2
52	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"/> If Zero days, go to D5	D3
53	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"/>	D4

EXPANDED: Diet

EXPANDED D5C			
54	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5
		Other <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
55	On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 <input type="checkbox"/> <input type="checkbox"/>	D6

CORE: Physical Activity				
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing, seeking employment, making thatch work or in net making. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>				
Question		Response		Code
Work				
56	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4		P1
57	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
58	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)
59	Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 7		P4
60	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
61	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				
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. [Insert other examples if needed]</p>				
62	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 If No, go to P 10		P7
63	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
64	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)

CORE: Physical Activity, Continued			
Question		Response	Code
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 eg. swimming, aerobics and vigorous walking.			
65	Do you do any vigorous-intensity sports, fitness or recreational leisure activities that cause large increases in breathing or heart rate such as running, cricket or football for at least 10 minutes continuously? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to P 13</p>	P10
66	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	<p>Number of days</p> <p><input type="text"/></p>	P11
67	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P12 (a-b)
68	Do you do any moderate-intensity sports, fitness or recreational leisure activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball for at least 10 minutes continuously? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to P16</p>	P13
69	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational leisure activities?	<p>Number of days</p> <p><input type="text"/></p>	P14
70	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P15 (a-b)

EXPANDED: Physical Activity				
Sedentary behaviour				
<p>The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>				
71	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	<div> <div> <div></div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> <div></div> </div> </div> <div> <div>hrs</div> <div>mins</div> </div>	P16 (a-b)

CORE: History of Raised Blood Pressure				
Question		Response		Code
72	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>	
73	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>	
74	Have you been told in the past 12 months?	Yes	1	H2b
		No	2	

EXPANDED: History of Raised Blood Pressure				
75	Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?			
	Drugs (medication) that you have taken in the past two weeks	Yes	1	H3a
		No	2	
	Advice to reduce salt intake	Yes	1	H3b
		No	2	
	Advice or treatment to lose weight	Yes	1	H3c
		No	2	
	Advice or treatment to stop smoking	Yes	1	H3d
		No	2	
	Advice to start or do more exercise	Yes	1	H3e
		No	2	
	76	Have you ever seen a herbalist for raised blood pressure or hypertension?	Yes	1
No			2	
77	Are you currently taking any herbal remedy for your raised blood pressure?	Yes	1	H5
		No	2	

CORE: History of Diabetes				
Question		Response		Code
78	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes	1	H6
		No	2 <i>If No, go to M1</i>	
79	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes	1	H7a
		No	2 <i>If No, go to M1</i>	
80	Have you been told in the past 12 months?	Yes	1	H7b
		No	2	

EXPANDED: History of Diabetes				
81	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?			
	Insulin	Yes	1	H8a
		No	2	
	Drugs (medication) that you have taken in the past two weeks	Yes	1	H8b
		No	2	
	Special prescribed diet	Yes	1	H8c
		No	2	
Advice or treatment to lose weight	Yes	1	H8d	
	No	2		
Advice or treatment to stop smoking	Yes	1	H8e	
	No	2		
Advice to start or do more exercise	Yes	1	H8f	
	No	2		
82	Have you ever seen a herbalist for diabetes or raised blood sugar?	Yes	1	H9
No		2		
83	Are you currently taking any herbal remedy for your diabetes?	Yes	1	H10
No		2		
84	When was the last time your eyes were examined as part of your diabetes control?	Within the past 2 years	1	H11
More than 2 years ago		2		
Never		3		
Don't know		77		
85	When was the last time your feet were examined as part of your diabetes control?	Within the past year	1	H12
More than 1 year ago		2		
Never		3		
Don't know		77		

EXPANDED: History of raised total cholesterol			
Questions		Response	Code
86	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes 1	L1a
		No 2 <i>If No, go to F1a</i>	
87	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1	L2a
		No 2 <i>If No, go to F1a</i>	
88	Were you told in the past 12 months?	Yes 1	L2b
		No 2	
Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?			
89	Oral treatment (medication) taken in the last 2 weeks	Yes 1	L3a
		No 2	
	Special prescribed diet	Yes 1	L3b
		No 2	
	Advice or treatment to lose weight	Yes 1	L3c
		No 2	
	Advice or treatment to stop smoking	Yes 1	L3d
		No 2	
	Advice to start or do more exercise	Yes 1	L3e
		No 2	
90	During the past 12 months have you seen a traditional healer for raised cholesterol?	Yes 1	L4
		No 2	
91	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1	L5
		No 2	

EXPANDED: Family history				
Questions		Response		Code
92	Have some of your family members been diagnosed with the following diseases?			
	Diabetes or raised blood sugar	Yes	1	F1a
		No	2	
	Raised Blood pressure	Yes	1	F1b
		No	2	
	Stroke	Yes	1	F1c
		No	2	
	Cancer or malignant tumor	Yes	1	F1d
		No	2	
	Raised Cholesterol	Yes	1	F1e
		No	2	
	Early Heart attack (below age 55 for men and below age 65 for women)	Yes	1	F1f
		No	2	

Diet: Knowledge, attitudes and behaviour towards dietary salt

CORE: Dietary salt

The next questions ask about your knowledge, attitudes and behaviour towards dietary salt. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt and salty sauces 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 such as *[insert country specific examples]*, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

Question		Response	Code
93	How often do you add salt to your food before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS1
94	How often is salt added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS2
95	How often do you eat processed food high in salt , such as <i>[add country specific examples]</i> ? (INSERT EXAMPLES) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS3
96	How much salt do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	DS4
97	Do you think that too much salt in your diet could cause a serious health problem ?	Yes 1 No 2 Don't know 77	DS5
98	How important to you is lowering the salt in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	DS6

CORE: Dietary salt, Continued

Health Screening

Section: Health Screening		Response	Code
100	Have you ever had your feces examined to look for hidden blood?	Yes 1 No 2	S1
101	Have you ever had a colonoscopy?	Yes 1 No 2	S2
102	<u>This question is for men only:</u> Have you ever had an examination of your prostate?	Yes 1 No 2	S3
103	<u>The following questions are for women only:</u> Have you been shown how to examine your breasts?	Yes 1 No 2	S4
104	When was the last time you had an examination of your breasts?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S5
105	When was the last time you had a mammogram?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S6
106	When was the last time you had a Pap test?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S7

Tobacco Policy Module

Tobacco policy

You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchase.

Question		Response	Code
107	During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting in newspapers or in magazines ?	Yes 1 No 2 Don't know 77	TP1
108	During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting on television ?	Yes 1 No 2 Don't know 77	TP2
109	During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?	Yes 1 No 2 Don't know 77	TP3
110	During the past 30 days, have you noticed any of the following types of cigarette promotions? (RECORD FOR EACH)		
	Free samples of cigarettes	Yes 1 No 2 Don't know 77	TP4a
	Cigarettes at sale prices	Yes 1 No 2 Don't know 77	TP4b
	Coupons for cigarettes	Yes 1 No 2 Don't know 77	TP4c
	Free gifts or special discount offers on other products when buying cigarettes	Yes 1 No 2 Don't know 77	TP4d
	Clothing or other items with a cigarette brand name or logo	Yes 1 No 2 Don't know 77	TP4e
	Cigarette promotions in the mail	Yes 1 No 2 Don't know 77	TP4f
The next questions TP5 - TP8 are administered to current smokers only.			
111	During the past 30 days, did you notice any health warnings on cigarette packages ?	Yes 1 No 2 If no, go to TP7 Did not see any cigarette packages 3 If "did not see any cigarette packages", go to TP7 Don't know 77 If Don't know, go to TP7	TP5
112	During the past 30 days, have warning labels on cigarette packages led you to think about quitting ?	Yes 1 No 2 Don't know 77	TP6
113	The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes If "Don't know or don't smoke or purchase Don't know or Don't smoke or <i>manuf. [] cigarettes", purchase manufactured cigarettes 77 <i>end section</i> </i>	TP7
114	In total, how much money did you pay for this purchase?	Amount [] Don't know 77 Refused 88	TP8

Step 2 Physical Measurements

CORE: Height and Weight

Question		Response	Code
115	Interviewer ID	<div style="text-align: right;">_ _ _ _</div>	M1
116	Device IDs for height and weight	<div style="text-align: right;">Height _ _ _</div> <div style="text-align: right;">Weight _ _ _</div>	M2
117	Height	<div style="text-align: right;">in Centimetres (cm) _ _ _ _ . _</div>	M3
118	Weight <i>If too large for scale 666.6</i>	<div style="text-align: right;">in Kilograms (kg) _ _ _ _ . _</div>	M4
119	For women: Are you pregnant?	<div style="text-align: right;">Yes 1 <i>If Yes, go to M 8</i></div> <div style="text-align: right;">No 2</div>	M5

CORE: Waist

120	Device ID for waist		M6
121	Waist circumference	in Centimetres (cm)	M7

CORE: Blood Pressure

122	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M8
123	Device ID for blood pressure	<div><div></div><div></div></div>	M9
124	Cuff size used	<div>Small 1</div> <div>Medium 2</div> <div>Large 3</div>	M10
125	Reading 1	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11b
126	Reading 2	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12b
127	Reading 3	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13b
128	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	<div>Yes 1</div> <div>No 2</div>	M14

EXPANDED: Hip Circumference and Heart Rate

129	Hip circumference	in Centimeters (cm)	<div><div></div><div></div><div></div><div></div><div></div></div>	M15	
130	Heart Rate				
	Reading 1	Beats per minute	<div><div></div><div></div><div></div><div></div></div>		M16a
	Reading 2	Beats per minute	<div><div></div><div></div><div></div><div></div></div>		M16b
	Reading 3	Beats per minute	<div><div></div><div></div><div></div><div></div></div>		M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose

Question		Response	Code				
1	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1				
2	Technician ID	<table><tr><td></td><td></td><td></td><td></td></tr></table>					B2
3	Device ID	<table><tr><td></td><td></td></tr></table>			B3		
4	Time of day blood specimen taken (24 hour clock)	Hours : minutes <table><tr><td></td><td></td></tr></table> : <table><tr><td></td><td></td></tr></table> hrs mins					B4
5	Fasting blood glucose	mmol/l <table><tr><td></td><td></td></tr></table> . <table><tr><td></td><td></td></tr></table>					B5
6	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6				

CORE: Blood Lipids

7	Device ID	<div><div></div><div></div></div>	B7
8	Total cholesterol	mmol/l <div><div></div><div></div></div> . <div><div></div><div></div></div>	B8
9	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9

EXPANDED: Triglycerides, HDL Cholesterol and Oral Glucose Tolerance

10	Triglycerides	mmol/l	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	B10
11	HDL Cholesterol	mmol/l	<div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	B11
12	Oral Glucose Tolerance	mmol/l	<div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div><div></div></div>	B12

