

The Ethiopian Public Health Institute

Location and Date	Response	Code
Enumeration area ID	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	I1
Region [2 digits]	<div> <div></div> <div></div> </div>	I1-B
Woreda [text]		X1
Interviewer ID	<div> <div></div> <div></div> <div></div> <div></div> </div>	I3
Date of completion of the instrument	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>dd</div> <div>mm</div> <div>year</div> </div>	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	<div>Yes 1</div> <div>No 2 If NO, END</div>	I5
Interview Language	<div>English 1</div> <div>Amharic 2</div> <div>Oromifa 3</div> <div>Tigrigna 4</div>	I6
Start Ttime of interview (24 hour clock)	<div> <div> <div></div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> <div></div> </div> </div> <div>hrs mins</div>	I7
Full Name of study participant (Grand Father, First and Middle Name)		I8-I9
Additional Information that may be helpful		
Contact phone number where possible		I10

Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
How old are you?	Years <div><div></div><div></div><div></div></div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <div><div></div><div></div><div></div></div>	C4

EXPANDED: Demographic Information		
What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 College/University completed 6 Post graduate degree 7 Refused 88	C5
What is your ethnic background ?	Oromo 1 Amhara 2 Tigray 3 Somali 4 Wolayita 5 Sidama 6 Guragie 7 Hadiya 8 Afar 9 Gamo 10 Others 11 Sp..... Refused 88	C6
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your main work status over the past 12 months?	Government employee 1 Non-government Employee 2 Private employee 3 Private Skilled worker 4 Farmer 5 Trader 6 Student 7 Homemaker/housewife 8 Retired 9 Unemployed (able to work) 10 Unemployed (unable to work) 11 Others 12	C8

Participant Identification Number

--	--	--	--	--	--	--	--	--	--	--	--

	Refused 88									
How many people older than 18 years, including yourself, live in your household?	Number of people <table border="1"><tr><td></td><td></td></tr></table>			C9						
Question	Response	Code								
Taking the past year , can you tell me what the average earnings (Birr) of the household have been? (RECORD ONLY ONE, 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> Go to T1									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> Go to T1									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> 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 (READ OPTIONS)	≤ 12,000 Birr 1	C11								
	More than 12,000 ≤ 18,000 Birr 2									
	More than 18,000 ≤ 23,300 3									
	More than 23,300 ≤ 30,000 4									
	More than 30,000 5									
	Don't Know 77									
	Refused 88									

Step 1 Behavioural Measurements

CORE: 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, <i>gaya??</i> (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
	OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
	OR in Weeks <input type="text"/> <input type="text"/>	T4c
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	DAILY↓ WEEKLY↓	
	Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
	Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c/T5cw
	Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5e/T5ew
	Gaya <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5X/ T5XWw
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6	T5f/T5fw
	Other (please specify):	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6
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 T12; if T2=No, go to T9 No 2 If T2=Yes, go to T12; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T12; if T2=No, go to T9	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T8
In the past, did you ever smoke daily ?	Yes 1 If T1=Yes, go to T12, else go to T10 No 2 If T1=Yes, go to T12, else go to T10	T9
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T12	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <input type="text"/> If Known, go to T12	T11a
	OR Months ago <input type="text"/> <input type="text"/> If Known, go to T12	T11b
	OR Weeks ago <input type="text"/> <input type="text"/>	T11c

CORE: Tobacco Use, cont.

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 purchases.							
Question	Response	Code					
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 1 No 2 Don't know 77	TP1a					
Television	Yes 1 No 2 Don't know 77	TP1b					
Radio	Yes 1 No 2 Don't know 77	TP1c					
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	TP2					
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	TP3a					
Cigarettes at sale prices	Yes 1 No 2 Don't know 77	TP3b					
Coupons for cigarettes	Yes 1 No 2 Don't know 77	TP3c					
Free gifts or special discount offers on other products when buying cigarettes	Yes 1 No 2 Don't know 77	TP3d					
Clothing or other items with a cigarette brand name or logo	Yes 1 No 2 Don't know 77	TP3e					
Cigarette promotions in the mail	Yes 1 No 2 Don't know 77	TP3f					
<i>The next questions TP4 – TP7 are administered to current smokers only.</i>							
During the past 30 days, did you notice any health warnings on cigarette packages ?	Yes 1 No 2 <i>If no, go to TP6</i> Did not see any cigarette packages 3 <i>If "did not see any cigarette packages", go to TP6</i> Don't know 77 <i>If Don't know, go to TP6</i>	TP4					
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	TP5					
The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Don't know or Don't smoke or purchase manuf. cigarettes 7777 <i>If "Don't know or don't smoke or purchase manuf. cig.", end section</i>						TP6
In total, how much money did you pay for this purchase?	Amount Don't know 7777 Refused 8888 Birr <table border="1"><tr><td> </td><td> </td></tr></table> Cents <table border="1"><tr><td> </td><td> </td></tr></table>					TP7	

CORE: Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question	Response	Code		
Have you ever consumed any alcohol such beer, Tella, Bordie, Tej, Arake, wine, spirits, beherawi, ye bale zaf? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to A16	A1		
Have you consumed any alcohol within the past 12 months ?	Yes 1 If Yes, go to A4 No 2	A2		
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 If Yes, go to A16 No 2 If No, go to A16	A3		
During the past 12 months, how frequently have you had at least one standard 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	A4		
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 If No, go to A13	A5		
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			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 Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			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?	Largest number Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			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 Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A9
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	X6		
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <table border="1"><tr><td></td><td></td></tr></table>			A10a
	Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A10b
	Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A10c
	Thursday <table border="1"><tr><td></td><td></td></tr></table>			A10d
Friday <table border="1"><tr><td></td><td></td></tr></table>			A10e	
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A10f	
Sunday <table border="1"><tr><td></td><td></td></tr></table>			A10g	

CORE: Alcohol Consumption, cont.		
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.		
Question	Response	Code
During the past 7 days , did you consume any homebrewed alcohol, like Tella, Tej, Katikalla, Bordie? (USE SHOWCARD)	Yes 1 No 2 If No, go to A13	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. Katikalla <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. Tella, Tej <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
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 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
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 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
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 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

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
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <u> </u> If Zero days, go to D3	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <u> </u>	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <u> </u> If Zero days, go to D5	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <u> </u>	D4
Dietary salt		
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 sea salt, iodized salt, salty stock cubes and powders, 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.		
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? (SELECT ONLY ONE) (USE SHOWCARD)	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 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6
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 snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon, Mitmitta, and processed meat like Quantta (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
How much salt or salty sauce 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	D8

Diet					
Question	Response	Code			
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	D9			
Do you think that too much salt or salty sauce in your diet could cause a health problem ?	Yes 1 No 2 Don't know 77	D10			
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)					
Limit consumption of processed foods	Yes 1 No 2	D11a			
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b			
Buy low salt/sodium alternatives	Yes 1 No 2	D11c			
Use spices other than salt when cooking	Yes 1 No 2	D11d			
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e			
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f			
Other (please specify)		D11other			
The next questions ask 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.					
What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Homemade oil product 2 Butter 3 Margarine 4 Solid fats 8 Other 5 <i>If Other, go to D12 other</i> None in particular 6 None used 7 Don't know 77	D12			
	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.	Number Don't know 77 <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td> </tr> </table>				D13

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 or hunting for food, seeking employment. 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		
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, cutting fire and other wood</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4	P1
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
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)
Does your work involve/ or do you do moderate-intensity activity, that causes small increases in breathing or heart rate such as <i>brisk walking or carrying light loads, washing clothes</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 7	P4
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
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, to place of meeting.</p>		
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 No 2 If No, go to P 10	P7
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
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		
<p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational/leisure activities.</p>		
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, local dancing</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 13	P10
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
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"/> hrs mins	P12 (a-b)

Physical Activity, Continued		
Question	Response	Code
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</i> , <i>swimming</i> , <i>volleyball</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> : <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div>	P15 (a-b)

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 games/cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> : <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div>	P16 (a-b)

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 If No, go to X10	
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 If No, go to X106	
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	
Has any of your family members (biological parents, siblings or children) ever had raised blood pressure or hypertension?	Yes	1	X10
	No	2	

History of Diabetes			
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes	1	H6
	No	2 If No, go to X11	
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 If No, go to X11	
Have you been told in the past 12 months?	Yes	1	H7b
	No	2	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes	1	H8
	No	2	
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes	1	H9
	No	2	
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H10
	No	2	
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H11
	No	2	
Has any of your family members (biological parents, siblings or children) ever had raised blood sugar or Diabetes?	Yes	1	
	No	2	
	No	2	X11

History of Raised Total Cholesterol

Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to X12</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to X12</i>	H13a
Have you been told in the past 12 months?	Yes 1 No 2	H13b
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 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16
Has any of your family members (biological parents, siblings or children) ever had raised Cholesterol?	Yes 1	X12
	No 2	

History of Cardiovascular Diseases

Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	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 (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1	H19
	No 2	

Lifestyle Advice

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

Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 If C1=1 go to K1 No 2 If C1=1 go to K1	H20f

(for women only): Cervical Cancer Screening		
<p>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. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.</p>		
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	

Khat use			
Now I am going to ask you some questions about Khat chewing.			
Question	Response		Code
Have you ever chewed Khat? (USE SHOWCARD)	Yes	1	K1
	No	2 If No, go to K14	
Do you currently chew Khat?	Yes	1	K2
	No	2 If No, go to K8	
During the past 12 months, how frequently did you chew Khat?	Daily	1	K3
	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	
How old were you when you first started chewing Khat?	Age (years)	<input type="text"/> <input type="text"/> <input type="text"/>	K4
	Don't know	77 If Known, go to K5	
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3)	In Years	<input type="text"/> <input type="text"/> <input type="text"/> If Known, go to K5	K4a
Don't know 77	OR in Months	<input type="text"/> <input type="text"/> <input type="text"/> If Known, go to K5	K4b
	OR in Weeks	<input type="text"/> <input type="text"/> <input type="text"/>	K4c
On average, how many bundles of Khat do you chew each day/week? (IF LESS THAN DAILY, RECORD WEEKLY) (USE SHOWCARD) Don't Know 77	DAILY↓ WEEKLY↓		K5
	Bundles of Khat	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
During the past 12 months, have you tried to stop chewing Khat?	Yes	1	K6
	No	2	
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit chewing Khat?	Yes	1 go to K9	K7
	No	2 go to K9	
	No visit during the past 12 months	3 go to K9	
How old were you when you stopped chewing Khat?	Age (years)	<input type="text"/> <input type="text"/> <input type="text"/> If Known, go to K10	K8
How long ago did you stop chewing Khat? (RECORD ONLY 1, NOT ALL 3)	Years ago	<input type="text"/> <input type="text"/> <input type="text"/> If Known, go to K10	K8a
	OR Months ago	<input type="text"/> <input type="text"/> <input type="text"/> If Known, go to K10	K8b

Violence and Injury

The next questions ask about different experiences and behaviours that are related to road traffic injuries.

5-1-16

The following questions are about different experiences and behaviours that are related to violence.

Question	Response	Code
In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never 1 <i>If never, go to V16</i> Rarely (1- 2 times) 2 Sometimes (3 – 5 times) 3 Often (6 or more times) 4 Don't know 77 <i>If don't know, go to V16</i> Refused 88 <i>If Refused, go to V16</i>	V11
The next questions ask about the most serious violent incidence you have had in the past 12 months.		
Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS)	Being shot with a firearm 1 A weapon (other than a firearm) was used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Don't know 77 Refused 88	V12
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authorities 7 Other (specify) 8 Refused 88	V13
	Other (please specify) <input type="text"/>	V13other
Since your 18th birthday, have you ever experienced a sex act involving vaginal, oral, or anal penetration against your will ?	Never 1 Once 2 A few times (2 to 3 times) 3 Many times (4 or more times) 4 Don't know 77 Refused 88	V16

P H Q – 9 mental health)	Response	Code
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Circle to indicate your answer	Not at all (0) Several days(1) More than half the days (2) Nearly every day(3)	
1.Little interest or pleasure in doing things	0 1 2 3	X7a
2.Feeling down, depressed, or hopeless	0 1 2 3	X7b
3.Trouble falling or staying asleep, or sleeping too much	0 1 2 3	X7c
4.Feeling tired or having little energy	0 1 2 3	X7d
5 Poor appetite or overeating	0 1 2 3	X7e
6 Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0 1 2 3	X7f
7.Trouble concentrating on things, such as reading the newspaper or watching television	0 1 2 3	X7g
8 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0 1 2 3	X7h
9. Thoughts that you would be better off dead or of hurting yourself in some way	0 1 2 3	X7i
If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all 1 Somewhat difficult 2 Very difficult 3 Extremely difficult 4	X8

Step 2 Physical Measurements

Blood Pressure								
Question	Response	Code						
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2				
Cuff size used	Small 1 Medium 2 Large 3	M3						
Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b			
Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b			
Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6b			
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	M7						
Height and Weight								
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16 a-c</i> No 2	M8						
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9		
Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table>			M10a				
Weight <table border="1"><tr><td></td><td></td></tr></table>			M10b					
Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M12
Waist								
Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M13				
Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M14

Hip Circumference and Heart Rate								
Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M15
Heart Rate		M16a						
Reading 1	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							
Reading 2	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16b		
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16c		

Step 3 Biochemical Measurements

CORE: Blood Glucose							
Question	Response	Code					
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1					
Technician ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B2	
Device ID	<table border="1"><tr><td></td><td></td></tr></table>			B3			
Time of day blood specimen taken (24 hour clock)	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					B4	
Fasting blood glucose	mg/dl <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>						B5
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							
Total cholesterol	mg/dl <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>						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 No 2	B9					
CORE: Urinary sodium and creatinine							
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10					
Technician ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B11	
Time of day urine sample taken (24 hour clock)	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					B13	
EXPANDED: Triglycerides and HDL Cholesterol							
Question	Response	Code					
HDL Cholesterol	mg/dl <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>						B17