



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance



<Georgia 2016>



Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I1
Cluster/Centre/Village name	<input type="text"/>	I2
Interviewer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I3
Date of completion of the instrument	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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
Time of interview (24 hour clock)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	I7
Family Surname	<input type="text"/>	I8
First Name	<input type="text"/>	I9
Personal ID Number	<input type="text"/>	I9a
Additional Information that may be helpful		
Contact phone number where possible	<input type="text"/>	I10

Step 1 Demographic Information

Demographic Information														
Question	Response	Code												
Sex (Record Male / Female as observed)	Male 1 Female 2	C1												
What is your date of birth? <i>Don't Know 77 77 7777</i>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>dd</td><td>mm</td><td>year</td><td colspan="3"><i>If known, Go to C4</i></td> </tr> </table>							dd	mm	year	<i>If known, Go to C4</i>			C2
dd	mm	year	<i>If known, Go to C4</i>											
How old are you?	Years <table border="1"><tr><td></td><td></td></tr></table>			C3										
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <table border="1"><tr><td></td><td></td></tr></table>			C4										

Demographic Information				
What is the highest level of education you have completed?	No formal schooling 1 Not completed primary Primary school (1-6 years) 2 Main secondary (7-10 years) 3 Secondary school completed (11-12 years) 4 Professional education 5 University completed 6 Post graduate degree 7 Refused 88	C5		
What is your ethnic background?	Georgian 1 Armenian 2 Azeri 3 Ossetian 4 Russian 5 Other 77 Refused 88	C6		
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7		
Which of the following best describes your main work status over the past 12 months? (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		
How many people older than 18 years, including yourself, live in your household?	Number of people <table border="1"><tr><td></td><td></td></tr></table>			C9

Demographic Information, Continued			
Question	Response		Code
Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> Go to X1	C10a
	OR per month	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> Go to X1	C10b
	OR per year	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> Go to X1	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 (per month)? (READ OPTIONS)	<div> <div>≤ 250 GeL</div> <div>251 – 500 GeL</div> <div>501 – 1000 GeL</div> <div>1001 – 1500 GeL</div> <div>>1500 GeL</div> <div>Don't know</div> <div>Refused</div> </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>77</div> <div>88</div> </div>	C11	
What is your religion?	<div> <div>Orthodox Cristian</div> <div>Catholic</div> <div>Gregorian</div> <div>Muslim</div> <div>Jewish</div> <div>Not religious</div> <div>Refused</div> </div> <div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>88</div> </div>	X1	

Step 1 Behavioural Measurements

Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
	OR in Months <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
	OR in Weeks <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T4c
On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
	Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c/T5cw
	Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d/T5dw
	Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5e/T5ew
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6	T5f/T5fw
	Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2 go to T7	T6
During the last 12 months which methods to quit smoking did you use?	Consultation at the Primary Healthcare level 1 Nicotine Replacement Therapy 2 Drugs (Bupropion, Tabex) 3 Telephone consultation 4 Electronic Cigarette 5 Other, Specify----- 77 None 88	X2
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 If T2=Yes, go to T12; if T2=No, go to T9 No 2 If T2=Yes, go to T12; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T12; if T2=No, go to T9	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T8
In the past, did you ever smoke daily ?	Yes 1 If T1=Yes, go to T12, else go to T10 No 2 If T1=Yes, go to T12, else go to T10	T9

Tobacco Use		
Question	Response	Code
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T12	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <input type="text"/> If Known, go to T12	T11a
	OR Months ago <input type="text"/> <input type="text"/> If Known, go to T12	T11b
	OR Weeks ago <input type="text"/> <input type="text"/> <input type="text"/>	T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1	T12
	No 2 If No, go to T15	
Do you currently use smokeless tobacco products daily ?	Yes 1	T13
	No 2	
On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Snuff, by mouth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14a/ T14aw
	Snuff, by nose <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14b/ T14bw
	Chewing tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14c/ T14cw
	Betel, quid <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14d/ T14dw
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	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"/> 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, or betel]?	Yes 1	T15
	No 2 If No, go to T17	
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ?	Yes 1	T16
	No 2	
During the past 30 days, did someone smoke in your home ?	Yes 1	T17
	No 2	
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1	T18
	No 2	
	Don't work in a closed area 3	

Tobacco Policy

You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchase.

Question	Response	Code
During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? (RECORD FOR EACH)		
Newspapers or magazines	Yes 1 No 2 Don't know 77	TP1a
Television	Yes 1 No 2 Don't know 77	TP1b
Radio	Yes 1 No 2 Don't know 77	TP1c
During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?	Yes 1 No 2 Don't know 77	TP2
During the past 30 days, have you noticed any of the following types of cigarette promotions? (RECORD FOR EACH)		
Free samples of cigarettes	Yes 1 No 2 Don't know 77	TP3a
Cigarettes at sale prices	Yes 1 No 2 Don't know 77	TP3b
Coupons for cigarettes	Yes 1 No 2 Don't know 77	TP3c
Free gifts or special discount offers on other products when buying cigarettes	Yes 1 No 2 Don't know 77	TP3d
Clothing or other items with a cigarette brand name or logo	Yes 1 No 2 Don't know 77	TP3e
Cigarette promotions in the mail	Yes 1 No 2 Don't know 77	TP3f
<i>The next questions TP4 – TP7 are administered to current smokers only.</i>		
During the past 30 days, did you notice any health warnings on cigarette packages ?	Yes 1 No 2 <i>If no, go to TP6</i> Did not see any cigarette packages 3 <i>If "did not see any cigarette packages", go to TP6</i> Don't know 77 <i>If Don't know, go to TP6</i>	TP4
During the past 30 days, have warning labels on cigarette packages led you to think about quitting ?	Yes 1 No 2 Don't know 77	TP5
The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes <u> </u> Don't know or Don't smoke or purchase manuf. cigarettes 7777 <i>If "Don't know or don't smoke or purchase manuf. cig.", end section</i>	TP6
In total, how much money did you pay for this purchase? (DIGITS TO BE ADAPTED TO COUNTRY NEEDS)	Amount <u> </u> Don't know 7777 Refused 8888	TP7

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>Chacha, Nalivka</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to D1	A1		
Have you consumed any alcohol within the past 12 months ?	Yes 1 If Yes, go to A4 No 2	A2		
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 If Yes, go to A16 No 2 If No, go to D1	A3		
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4		
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 If No, go to A13	A5		
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <table border="1"><tr><td></td><td></td></tr></table>			A10a
Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A10b	
Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A10c	
Thursday <table border="1"><tr><td></td><td></td></tr></table>			A10d	
Friday <table border="1"><tr><td></td><td></td></tr></table>			A10e	
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A10f	
Sunday <table border="1"><tr><td></td><td></td></tr></table>			A10g	

Alcohol Consumption, continued				
I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.				
Question	Response	Code		
During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? (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 ? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. Chacha, Nalivka <table border="1"><tr><td></td><td></td></tr></table>			A12a
	Homebrewed beer or wine <table border="1"><tr><td></td><td></td></tr></table>			A12b
	Alcohol brought over the border/from another country <table border="1"><tr><td></td><td></td></tr></table>			A12c
Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <table border="1"><tr><td></td><td></td></tr></table>			A12d	
Other untaxed alcohol in the country <table border="1"><tr><td></td><td></td></tr></table>			A12e	

Alcohol Consumption		
During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15

Diet				
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.				
Question	Response	Code		
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to D3			D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to X3			D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			D4
In a typical week, on how many days do you eat meat or meat products ?	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to X4			X3
In a typical week, on how many days do you eat fish or sea products ?	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to X5			X4
In a typical week, on how many days do you drink milk or milk products ?	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to X6			X5
In a typical week, on how many days do you eat bread or bread products ?	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to X7			X6
In a typical week, on how many days do you eat sugar or sweet products ?	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to X8			X7
How many times a day you usually eat?	I don't eat everyday 1 Once a day 2 Twice a day 3 3 times a day 4 4 times a day 5 More than 4 times a day 6 Don't Know 77	X8		
Dietary salt				
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as marinade vegetables, smoked meat, smoked cheese, adjika, tkemali etc., and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.				
How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5		
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6		

Diet		
Question	Response	Code
How important to you is lowering the salt in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9
Do you think that too much salt or salty sauce in your diet could cause a health problem ?	Yes 1 No 2 Don't know 77	D10
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)		
Limit consumption of processed foods	Yes 1 No 2	D11a
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b
Buy low salt/sodium alternatives	Yes 1 No 2	D11c
Use spices other than salt when cooking	Yes 1 No 2	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f
Other (please specify)	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	D11other
The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.		
What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Lard 2 Butter 3 Margarine 4 Other 5 <i>If Other, go to D12 other</i> None in particular 6 None used 7 Don't know 77	D12
	Other <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	D12other
On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 <div> <div></div> <div></div> </div>	D13

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. *[Insert other examples if needed]*. 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
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? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
Does your work involve 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? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 7	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
Travel to and from places		
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. <i>[Insert other examples if needed]</i>		
Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 If No, go to P 10	P7
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

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)		
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 <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></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: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div>	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, and 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 (leisure) activities?	Number of days <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) 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: 20px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div>	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)		
How much time do you usually spend sitting or reclining 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: 20px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div>hrs</div> <div>mins</div> </div>	P16 (a-b)

History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 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?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Have you been told in the past 12 months?	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?	Yes 1 No 2	H3
What is the regime of taking drugs?	Everyday despite the blood pressure numbers 1 When the pressure is high 2 Irregularly, when remember 3	X9
Which drug do you take? (note all drugs respondent mentions)	1 2 3 4 5	X10
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	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?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	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?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

History of Raised Total Cholesterol

Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

History of Cardiovascular Diseases

Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1	H17
	No 2	
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1	H18
	No 2	
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin/Rosuvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1	H19
	No 2	
Have you ever been told by a doctor or other health worker that you have Atrial Fibrillation/?	Yes 1	X11
	No 2	
Have you ever been told by a doctor or other health worker that you have chronic vein vessel disease or varicose veins of lower extremities or deep vein thrombosis (DVT)?	Yes 1	X12
	No 2	
Are you currently taking anticoagulants (Aspirin/Heparin) prescribed by a doctor or other health worker?	Yes 1	X13
	No 2	

Lifestyle Advice

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

During the past three years, has a doctor or other health worker advised you to do any of the following? (H20CND - EVER/NO)			
Quit using tobacco or don't start	Yes	1	H20a
	No	2	
Reduce salt in your diet	Yes	1	H20b
	No	2	
Eat at least five servings of fruit and/or vegetables each day	Yes	1	H20c
	No	2	
Reduce fat in your diet	Yes	1	H20d
	No	2	
Start or do more physical activity	Yes	1	H20e
	No	2	
Maintain a healthy body weight or lose weight	Yes	1	H20f
	No	2	

(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.

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1	CX1
	No 2	
	Don't know 77	

Admission to the medical personnel

Question	Response	Code
Have you visited medical doctor or other medical personnel during the last 12 months?	Yes 1 go to X15 No 2 go to M1 Don't know 77 go to M1	X14
From the following what was the main reason of the last visit?	Concrete health problem 1 Prophylactic check-up 2 Both 3 Administrative (non-medical) reasons 4 Don't know 77	X15

Oral Health

The next questions ask about your oral health status and related behaviours.

Question	Response	Code
How many natural teeth do you have?	No natural teeth 1 <i>If no natural teeth, go to O6</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	O1
During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes 1 No 2	O6
How often do you clean your teeth?	Never 1 <i>If Never, go to MH1</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7	O9

Mental health / Suicide			
The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.			
Question	Response		Code
During the past 12 months , have you seriously considered attempting suicide?	Yes	1	MH1
	No	2 <i>If No, go to MH4</i>	
	Refused	88	
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes	1	MH3
	No	2	
	Refused	88	
Have you ever attempted suicide ?	Yes	1	MH4
	No	2	
	Refused	88	

Injury		
The next questions ask about different experiences and behaviours that are related to road traffic injuries.		
Question	Response	Code
In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 Don't know 77 Refused 88	V3
The next questions ask about the most serious accidental injury you have had in the past 12 months.		
In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V5
Please indicate which of the following the cause of this injury was.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Other (specify) 7 Don't know 77 Refused 88	V6
	Other (please specify) <input type="text"/>	V6other

Violence

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

Question	Response	Code
In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never 1 <i>go to SH1</i> Rarely (1- 2 times) 2 Sometimes (3 – 5 times) 3 Often (6 or more times) 4 Don't know 77 <i>go to SH1</i> Refused 88 <i>go to SH1</i>	V11
The next questions ask about the most serious violent incidence you have had in the past 12 months.		
Please indicate which of the following caused your most serious injury in the last 12 months.	Being shot with a firearm 1 A weapon (other than a firearm) was used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Don't know 77 Refused 88	V12
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authorities 7 Other (specify) 8 Refused 88	V13
	Other (please specify) <input type="text"/>	V13other

[illegible]

Step 2 Physical Measurements

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

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

Step 3 Biochemical Measurements

Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B2
Device ID	<input type="text"/> <input type="text"/> <input type="text"/>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	B4
Fasting blood glucose	mmol/l <input type="text"/> <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?	Yes 1 No 2	B6

Blood Lipids		
Device ID	<div><div></div><div></div><div></div></div>	B7
Total cholesterol	mmol/l <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	<div>Yes 1</div> <div>No 2</div>	B9

Urinary sodium and creatinine		
Had you been fasting prior to the urine collection?	<div>Yes 1</div> <div>No 2</div>	B10
Technician ID	<div><div></div><div></div><div></div><div></div></div>	B11
Device ID	<div><div></div><div></div></div>	B12
Time of day urine sample taken (24 hour clock)	<div>Hours : minutes</div> <div><div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div></div> <div>hrs mins</div>	B13
Urinary sodium	<div>mmol/l</div> <div><div><div></div><div></div><div></div><div></div></div><div></div></div>	B14
Urinary creatinine	<div>mmol/l</div> <div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div></div>	B15

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