



PARTICIPANT ID: \_\_\_\_\_

**WHO STEPS Instrument**  
for Non-Communicable Disease  
Risk Factor Surveillance

INTERVIEWER: CHECK IF  
SELECTED FOR STEP 3

CHECK IF THE FOLLOWING ARE COMPLETED:

FOR INTERVIEWER:	CONSENT <input type="checkbox"/> APPOINTMENT ISSUED <input type="checkbox"/> FASTING INSTRUCTIONS ISSUED <input type="checkbox"/>
FOR TEAM LEADER:	QUESTIONNAIRE REVIEW <input type="checkbox"/> VERIFY CONSENT <input type="checkbox"/> HH TRACKING SHEET COLLECTED <input type="checkbox"/> VERIFY STEP 1 DONE <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> <i>Note:</i> _____
FOR REGISTRATION:	PARTICIPANT IS FASTING <input type="checkbox"/> ( <i>ONLY IF STEP 3 REQUIRED</i> ) CONSENT SIGNED <input type="checkbox"/> STEP 1 DONE <input type="checkbox"/>
FOR CHECKOUT:	STEP 2 DONE <input type="checkbox"/> STEP 3 DONE <input type="checkbox"/> ( <i>ONLY IF STEP 3 REQUIRED</i> ) RESULTS FORM GIVEN <input type="checkbox"/> H.P MATERIAL GIVEN IF NEEDED <input type="checkbox"/> CHECKOUT COMPLETED <input type="checkbox"/> _____
FOR DATA ENTRY:	<input type="radio"/> 1 <sup>ST</sup> DATA ENTRY COMPLETE <input type="checkbox"/> DATE _____ INITIALS _____ <input type="radio"/> 2 <sup>ND</sup> DATA ENTRY COMPLETE <input type="checkbox"/> DATE _____ INITIALS _____ <input type="radio"/> DATA ENTRY PROBLEMS <input type="checkbox"/> (WRITE COMMENTS ON PAGE AT END OF FORM)

**Chuuk State, Federated States of Micronesia**

**Survey Information**

Location and Date	Response	Code
Cluster/Centre/Village ID	_____	11
Cluster/Centre/Village name		12
Interviewer ID	_____	13
Date of completion of the instrument	____/____/____ dd mm year	14

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	15
Interview Language	English 1 Chuukese 2	16
Time of interview (24 hour clock)	____:____ hrs mins	17
Family Surname		18
First Name		19
<b>Additional Information that may be helpful</b>		
Contact phone number where possible	____.____	110

**Step 1 Demographic Information**

CORE: Demographic Information		
Question	Response	Code
Sex (Record Male / Female as observed) ( Sokun aramas meta )	Male 1 Female 2	C1
What is your date of birth? ( lfa ranin om uputiw) Don't Know 77 77 7777	<input type="text"/> If known, Go to C4 dd mm year	C2
How old are you? (Fitou ierum?)	Years <input type="text"/> <input type="text"/>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)? (Ukukun, fitou ier om susukun tori amuchunon ier ka awesi?)	Years <input type="text"/> <input type="text"/>	C4
EXPANDED: Demographic Information		
What is the <b>highest level of education</b> you have completed? (Amuchunon sukun ka awesi me asopano?)	Never attended school (use fiti sukun, esap mo eu) 1 Elementary school (1-8 grades) (sukunun lementary chok 1 tori 8) 2 High school (9-12 grades) (Sukun seni 9 tori 12) 3 2 yr college (ru ier college, ier ruou 2) 4 4-Year college (ruanu ier College, ier ruanu (4) 5 (Graduate, postgraduate) (murun ruanu ier me nap seni) 6 Refused 88	C5
What is your <b>background</b> ? ( en seni meni neni? )	Chuukese 1 Mortlockese 2 Hallese 3 Westlockese 4 Pohnpeian 5 Pohnpeian-OI 6 Yapese 7 Yap-OI 8 Kosraen 9 Filipino 10 Others 11 Refused 88	C6
What is your <b>marital status</b> ? ( en mei pupunu)	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your <b>main work</b> status over the past 12 months? (Meni nein ekkei a mak fan, a pwarngeni kich usun sokkun angang ka ani me kan fofori, non ekkewe 12 maram?)  (USE SHOWCARD)	Government employee (En emon chon angangan mun/ Government) 1 Non-government employee (Esap en chon angangan mun/Private) 2 Self-employed(angang ngeni pwisin om family are non neniom 3 Non-paid (Alilis ngeni chon non neniom ese puan kamo/Volunteer) 4 Student(Chon sukun) 5 Homemaker(Chon chok angang me aninis neim) 6 Retired(ritair) 7 Unemployed (able to work) ) (Ese tufich angang ren ese or angang) 8 Unemployed (unable to work) ) (Ese tufich angang ren tufichingau , ese tongeni angang) 9 Refused 88	C8



**PARTICIPANT ID:**      -

During the past 12 months, have you tried to <b>stop smoking</b> ? ( ka fen sotuni omw kopwe kouno ne uun supwa seni 12 maram sia fen tou seni?)	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? (atun omw churi ewe doctor, mei mwo)	Yes 1 No 2	T7
In the past, did you <b>ever smoke</b> any tobacco products? (USE SHOWCARD) ( me lom, en mei mwo unumi och sokun supwa?)	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you <b>ever smoke daily</b> ? ( me lom, en mei un supwa iteitan ran?)	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2	T9

<b>EXPANDED: Tobacco Use</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
How old were you when you <b>stopped</b> smoking? ( Ke ier fite, fansoun om wes ne un supa iteitan ran?)	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T10
How <b>long ago</b> did you stop smoking? Are ose chechemeni ierum, epwe inet fansou , epwe inet utun epwene fitu ier iei?)  (RECORD ONLY 1, NOT ALL 3)  Don't Know 77	Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T11a
	OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T11b
	OR Weeks ago <input type="text"/> <input type="text"/>	T11c
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as [snuff, chewing tobacco, betel]? ( Kemi mong supa me snuff?) (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ? (Me lom, en omi kan mongo and snuff supa, etc. ?)	Yes 1 No 2 <i>If No, go to T14aw</i>	T13
On average, how many <b>times a day/week</b> do you use (Fan fite omw angei ekei metoch non ew ran/week)....  (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 7777	DAILY↓      WEEKLY↓	
	Snuff, by mouth <input type="text"/>	T14a/ T14aw
	Snuff, by nose <input type="text"/>	T14b/ T14bw
	Chewing tobacco <input type="text"/>	T14c/ T14cw
	Betel, quid <input type="text"/>	T14d/ T14dw
	Other <input type="text"/> <input type="text"/> <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
	Other (please specify): <input type="text"/> <input type="text"/> <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14otherw
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco,]? ? ( Kemi mong supa me snuff?)	Yes 1 No 2 <i>If No, go to T17</i>	T15
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco, or betel] <b>daily</b> ? ? (Nomnom, en omi kan un supa iteitan ran?)	Yes 1 No 2	T16

XT1a-l. in your opinion, how useful would each of the following be in helping you to quit smoking tobacco? (Are en emon smoker, met epwe lomot me lein ekkei metoch fan an epwe alisuk ren om opwe wes le un supwa?)

Please check one response for EACH item.	Not Useful (ESe lamot)	Somewhat Useful (Ekis lamot)	Very Useful (Fakkun lamot)
a. Friends (Chechiach kewe)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Substance abuse and mental health program (Anangan pelin SAMH)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Medical Doctor (Tokoche)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Hang out with friends who don't smoke (Fiti chiechiom resap un me mong supa)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Pastor/Minister/Priest (Pastor, wanparon, soumas, patre)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Youth groups (Mweichen serafo)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Teacher/Professor (Sense me ekewe ra selelap asukul)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Uncles, spouse or other relatives (Tetelin samach, inach are aramasach)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Parents (Papa me Mama)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Exercise/Increase participation in sports (Exercises/ alepalo angangan sports)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Stay away from bars/night clubs (Wes le lo lon bars/clubs lenien un sakau me supa)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Mental health program staff (Ekewe chon angangan Mental Health)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

### Assessing use of betel nut

BE1 (a) Do you currently chew betel nut? (Ke mi kan mongo puu?) Ewer  1 Ap  2  
(Are "Ap" Mweteri nampa AI)

BE2 If "yes", do you currently chew daily? Ewer  1 Ap  2  
(Are "Ewer" Ke mi kan mongo iteitan ran?)

BE3 When you do chew daily, how many nuts do you chew? (Nupan ka mongo puu, fitu foun puu kekan ani eu ran?)

How many? daily

BE4 On average, how many times do you chew on the days that you chew? (Ren average, fan fite okan mong puu non ranin kewe kekan mong puu?)

How many? daily

BE5 When you chew betel nut, do you add cigarettes or tobacco? (Ke kan mong puu, omi kan mongo fengen me supa are tabacco?) Check One

- Yes, all the time( Ewer iteitan fansoun)  1
- Yes, but not all the time( Ewer nge esap iteitan fansoun)  2
- Never ( Esap fan eu, )  3

BE6 In the past, did you ever chew betel nut **daily**? (Lom lom, en mei kan mongo puu iteitan ran?) Check one:

Ewer  1 Ap  2

**PARTICIPANT ID:**

BE7. If you use betel nut, in your opinion, how useful would each of the following be in helping you to quit using betel nut? (*Ren mañiom, ifa usun ekkei a make fan an epwe tongeni alilis ren en ika emon chon mongo puu epwe wes le mongo?*)

Please check one response for EACH item.	Not Useful( <i>ESe lamot</i> )	Somewh at Useful ( <i>Ekis lamot</i> )	Very Useful( <i>Fakkun lamot</i> )
a. Friends ( <i>Chechiach kewe</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Substance abuse and mental health program ( <i>Anangan pelin SAMH</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Medical Doctor ( <i>Tokoche</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Hang out with friends who don't smoke ( <i>Fiti chiechiom resap un me mong supa</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Pastor/Minister/Priest (Pastor, wanparon, soumas, patre)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Youth groups ( <i>Mweichen serafo</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Teacher/Professor (Sense me ekewe ra seleep asukul)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Uncles, spouse or other relatives ( <i>Tetelin samach, inach are aramasach</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Parents ( <i>Papa me Mama</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Exercise/Increase participation in sports ( <i>Exercises/ alepalo angangan sports</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Stay away from bars/night clubs ( <i>Wes le lo lon bars/clubs lenien un sakau me supa</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Mental health program staff ( <i>Ekewe chon angangan Mental Health</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

<b>CORE: Alcohol Consumption</b>		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits or <i>tuba</i> ? ( <i>En omi kan un arkor; wain, beer, liquor,fermented yeast, tuba/faluba.?</i> ) ( <i>USE SHOWCARD OR SHOW EXAMPLES</i> )	Yes 1 No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the <b>past 12 months</b> ? (, <i>epwe fansoun 12 maram mwan ei fansoun?</i> )	Yes 1 <i>If Yes, go to A4</i> 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? ( <i>en mei mwo kouno ne uun sakau faniten nonomun inisum, ete wor ouongwawan ngonuk ika seni an doctor ourour ngonuk?</i> )	Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to A16</i>	A3
During the past 12 months, <b>how frequently</b> have you had at least one standard alcoholic drink? ( <i>Lon ewe ier a lo, 12 maram a wesino, fan fitu om unumi sakauan won?</i> ) ( <i>READ RESPONSES, USE SHOWCARD</i> )	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 <b>past 30 days</b> ? ( <i>en mei mwo uun sakau non ekkewe 30 ran sia fen tou seni?</i> )	Yes 1 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink? ( <i>Lon ewe ier a lo, 1 maram a wesino, fan fitu om unumi sakauan won?</i> )	Number Don't know 77 <input type="text"/>	A6
During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> did you have during one drinking occasion? ( <i>Nupan om unumi sakauen won, fetu ka unumi fansoun om un non eu ran?</i> ) ( <i>USE SHOWCARD</i> )	Number Don't know 77 <input type="text"/>	A7
During the past 30 days, what was the <b>largest number</b> of standard drinks you had on a single occasion, counting all types of alcoholic drinks together? ( <i>seni non ekkewe 30 ran sia tou seni, ifan wattenon unumom sakau non eew chok fansoun, ese pwan nifinifin sokkun sakau ?</i> )	Largest number Don't Know 77 <input type="text"/>	A8

**PARTICIPANT ID:**     -

During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion? ( seni non ekkewe 30 ran sia fen tou seni, fan fituw omw unumi sakau nap seni wonofoch non eew chok fansoun )	Number of times Don't Know 77 <input type="text"/>	A9
During each of the <b>past 7 days</b> , how many standard drinks did you have each day? (Non eu week are 7 ran, fite or fitu beers are sakauan won ke kan unumi non eu ran?)  (USE SHOWCARD)  Don't Know 77	Monday <input type="text"/>	A10a
	Tuesday <input type="text"/>	A10b
	Wednesday <input type="text"/>	A10c
	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f
	Sunday <input type="text"/>	A10g

**CORE: Alcohol Consumption, continued**

Question	Response	Code
During the <b>past 7 days</b> , did you consume any <b>homebrewed</b> alcohol, <b>untaxed</b> alcohol? ( non ekkewe 7 ran sia touseni, en mei uun sakau ka pusin enenu me neimw, ren iis ika, ese pwan kamo takisis?) (USE SHOWCARD)	Yes 1  No 2 If No, go to A13	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ? (Non eu week are 7 ran, fite or fitu beers are sakauan won ke kan unumi non eu ran?)  (USE SHOWCARD)  Don't Know 77	Homebrewed spirits, e.g. moonshine <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <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

**EXPANDED: Alcohol Consumption**

<b>For men only: (Ren chok Mwan)</b> In the past 12 months, on how many days did you have five or more alcoholic drinks in a single day? (Non ewe ier a no ika 12 maram, epwe fan fitu fansoun are ran ka unumi 5 are watte seni sakauen won non eu chok ran?)	Number of day(s)(Fitu ran? <input type="text"/>	XA1
<b>(For women only (Ren chok Fefin)</b> In the past 12 months, on how many days did you have four or more alcoholic drinks in a single day?(Non ewe ier a no ika 12 maram, epwe fan fitu fansoun are ran ka unumi 4 are watte seni, sakauen won non eu chok ran?)	Number of day(s)(Fitu ran? <input type="text"/>	XA2
In the past 12 months, what was the largest number of drinks you had on a single occasion, counting all types of alcoholic beverages combined?(Lon ewe ier are 12 maram a wes, eu fansoun a fokkun watte sakauan won ka unumi , esepuan nifinifin sokun ka unumi, epwe ifa ukukun unumon non ena fansoun?)	Number of day(s)(Fitu ran? <input type="text"/>	XA3

PARTICIPANT ID:

XA4. in your opinion, how useful would each of the following be in helping you to quit using alcohol?(Ren mafiom me om nuku, epwe auchea me aninnis ren usuan a mak ikei, epwe anisuk me wor namotan ngeni chon un sakauan won ar repwe kauno me aukatiu sakauan won?)

Please check one response for EACH item.	Not Useful( ESe lamot)	Somewh at Useful ( Ekis lamot )	Very Useful( Fakkun lamot)
a. Friends ( Chechiach kewe)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Substance abuse and mental health program ( Anangan pelin SAMH)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Medical Doctor (Tokoche)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Hang out with friends who don't smoke ( Fiti chiechiom resap un me mong supa)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Pastor/Minister/Priest (Pastor, wanparon, soumas, patre)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Youth groups (Mweichen serafo)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Teacher/Professor (Sense me ekewe ra selelap asukul)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Uncles, spouse or other relatives ( Tetelin samach, inach are aramasach)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Parents ( Papa me Mama)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Exercise/Increase participation in sports (Exercises/ alepalo angangan sports)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Stay away from bars/night clubs (Wes le lo lon bars/clubs lenien un sakau me supa)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Mental health program staff (Ekewe chon angangan Mental Health)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**CORE: Diet**

Question	Response	Code
In a typical week, on how many days do you <b>eat fruit</b> ? ( Fan fitu om mongo uwan ira are fruits non eu week?) (USE SHOWCARD)	Number of days Don't Know 77 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> If Zero days, go to D3	D1
How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? ( Fan fitu non eu ran ke kan mongo uwan ira are fruits?) (USE SHOWCARD)	Number of servings Don't Know 77 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span>	D2
In a typical week, on how many days do you <b>eat vegetables</b> ? (Epwe kan fitu ran non eu week ke kan mongo chon ira are vegetable?) (USE SHOWCARD)	Number of days Don't Know 77 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> If Zero days, go to D5	D3
How many <b>servings</b> of vegetables do you eat on one of those days? (Epwe kan fitu ran non eu week ke kan mongo chon ira are vegetable?) (USE SHOWCARD)	Number of servings Don't know 77 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span>	D4

**Dietary salt**

How often do you <b>add salt or a salty sauce such as soya sauce</b> to your food right before you eat it or as you are eating it? ( fansoun omw mwongo , en mei kan soonei ika soyuni me mwen chok omw kopwe mwongo, iteitian ika fan ekkoch chok?) (SELECT ONLY ONE) (USE SHOWCARD)	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Always</td><td style="width: 10%; text-align: center;">1</td><td style="width: 30%;"></td></tr> <tr><td>Often</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>Sometimes</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>Rarely</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Never</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Don't know</td><td style="text-align: center;">77</td><td></td></tr> </table>	Always	1		Often	2		Sometimes	3		Rarely	4		Never	5		Don't know	77		D5
Always	1																			
Often	2																			
Sometimes	3																			
Rarely	4																			
Never	5																			
Don't know	77																			
How often is <b>salt, salty seasoning or a salty sauce added</b> in cooking or preparing foods in your household? ( me non imwom, fansoun cookun mwongo, en mei kan soonei ika aea ekkewe noffit mei nekken itieitan ika fan ekkoch chok?)	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Always</td><td style="width: 10%; text-align: center;">1</td><td style="width: 30%;"></td></tr> <tr><td>Often</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>Sometimes</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>Rarely</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Never</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Don't know</td><td style="text-align: center;">77</td><td></td></tr> </table>	Always	1		Often	2		Sometimes	3		Rarely	4		Never	5		Don't know	77		D6
Always	1																			
Often	2																			
Sometimes	3																			
Rarely	4																			
Never	5																			
Don't know	77																			
How often do you eat <b>processed food high in salt</b> ? 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 and processed meat (ifan koukun omw kan mwongo ekkewe pooch me mwongo mei nekken ren futuk me ekkewe ekkoch?)	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Always</td><td style="width: 10%; text-align: center;">1</td><td style="width: 30%;"></td></tr> <tr><td>Often</td><td style="text-align: center;">2</td><td></td></tr> <tr><td>Sometimes</td><td style="text-align: center;">3</td><td></td></tr> <tr><td>Rarely</td><td style="text-align: center;">4</td><td></td></tr> <tr><td>Never</td><td style="text-align: center;">5</td><td></td></tr> <tr><td>Don't know</td><td style="text-align: center;">77</td><td></td></tr> </table>	Always	1		Often	2		Sometimes	3		Rarely	4		Never	5		Don't know	77		D7
Always	1																			
Often	2																			
Sometimes	3																			
Rarely	4																			
Never	5																			
Don't know	77																			

PARTICIPANT ID:

<p><b>How much salt or salty sauce</b> do you think you consume? ( omw nuku epwe ifan koukun unumom soon ika ekkewe nofit mei nekken?)</p>	Far too much	1	D8
	Too much	2	
	Just the right amount	3	
	Too little	4	
	Far too little	5	
	Don't know	77	

XD1. Do **you** usually prepare meals at home?

(En ke kan fori mongo fansoun meals non imom?)----- Ewer 1  Ap 2

D12. What types of oil or fat are used **most often** for meal preparation at home? (Indicate one only)(If sokun kiris ke kan amon eak fan chommong neimom?)

<input type="radio"/> Vegetable oil (Kirhs en ir are veg )	<input type="checkbox"/> 1
<input type="radio"/> Lard or animal fat (Kiris en man)	<input type="checkbox"/> 2
<input type="radio"/> Butter (Pwete/butter)	<input type="checkbox"/> 3
<input type="radio"/> Margarine	<input type="checkbox"/> 4
<input type="radio"/> Coconut oil (Taka)	<input type="checkbox"/> 5
<input type="radio"/> Others (Ekkoch ese fat )	<input type="checkbox"/> 6
<input type="radio"/> Nothing in particular (Esor )	<input type="checkbox"/> 7
<input type="radio"/> I don't use any oil or fat when preparing meals? ( Esor , resekan a”a are use kiris)	<input type="checkbox"/> 8
<input type="radio"/> Don't know ( usesinei)	<input type="checkbox"/> 9

XD2. On how many days do you eat the following meat in a typical week?(Fitu ran non eu week ke kan mongo ekkei sokun sanei ika meat a afat fan?)

	Number of days	Code
Meat:( Fituk)	<input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	XD2a
Chicken:(Chuko)	<input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	XD2b
Eggs:(Sokun)	<input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	XD2c
Milk products( Milik)	<input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	XD2d
Fish (ik)	<input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	XD2e

XD3. In a typical week, on how many days do you eat **fresh fish**? (Fita ran non ew week, kekan mongo iik?)

Number of days(Fitu ran):     
Don't Know 77

XD4. In a typical week, on how many days do you eat **tinned fish**? (Fita ran non ew week, kekan mongo iik non poch?)

Number of days(Fitu ran):     
Don't Know 77

CORE: Physical Activity		
Question	Response	Code
<b>Work</b>		
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? ( omw ina angang mei fori omw kopwe mwiengas ika muttirino omw ngasangas?) (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? ( non ew week, epwe fitu ran en mei angang weires ika mwokutukut epwe fori omw kopwe mwiengas?)	Number of days <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day? ( Epwe ian ururun taman fansoun om fori om angang ?)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
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? (omw ina angang, en mei kan fori ekkoch mwokutukut ese kon pwan fori omw kopwe mwiengas?) (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? ( non ew week, fitu ran en mej fori ei sokkun angang ika mwokutukut ese kon pwan fori omw kopwe mwiengas?)	Number of days <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day? ( epwe ifan tamen omw kan fori ekei sokun angang ika mwokutukut non ew ran?)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)

Travel to and from places		
Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? (Ke kan fetan ika bicycle ngeni me seni om nenian angang, kamo, no fitifan, etc., esap kukkun seni 10 minich eu fansoun?)	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? (Ika "Ewer" epwekan fan fite non eu week?)	Number of days <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day? (Epwe ifan taman om kopwe chok fori angangan sei ika crusinging fetan iei usun non eu ran?)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

Recreational activities		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] 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 (leisure) 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)
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)	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  _____	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes ____ : ____ hrs                      mins	P15 (a-b)

**EXPANDED: 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 cards or watching television, but do not include time spent sleeping. ( Non ewe wik are fisu ran sia tou seni anchangei me ekieki non fansoun om angang, nom neim, are fansoun om assozzo me urur, pual fansoun om momot on om chepenin angang, chufengen me chichiom, anea me katon TV- nge esap fansoun om mour). (USE SHOWCARD)

How much time do you usually spend sitting or reclining on a typical day? (non eu ran, epwe ifa ukukun fansoun ka ani ekkei sokun momot me amannenu/anchang usun a afat ekei?)	Hours : minutes ____ : ____ hrs                      mins	P16 (a-b)
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**CORE: History of Raised Blood Pressure**

Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker? ( ka mwo pin cheki omw feita cha ren ekkewe chon pioing ika doctor?)	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? (mei mwo wor chon erenuk pun a watte omw feita cha, emon doctor ika chon pioing?)	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Have you been told in the past 12 months? ( mei wor chon erenuk non ekkewe 12 maram sia fen tou seni	Yes 1 No 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?(Non ekewe ruu week a no, fan fite omw angei safeien feita chaa noum tokte ika chon angangen pioing e ngonuk?)	Yes 1 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension?(En mi pin chuuri sousafeien fonuwach fan iten feita chaa?)	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?(En mi kan un ika aea safeien fonuwach fan iten fita chaa?)	Yes 1 No 2	H5

**CORE: History of Diabetes**

Have you ever had your blood sugar measured by a doctor or other health worker?(Ka mwo pin cheki omw suke ren emon tokte ika chon angangen pioing?)	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?(A mwo fan ew an emon tokte ika chon angangen pioing oronuk pwe mi fita chaaomw ika mi uruk semwenin suke?)	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months? (Re oronuk non ekewe 12 maram a no?)	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?(Non ekewe 12 week ra no, en mi angei safeien suke noum tokte ika chon angangen pioing e makei ngonuk kopwe unumi?)	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?(En mi nom won opwos fan iten semwenin suke seni noumw tokche ika emon chon angangen pioing?)	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?(En mi pin chuuri sousafeien fonuwach fan iten semwenin suke ika feita chaa?)	Yes 1 No 2	H10

**PARTICIPANT ID:**

Are you currently taking any herbal or traditional remedy for your diabetes?(En mi kan un ika angei safeien fonuwach fan iten semwenin suke?)	Yes 1 No 2	H11
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**CORE: 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?(En mi pin cheki omw kolesterol, ika koukun kiris non chaaomw, ren emon tokche ika chon angangen pioing?)	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?(A fen fan ew an emon tokche ika chon angangen pioing oronuk pwe mi watte kiris non chaaomw?)	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months? (Re oronuk ei non ekewe 12 maram a no?)	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? (Non ewe ruu week a no, en mi mwo un safei fan itan a watte kirisen non chaaomw, noum Tokche ika chon angangen non pioing e makei ngonuk?)	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?(En mi pin chuuri emon sousafeien fonuwach fan iten an watte kirisen non chaaomw?)	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?(En mi kan un ika angei safeien fonuwach ren an watte omw kolesterol ika watte kiris non chaaomw?)	Yes 1 No 2	H16

**CORE: 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)?(A mwo toruk metikin ngasangas ika metek fan mwarumw fan iten omw semwenin ngasangas ika stroke?)	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease? (Ke kan un aspirin fan iten omw semwenin ngasangas?)	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?(Ke kan un statins (lovastatin/simvastatin/atorvastatin) fan iten omw semwenin ngasangas?)	Yes 1 No 2	H19

**CORE: Lifestyle Advice**

During the past three years, has a doctor or other health worker advised you to do any of the following?(Non ekewe unungat ier a no, a mwo fan ew an noumw Tokche ika chon angangen pioing oronuk kopwe fori ew ika fitu ekei metoch? <i>(RECORD FOR EACH)</i>		
Quit using tobacco or don't start (Ukutiw ne angei tapako ika kosapw angei tapako)	Yes 1 No 2	H20a
Reduce salt in your diet(Ekukunatiw omw sonei onomw)	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day(Kopwe aani nimwu koukun foun ira me chen ira non ew raan)	Yes 1 No 2	H20c
Reduce fat in your diet(Ekukunatiw kirisen onomw)	Yes 1 No 2	H20d
Start or do more physical activity (Pwopwuta ne taiso ika anapano omw mwokutukut)	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight (Foreochu choumw ika akukunatiw choumw)	Yes 1 No 2	H20f

**CORE (for women only): Cervical Cancer Screening**

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. 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. (Ei kapas eis mwirin, ew kapas eis ren an fefin semwenin nenien nour. Mi sokopat ekewe anen test ren ei samau,ew a iteni Visual Inspection with Acetic Acid/vinegar(VIA), pap smear and Human Papillomavirus (HPV) test. Ena VIA, ekan weneiti asatan ewe nenien nounou mwirin an menita finikar ika ewe acetic acid won. Ren ekewe pap smear me HPV test, emon tokche ika kangof e aea ekan swab (e kan mi nikinikin chuun non sening) ngeni fan mesen fefin ar repwe angei samponun ewe aramas pwe repwe katon ika mi wor ewe semwen ren. Ewe sampon a no ngeni ekan nenien lab ar repwe testini. Ena tokche ika chon angangen pioing mi tongeni pwan ngeni ewe chon chek ewe swab an epwe pwusin cheki.)

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above?(En mi pin no chek fan iten cervical cancer nge ke aea ew me nein ekei sokun chek a mak asan?)	Yes 1 No 2 <i>If No, go to M1</i> Don't know 77	CX1
<b>Expanded</b>		
When was the last time you had a VIA/Pap smear done? (A inet omw ke no chek VIA ika Pap Smear)	Less than 5 years ago 1 More than 5 years ago 2 Don't know 77	CXE1

PARTICIPANT ID:

**Step 2 Physical Measurements**

CORE: Blood Pressure		
Question	Response	Code
Interviewer ID	<input type="text"/>	M1
Device ID for blood pressure	<input type="text"/>	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic ( mmHg) <input type="text"/>	M4a
	Diastolic (mmHg) <input type="text"/>	M4b
Reading 2	Systolic ( mmHg) <input type="text"/>	M5a
	Diastolic (mmHg) <input type="text"/>	M5b
Reading 3	Systolic ( mmHg) <input type="text"/>	M6a
	Diastolic (mmHg) <input type="text"/>	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? (Non ekewe ruu week a no, noum tokche ika chon angangen pioing mi onomwuk won safei ren an feita chaaomw)	Yes 1 No 2	M7
CORE: Height and Weight		
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Interviewer ID	<input type="text"/>	M9
Device IDs for height and weight	Height <input type="text"/>	M10a
	Weight <input type="text"/>	M10b
Height	in Centimetres (cm) <input type="text"/>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/>	M12
CORE: Waist		
Device ID for waist	<input type="text"/>	M13
Waist circumference	in Centimetres (cm) <input type="text"/>	M14
EXPANDED: Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) <input type="text"/>	M15
Heart Rate		
Reading 1	Beats per minute <input type="text"/>	M16a
Reading 2	Beats per minute <input type="text"/>	M16b
Reading 3	Beats per minute <input type="text"/>	M16c

**Step 3 Biochemical Measurements**

<b>CORE: Blood Glucose</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
During the past 12 hours have you had anything to eat or drink, other than water? (Non ekewe 12 awa a no, en mi mwongo me un metoch me nukun konik?)	Yes 1 No 2	B1
Technician ID	<input type="text"/>	B2
Device ID	<input type="text"/>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l <input type="text"/> <input type="text"/> . mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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? (Ikenai, en mi opwos ika un safei mine noum tokche ika chon angangen pioing e makei ngonuk fan iten omw feita chaa?)	Yes 1 No 2	B6
<b>CORE: Blood Lipids</b>		
Device ID	<input type="text"/>	B7
Total cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l <input type="text"/> <input type="text"/> . mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker? (Non ekewe ruu week a no, noum tokche ika chon angangen pioing mi anomwuk won safei fan iten watten kiris non chaaomw)	Yes 1 No 2	B9

<b>EXPANDED: Triglycerides and HDL Cholesterol</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
Triglycerides [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l <input type="text"/> <input type="text"/> . mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B16
HDL Cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l <input type="text"/> <input type="text"/> . mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B17

Data Entry Comments:

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