

# National STEPS Survey Questionnaire

## for Chronic Disease (NCDs)

### Risk Factors

**Fiji 2010**



### Survey Information

Location and Date		Response	Code
1	Village ID	_____	I1
2	Village name		I2
3	Interviewer ID	_____	I3
4	Date of completion of the questionnaire	<div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>dd mm year</div>	I4



Participant Id Number			
Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5
6	Interview Language	English 1 Fijian 2 Hindi 3	I6
7	Time of interview (24 hour clock)	<div> <div>_____</div> <div>:</div> <div>_____</div> </div> <div>hrs mins</div>	I7
8	Family Surname		I8
9	First Name		I9
10	Contact phone number where possible		I10

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

## Demographic Information

Demographic Information			
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	<div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div>If known, Go to C4</div></div> <div>ddmmyear</div>	C2
13	How old are you?	Years <div><div></div><div></div><div></div></div>	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div><div></div><div></div><div></div></div>	C4
15	What is the <b>highest level of education</b> you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 College/University completed 5 Post graduate degree 6 Refused 88	C5
16	What is your <b>ethnic</b> background?	Fijian 1 Indian 2 Other 3 Refused 88	C6
17	What is your <b>marital status</b> ?	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 <b>main work</b> 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 <div><div></div><div></div><div></div></div>	C9

### Demographic Information, Continued

## Step 1 Behavioural Measurements

Tobacco Use	
1. Do you use tobacco?	1. Yes
2. If yes, how often do you use tobacco?	2. Daily
3. If yes, how much tobacco do you use per day?	3. 1 pack
4. If yes, how long have you been using tobacco?	4. 10 years
5. If yes, what type of tobacco do you use?	5. Cigarettes
6. If yes, do you use any other tobacco products?	6. No
7. If yes, what are they?	7. None
8. If yes, how often do you use them?	8. Daily
9. If yes, how much do you use per day?	9. 1 pack
10. If yes, how long have you been using them?	10. 10 years
11. If yes, what type of tobacco products do you use?	11. Cigarettes
12. If yes, do you use any other tobacco products?	12. No
13. If yes, what are they?	13. None
14. If yes, how often do you use them?	14. Daily
15. If yes, how much do you use per day?	15. 1 pack
16. If yes, how long have you been using them?	16. 10 years
17. If yes, what type of tobacco products do you use?	17. Cigarettes
18. If yes, do you use any other tobacco products?	18. No
19. If yes, what are they?	19. None
20. If yes, how often do you use them?	20. Daily
21. If yes, how much do you use per day?	21. 1 pack
22. If yes, how long have you been using them?	22. 10 years
23. If yes, what type of tobacco products do you use?	23. Cigarettes
24. If yes, do you use any other tobacco products?	24. No
25. If yes, what are they?	25. None
26. If yes, how often do you use them?	26. Daily
27. If yes, how much do you use per day?	27. 1 pack
28. If yes, how long have you been using them?	28. 10 years
29. If yes, what type of tobacco products do you use?	29. Cigarettes
30. If yes, do you use any other tobacco products?	30. No
31. If yes, what are they?	31. None
32. If yes, how often do you use them?	32. Daily
33. If yes, how much do you use per day?	33. 1 pack
34. If yes, how long have you been using them?	34. 10 years
35. If yes, what type of tobacco products do you use?	35. Cigarettes
36. If yes, do you use any other tobacco products?	36. No
37. If yes, what are they?	37. None
38. If yes, how often do you use them?	38. Daily
39. If yes, how much do you use per day?	39. 1 pack
40. If yes, how long have you been using them?	40. 10 years
41. If yes, what type of tobacco products do you use?	41. Cigarettes
42. If yes, do you use any other tobacco products?	42. No
43. If yes, what are they?	43. None
44. If yes, how often do you use them?	44. Daily
45. If yes, how much do you use per day?	45. 1 pack
46. If yes, how long have you been using them?	46. 10 years
47. If yes, what type of tobacco products do you use?	47. Cigarettes
48. If yes, do you use any other tobacco products?	48. No
49. If yes, what are they?	49. None
50. If yes, how often do you use them?	50. Daily
51. If yes, how much do you use per day?	51. 1 pack
52. If yes, how long have you been using them?	52. 10 years
53. If yes, what type of tobacco products do you use?	53. Cigarettes
54. If yes, do you use any other tobacco products?	54. No
55. If yes, what are they?	55. None
56. If yes, how often do you use them?	56. Daily
57. If yes, how much do you use per day?	57. 1 pack
58. If yes, how long have you been using them?	58. 10 years
59. If yes, what type of tobacco products do you use?	59. Cigarettes
60. If yes, do you use any other tobacco products?	60. No
61. If yes, what are they?	61. None
62. If yes, how often do you use them?	62. Daily
63. If yes, how much do you use per day?	63. 1 pack
64. If yes, how long have you been using them?	64. 10 years
65. If yes, what type of tobacco products do you use?	65. Cigarettes
66. If yes, do you use any other tobacco products?	66. No
67. If yes, what are they?	67. None
68. If yes, how often do you use them?	68. Daily
69. If yes, how much do you use per day?	69. 1 pack
70. If yes, how long have you been using them?	70. 10 years
71. If yes, what type of tobacco products do you use?	71. Cigarettes
72. If yes, do you use any other tobacco products?	72. No
73. If yes, what are they?	73. None
74. If yes, how often do you use them?	74. Daily
75. If yes, how much do you use per day?	75. 1 pack
76. If yes, how long have you been using them?	76. 10 years
77. If yes, what type of tobacco products do you use?	77. Cigarettes
78. If yes, do you use any other tobacco products?	78. No
79. If yes, what are they?	79. None
80. If yes, how often do you use them?	80. Daily
81. If yes, how much do you use per day?	81. 1 pack
82. If yes, how long have you been using them?	82. 10 years
83. If yes, what type of tobacco products do you use?	83. Cigarettes
84. If yes, do you use any other tobacco products?	84. No
85. If yes, what are they?	85. None
86. If yes, how often do you use them?	86. Daily
87. If yes, how much do you use per day?	87. 1 pack
88. If yes, how long have you been using them?	88. 10 years
89. If yes, what type of tobacco products do you use?	89. Cigarettes
90. If yes, do you use any other tobacco products?	90. No
91. If yes, what are they?	91. None
92. If yes, how often do you use them?	92. Daily
93. If yes, how much do you use per day?	93. 1 pack
94. If yes, how long have you been using them?	94. 10 years
95. If yes, what type of tobacco products do you use?	95. Cigarettes
96. If yes, do you use any other tobacco products?	96. No
97. If yes, what are they?	97. None
98. If yes, how often do you use them?	98. Daily
99. If yes, how much do you use per day?	99. 1 pack
100. If yes, how long have you been using them?	100. 10 years
101. If yes, what type of tobacco products do you use?	101. Cigarettes
102. If yes, do you use any other tobacco products?	102. No
103. If yes, what are they?	103. None
104. If yes, how often do you use them?	104. Daily
105. If yes, how much do you use per day?	105. 1 pack
106. If yes, how long have you been using them?	106. 10 years
107. If yes, what type of tobacco products do you use?	107. Cigarettes
108. If yes, do you use any other tobacco products?	108. No
109. If yes, what are they?	109. None
110. If yes, how often do you use them?	110. Daily
111. If yes, how much do you use per day?	111. 1 pack
112.	

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 <b>ever</b> smoked tobacco products?	Yes 1 No 2	T1a
23	Do you currently smoke any <b>tobacco products</b> , 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 <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T6</i>	T2
25	How old were you when you <b>first started</b> 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?  <i>(RECORD ONLY 1, NOT ALL 3)</i>  <i>Don't know 77</i>	In Years <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4a
		OR in Months <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4b
		OR in Weeks <input type="text"/> <input type="text"/>	T4c
27	On average, <b>how many</b> 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 T9</i>	T5e
		Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T9</i>	T5other
28	In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T9</i>	T6
29	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T7
30	How <b>long ago</b> did you stop smoking daily?  <i>(RECORD ONLY 1, NOT ALL 3)</i>  <i>Don't Know 77</i>	Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8a
		OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8b
		OR Weeks ago <input type="text"/> <input type="text"/>	T8c
31	During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?	Number of days Don't know 77 <input type="text"/> <input type="text"/>	T13
32	During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 <input type="text"/> <input type="text"/>	T14

## Alcohol Consumption

The next questions ask about the consumption of alcohol.

Question		Response	Code
33	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits or fermented cider? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to X1	A1a
34	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 If No, go to X1	A1b
35	During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	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
36	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 If No, go to X1	A3
37	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/>	A4
38	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/>	A5
39	During the past 30 days, what was the <b>largest number</b> 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"/> <input type="text"/> <input type="text"/>	A6
40	During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/>	A7
41	During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day?  (USE SHOWCARD)  Don't Know 77	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"/>	A9g

Question		Response	Code
42	Have you consumed kava or yaqona in the <b>past 30 days</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	X1
43	During the past 30 days, during how many occasions did you drink kava?	Number of days Don't Know 77 <input type="text"/>	X2
44	On each occasion that you drank kava, how many bowls did you consume?	Number of bowls Don't Know 77 <input type="text"/>	X3

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.

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## Physical Activity

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

Question		Response	Code
<b>Work</b>			
52	Does your work involve <b>vigorous-intensity</b> 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? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 4	P1
53	In a typical week, on how many days do you do <b>vigorous-intensity</b> activities as part of your work?	Number of days <input type="text"/>	P2
54	How much time do you spend doing <b>vigorous-intensity</b> activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
55	Does your work involve <b>moderate-intensity</b> 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  No 2 If No, go to P 7	P4
56	In a typical week, on how many days do you do <b>moderate-intensity</b> activities as part of your work?	Number of days <input type="text"/>	P5
57	How much time do you spend doing <b>moderate-intensity</b> activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
<b>Travel to and from places</b>			
The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship.			
58	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
59	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
60	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)

### 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 (leisure).

61	Do you do any <b>vigorous-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like [ <i>running or football</i> ] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 13	P10
62	In a typical week, on how many days do you do <b>vigorous-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P11
63	How much time do you spend doing <b>vigorous-intensity</b> sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
64	Do you do any <b>moderate-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, [ <i>cycling, swimming, volleyball</i> ] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P16	P13
65	In a typical week, on how many days do you do <b>moderate-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P14
66	How much time do you spend doing <b>moderate-intensity</b> sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)

## Physical Activity

### 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)

67	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>hrs mins</div>	P16 (a-b)
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History of Raised Blood Pressure				
Question		Response		Code
68	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	No 2 <i>If No, go to H6</i>	H1
69	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	No 2 <i>If No, go to H6</i>	H2a
70	Have you been told in the past 12 months?	Yes 1	No 2	H2b
71	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	No 2	H3a
	Advice to reduce salt intake	Yes 1	No 2	H3b
	Advice or treatment to lose weight	Yes 1	No 2	H3c
	Advice or treatment to stop smoking	Yes 1	No 2	H3d
	Advice to start or do more exercise	Yes 1	No 2	H3e
72	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	No 2	H4
73	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	No 2	H5

History of Diabetes				
Question		Response		Code
74	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	No 2 If No, go to M1	H6
75	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	No 2 If No, go to M1	H7a
76	Have you been told in the past 12 months?	Yes 1	No 2	H7b
77	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?			
	Insulin	Yes 1	No 2	H8a
	Drugs (medication) that you have taken in the past two weeks	Yes 1	No 2	H8b
	Special prescribed diet	Yes 1	No 2	H8c
	Advice or treatment to lose weight	Yes 1	No 2	H8d
	Advice or treatment to stop smoking	Yes 1	No 2	H8e
	Advice to start or do more exercise	Yes 1	No 2	H8f
78	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	No 2	H9
79	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	No 2	H10

## Step 2 Physical Measurements

Height and Weight				
Question		Response		Code
80	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>		M1
81	Device IDs for height and weight	Height	<div><div></div><div></div></div>	M2a
		Weight	<div><div></div><div></div></div>	M2b
82	Height	in Centimetres (cm)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M3
83	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M4
84	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2		M5
Waist				
85	Device ID for waist	<div><div></div><div></div><div></div></div>		M6
86	Waist circumference	in Centimetres (cm)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M7
Blood Pressure				
87	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>		M8
88	Device ID for blood pressure	<div><div></div><div></div></div>		M9
89	Cuff size used	Small	1	M10
		Medium	2	
		Large	3	
90	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
91	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
92	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
93	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
94	Hip circumference	in Centimeters (cm)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M15
95	Heart Rate			M16a
	Reading 1	Beats per minute	<div><div></div><div></div><div></div><div></div></div>	
	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

Blood Glucose			
Question		Response	Code
96	During the past 12 hours have you had anything to eat or drink, other than water?	Yes    1 No     2	B1
97	Technician ID	<div> <div></div> <div></div> <div></div> <div></div> </div>	B2
98	Device ID	<div> <div></div> <div></div> </div>	B3
99	Time of day blood specimen taken (24 hour clock)	<div> <div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> </div> <div>hrs</div> <div>mins</div> </div>	B4
100	Fasting blood glucose	mmol/l <div> <div></div> <div></div> </div> . <div> <div></div> <div></div> </div>	B5
101	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
Blood Lipids			
102	Device ID	<div> <div></div> <div></div> </div>	B7
103	Total cholesterol	mmol/l <div> <div></div> <div></div> </div> . <div> <div></div> <div></div> </div>	B8
104	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
105	Triglycerides	mmol/l <div> <div></div> <div></div> </div> . <div> <div></div> <div></div> </div>	B10
Haemoglobin			
106	Haemoglobin	g/Dl <div> <div></div> <div></div> </div> . <div> <div></div> </div>	X5