



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	_ _ _ _ _ _ _	I1
2	District Name		I2
3	Interviewer ID	_ _ _ _	I3
4	Date of completion of the instrument	_ _ _ _ _ _ _ dd mm year	I4

Consent, Interview Language and Name		Response	Code
Participant Identification Number _ _ _ _ _ _ _ _ _ _			
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)	_ _ : _ _ hrs mins	I7
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			
Question		Response	Code
11	Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
12	What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _ _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> dd mm year	C2
13	How old are you?	Years _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years _ _	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</i> background ?	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? (<i>USE SHOWCARD</i>)	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 _ _	C9

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? <i>(SELECT ONLY ONE)</i> <i>(USE SHOWCARD)</i>	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> ? <i>[INSERT EXAMPLES]</i> <i>(USE SHOWCARD)</i>	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			
Question	Response	Code	
99	Do you do anything of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)		
	Avoid/minimize consumption of processed foods	Yes 1 No 2	DS7a
	Look at the salt or sodium labels on food	Yes 1 No 2	DS7b
	Do not add salt on the table	Yes 1 No 2	DS7c
	Buy low salt/sodium alternatives	Yes 1 No 2	DS7d
	Do not add salt when cooking	Yes 1 No 2	DS7e
	Use spices other than salt when cooking	Yes 1 No 2	DS7g
	Avoid eating out	Yes 1 No 2	DS7g
	Other	Yes 1 <i>If Yes, go to S7other</i> No 2	DS7h
	Other (please specify)	_ _ _ _ _ _ _ _	DS7other

Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
115	Interviewer ID	_ _ _ _	M1
116	Device IDs for height and weight	Height _ _ _ Weight _ _ _	M2
117	Height	in Centimetres (cm) _ _ _ _ . _	M3
118	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	M4
119	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5
CORE: Waist			
120	Device ID for waist	_ _ _	M6
121	Waist circumference	in Centimetres (cm) _ _ _ _ . _	M7
CORE: Blood Pressure			
122	Interviewer ID	_ _ _ _	M8
123	Device ID for blood pressure	_ _ _	M9
124	Cuff size used	Small 1 Medium 2 Large 3	M10
125	Reading 1	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
126	Reading 2	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
127	Reading 3	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	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?	Yes 1 No 2	M14

EXPANDED: Hip Circumference and Heart Rate			
129	Hip circumference	in Centimeters (cm) _ _ _ _ . _	M15
130	Heart Rate		
	Reading 1	Beats per minute _ _ _ _	M16a
	Reading 2	Beats per minute _ _ _ _	M16b
	Reading 3	Beats per minute _ _ _ _	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	_ _ _ _	B2
3	Device ID	_ _	B3
4	Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
5	Fasting blood glucose	mmol/l _ _ . _ _	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	_ _	B7
8	Total cholesterol	mmol/l _ _ . _ _	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 _ _ . _ _	B10
11	HDL Cholesterol	mmol/l _ . _ _	B11
12	Oral Glucose Tolerance	mmol/l _ _ . _ _	B12

