



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 ST DATA ENTRY COMPLETE <input type="checkbox"/> DATE _____ INITIALS _____ <input type="radio"/> 2 ND 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	 	I1
Cluster/Centre/Village name		I2
Interviewer ID	 	I3
Date of completion of the instrument	 dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language	English 1 Chuukese 2	I6
Time of interview (24 hour clock)	 : hrs mins	I7
Family Surname		I8
First Name		I9
Additional Information that may be helpful		
Contact phone number where possible	 . 	I10

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? (Ifa ranin om uputiw) Don't Know 77 77 7777	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 30px; text-align: center;">dd</div> <div style="border-bottom: 1px solid black; width: 30px; text-align: center;">mm</div> <div style="border-bottom: 1px solid black; width: 60px; text-align: center;">year</div> </div> <i>If known, Go to C4</i>	C2
How old are you? (Fitou ierum?)	Years <div style="border-bottom: 1px solid black; width: 40px;"></div>	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 <div style="border-bottom: 1px solid black; width: 40px;"></div>	C4

EXPANDED: Demographic Information

What is the highest level of education 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 background ? (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 marital status ? (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 main work 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

How many people older than 18 years, including yourself, live in your household? (Fitemon chon non omw famini ier 18 feita pachenong en, ami mei nomofengen non ew imw?)	Number of people 	C9
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EXPANDED: Demographic Information, Continued

Question	Response	Code
Taking the past year , can you tell me what the average earnings of the household have been? (Non ewe ier a wesino, fita average ren ukukun money tonong remi, esap aiemuno takisis are apecha ngeni takisis?) (RECORD ONLY ONE, NOT ALL 3) Go to C11 if one answer is provided	Per week Go to T1	C10a
	OR per month Go to T1	C10b
	OR per year 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? (Ika osap sinei ren ukukun moni tonong non eu ier ngeni ewe household, ika upwe aleani ngonuk ekkoch aukukun ?) (READ OPTIONS)	(Kis seni nimungerou) ≤ \$5,000 1	C11
	Epwe nefinan \$5,000-\$10,000 2	
	Epwe nefinan \$10,000-\$15,000 3	
	Epwe nefinan \$15,000-\$20,000 4	
	Watte seni ruangerou > \$20,000 5	
	Don't Know 77	
	Refused 88	

Step 1 Behavioural Measurements

CORE: Tobacco Use

Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (Omi chuen un supa non sokun meinisin a for non seni nenian for are usun a afat non cigars, pipes, sticks etc.?) (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1
Do you currently smoke tobacco products daily ? Are "Ewer" En omi chuen un supa lteitan ran ?	Yes 1 No 2	T2
How old were you when you first started smoking? (Fite ierom aewan om poputani un supa, lteitan ran?)	Age (years) Don't know 77 If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (Ika kosap chechemeni ierom sewan om poputani un supa , epwe inet atun om chechemeni?) (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years If Known, go to T5a/T5aw	T4a
	OR in Months If Known, go to T5a/T5aw	T4b
	OR in Weeks 	T4c
On average, how many of the following products do you smoke each day/week ? (Ren Ukukun non 1 ran) (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes(supan seni factory) 	T5a/T5aw
	Hand-rolled cigarettes(pwaun supa) 	T5b/T5bw
	Pipes full of tobacco (supa non pipe) 	T5c/T5cw
	Cigars, cheroots, cigarillos(Fochen sika) 	T5d/T5dw
	Number of Shisha sessions 	T5e/T5ew
	Other (ekkoch mei afat) If Other, go to T5other, else go to T6	T5f/T5fw
	Other (please specify): 	T5other/ T5otherw

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During the past 12 months, have you tried to stop smoking ? (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 ever smoke any tobacco products? (USE SHOWCARD) (me lom, en mei mwo unumi och sokun supwa?)	Yes 1 No 2 If No, go to T12	T8
In the past, did you ever smoke daily ? (me lom, en mei un supwa iteitan ran?)	Yes 1 If T1=Yes, go to T12, else go to T10 No 2	T9

EXPANDED: Tobacco Use		
Question	Response	Code
How old were you when you stopped smoking? (Ke ier fite, fansoun om wes ne un supa iteitan ran?)	Age (years) Don't Know 77 If Known, go to T12	T10
How long ago 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 If Known, go to T12	T11a
	OR Months ago If Known, go to T12	T11b
	OR Weeks ago 	T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (Kemi mong supa me snuff?) (USE SHOWCARD)	Yes 1 No 2 If No, go to T15	T12
Do you currently use smokeless tobacco products daily ? (Me lom, en omi kan mongo and snuff supa, etc. ?)	Yes 1 No 2 If No, go to T14aw	T13
On average, how many times a day/week 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 	T14a/ T14aw
	Snuff, by nose 	T14b/ T14bw
	Chewing tobacco 	T14c/ T14cw
	Betel, quid 	T14d/ T14dw
	Other If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	Other (please specify): If T13=No, go to T16, else go to T17	T14other/ T14otherw
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco,]? ? (Kemi mong supa me snuff?)	Yes 1 No 2 If No, go to T17	T15
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ? ? (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 ^c <i>ESe lamot</i>	Somewhat Useful <i>(Ekis lamot)</i>	Very Useful <i>(Fakkun lamot)</i>
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 (<i>Tokoche</i>)	<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 (<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 (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

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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 mafiom, 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>)	Somewhat 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 (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 (<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 (Exercises/ <i>alepalo angangan sports</i>)	<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: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you ever 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>) (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the past 12 months ? (<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, how frequently 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>) (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 ? (<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 occasions 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 	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (<i>Nupan om unumi sakauen won, fetu ka unumi fansoun om un non eu ran?</i>) (USE SHOWCARD)	Number Don't know 77 	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? (<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 	A8

During the past 30 days, how many times did you have six or more 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 	A9
During each of the past 7 days , 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 	A10a
	Tuesday 	A10b
	Wednesday 	A10c
	Thursday 	A10d
	Friday 	A10e
	Saturday 	A10f
	Sunday 	A10g

CORE: Alcohol Consumption, continued		
Question	Response	Code
During the past 7 days , did you consume any homebrewed alcohol, untaxed 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, how many standard drinks of the following did you consume during the past 7 days ? (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 	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine 	A12b
	Alcohol brought over the border/from another country 	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves 	A12d
	Other untaxed alcohol in the country 	A12e

EXPANDED: Alcohol Consumption		
For men only: (Ren chok Mwan) 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? 	XA1
(For women only (Ren chok Fefin) 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? 	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? 	XA3

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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 eat fruit ? (Fan fitu om mongo uwan ira are fruits non eu week?) (USE SHOWCARD)	Number of days Don't Know 77 If Zero days, go to D3	D1
How many servings of fruit do you eat on one of those days? (Fan fitu non eu ran ke kan mongo uwan ira are fruits?) (USE SHOWCARD)	Number of servings Don't Know 77 	D2
In a typical week, on how many days do you eat vegetables ? (Epwe kan fitu ran non eu week ke kan mongo chon ira are vegetable?) (USE SHOWCARD)	Number of days Don't Know 77 If Zero days, go to D5	D3
How many servings 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 	D4

Dietary 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? (fansoun omw mwongo , en mei kan soonei ika soyuni me mwen chok omw kopwe mwongo, iteitan ika fan ekkoch chok?) (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? (me non imwom, fansoun cookun mwongo, en mei kan soonei ika aea ekkewe noffit mei nekken itieitan ika fan ekkoch chok?)	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 and processed meat (ifan koukun omw kan mwongo ekkewe pooch me mwongo mei nekken ren futuk me ekkewe ekkoch?)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7

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How much salt or salty sauce do you think you consume? (omw nuku epwe ifan koukun unumom soon ika ekkewe nofit mei nekken?)	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
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]</i> 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 <div style="border-bottom: 1px solid black; width: 50px; margin-left: 150px;"></div>	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 <div style="display: inline-block; vertical-align: middle;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> hrs mins </div>	P3 (a-b)
Does your work involve moderate-intensity 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? (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 mei fori ei sokkun angang ika mwokutukut ese kon pwan fori omw kopwe mwiengas?)	Number of days <div style="border-bottom: 1px solid black; width: 50px; margin-left: 150px;"></div>	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 <div style="display: inline-block; vertical-align: middle;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> hrs mins </div>	P6 (a-b)

Travel to and from places		
Do you walk or use a bicycle (<i>pedal cycle</i>) 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 <div style="border-bottom: 1px solid black; width: 50px; margin-left: 150px;"></div>	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 <div style="display: inline-block; vertical-align: middle;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> hrs mins </div>	P9 (a-b)

Recreational activities		
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]</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 <div style="border-bottom: 1px solid black; width: 50px; margin-left: 150px;"></div>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 40px; display: inline-block;"></div> hrs mins </div>	P12 (a-b)
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, swimming, 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="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></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: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">hrs</div> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">mins</div> </div>	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 assosso 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 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">hrs</div> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">mins</div> </div>	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

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	H11
	No 2	

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 kiris 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 kiris 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? (RECORD FOR EACH)		
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?)	<div>Yes 1</div> <div>No 2 <i>If No, go to M1</i></div> <div>Don't know 77</div>	CX1
Expanded		
When was the last time you had a VIA/Pap smear done? (A inet omw ke no chek VIA ika Pap Smear)	<div>Less than 5 years ago 1</div> <div>More than 5 years ago 2</div> <div>Don't know 77</div>	CXE1

PARTICIPANT ID:

Step 2 Physical Measurements

CORE: Blood Pressure		
Question	Response	Code
Interviewer ID	<u> </u>	M1
Device ID for blood pressure	<u> </u>	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic (mmHg) <u> </u>	M4a
	Diastolic (mmHg) <u> </u>	M4b
Reading 2	Systolic (mmHg) <u> </u>	M5a
	Diastolic (mmHg) <u> </u>	M5b
Reading 3	Systolic (mmHg) <u> </u>	M6a
	Diastolic (mmHg) <u> </u>	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	<u> </u>	M9
Device IDs for height and weight	Height <u> </u>	M10a
	Weight <u> </u>	M10b
Height	in Centimetres (cm) <u> </u> <u> </u>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <u> </u> <u> </u>	M12
CORE: Waist		
Device ID for waist	<u> </u>	M13
Waist circumference	in Centimetres (cm) <u> </u> <u> </u>	M14

EXPANDED: Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) <u> </u> <u> </u>	M15
Heart Rate		
Reading 1	Beats per minute <u> </u>	M16a
Reading 2	Beats per minute <u> </u>	M16b
Reading 3	Beats per minute <u> </u>	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? (Non ekewe 12 awa a no, en mi mwongo me un metoch me nukun konik?)	Yes 1 No 2	B1
Technician ID		B2
Device ID		B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes : hrs mins	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l mg/dl 	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
CORE: Blood Lipids		
Device ID		B7
Total cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l mg/dl 	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

EXPANDED: Triglycerides and HDL Cholesterol		
Question	Response	Code
Triglycerides [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l mg/dl 	B16
HDL Cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l mg/dl 	B17

Data Entry Comments:
