

**Ghana Health Service**

**Chronic Disease Risk Factor  
Surveillance in the Greater Accra  
Region, Ghana**



**2006**

**Individual Questionnaire**

**In Collaboration with  
Ghana Statistical Service  
University of Ghana Medical School  
World Health Organization**



# Questionnaire on Chronic Disease Risk Factor Surveillance



## Greater Accra Region, Ghana - 2006

### Survey Information

Location and Date		Response	Code
1	District code	_ _ _ _	I1
2	Locality/Village name		I2
3	Enumeration area number/Village code/	_ _ _ _	I3
4	Type of residence	Rural 1 Urban 2	X1
5	Interviewer Identification	_ _ _ _	I4
6	Date of completion of the instrument	<div> <div>_ _</div> <div>dd</div> <div>_ _</div> <div>mm</div> <div>_ _ _ _</div> <div>year</div> </div>	I5

Consent, Interview Language and Name		Response	Code
7	Consent has been read out to participant	Yes 1 No 2 <b>If NO, read consent</b>	I6
8	Consent has been obtained (verbal or written)	Yes 1 No 2 <b>If NO, END</b>	I7
9	Interview Language	English 1 Akan 2 Ga 3 Ga-Adangme 4 Other 5	I8
10	Time of interview (24 hour clock)	<div> <div>_ _</div> <div>:</div> <div>_ _</div> </div> <div>hrs mins</div>	I9
11	Family Name		I10
12	First Name		I11
13	Contact phone number where possible		I12
14	Specify whose phone	<div>Work 1</div> <div>Home 2</div> <div>Neighbour 3</div> <div>Other (specify) 4</div>	I13
		Other _ _ _ _ _	I13 other

Record and file identification information (I6 to I13) separately from the completed questionnaire.

## Step 1 Demographic Information

Demographic Information																		
Questions		Response		Code														
15	Sex ( <i>Record Male / Female as observed</i> )	Male 1 Female 2		C1														
16	What is your date of birth? <i>Don't Know</i> 77 777 7777 <i>Refused</i> 88 888 8888	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>dd</td> <td>mm</td> <td colspan="3">year</td> <td colspan="2"></td> </tr> </table> <i>If known, go to Q19</i>								dd	mm	year						C2
dd	mm	year																
17	How old are you? <i>Don't Know</i> 77 <i>Refused</i> 88	Years <table border="1"><tr><td></td><td></td></tr></table> <i>If 77 or 88, go to Q18</i>				C3												
18	If you don't know/don't want to tell me your age, could you tell me the age range if I read out the options to you?	15-24 1 25-34 2 35-44 3 45-54 4 55-64 5		X2														
19	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <table border="1"><tr><td></td><td></td></tr></table>				C4												
20	What is your <i>ethnic background</i> ?	Akan 1 Ga / Dangme 2 Ewe 3 Guan 4 Mole-Dagbani 5 Hausa 6 Other 7 Refused 8		C5														
21	What is your <i>current marital status</i> ?	Never married 1 Currently married or cohabiting 2 Separated/divorced 3 Widowed 4		X3														
22	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Middle / Junior Secondary School 4 Sen. Secondary school completed 5 Post-secondary/ tertiary level completed 6 Post-graduate degree 7 Refused 8		C6														
23	Which of the following best describes your <i>main</i> work status over the last 12 months?  [INSERT COUNTRY-SPECIFIC	Professional/technical/managerial 1 Clerical/office worker 2 Sales and services 3 Skilled manual 4 Unskilled manual 5 Non-paid 6		C7														

## Participant Identification Number

--	--	--	--

	CATEGORIES] (USE SHOWCARD)	Student 7 Retired 8 Unemployed 9 Refused 88				
24	How many people older than 15 years, including yourself, live in your household?	Number of people <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				C8
25	Over the past year, what have been the average <u>monthly earnings</u> of your <u>household</u> from all sources?	<2 million cedis 1 2 million – less than 5 million cedis 2 5 million – less than 10 million cedis 3 10 million – less than 20 million cedis 4 ≥20 million cedis 5 Don't know 7 Refused 8	X4			
<b>Household Amenities</b>						
26	In what type of dwelling does your household live?	Separate House 1 Semi-Detached House 2 Flat/Apartment 3 Compound House (Rooms) 4 Other 5 Don't Know 7	X5			
27	What is the present holding/tenancy arrangement for your dwelling?	Owning 1 Renting 2 Rent-Free Or Perching 3 Don't Know 7	X6			
28	What is the main construction material used for the <b>outer walls</b> of your dwelling?	Mud/Mud Bricks/Earth 1 Cement Blocks/Concrete 2 Other 3 Don't know 7	X7			
29	What is the main construction material used for the <b>floor</b> of your dwelling?	Mud/Mud Bricks/Earth 1 Cement/Concrete 2 Vinyl Tiles/Ceramic/Marble Tiles/Terrazzo 3 Other 4 Don't know 7	X8			
30	What is the main material used for the <b>roof</b> of your dwelling?	Thatch/palm leaves/raffia/bamboo/mud/mud bricks/earth/wood; 1 Corrugated metal sheet / slate /asbestos/cement/concrete/roofing tiles 2 Other 3 Don't know 7	X9			
31	What is the main source of <b>drinking water</b> for	Pipe-borne inside 1	X10			

## Participant Identification Number

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

	your household?	Pipe-borne outside/tanker supply	2	
		Well/bore-hole/spring/rain	3	
		water/river/stream/dugout/pond/lake/dam		
		Other	4	
		Don't know	7	
32	What type of <b>toilet</b> is used by your household?	Water Closet or private KVIP	1	X11
		No facilities (bush/beach/field)	2	
		Public toilet	3	
		Other	4	
		Don't know	7	
Household Assets				
33	Do you or your household own any of the following assets in working order?			
A	Satellite TV	Yes	1	X12
		No	2	
B	Television	Yes	1	X13
		No	2	
C	Video deck/DVD	Yes	1	X14
		No	2	
D	Fixed line telephone	Yes	1	X15
		No	2	
E	Mobile (cellular) phone	Yes	1	X16
		No	2	
F	Car/truck/motor cycle	Yes	1	X17
		No	2	
G	Modern stove or cooker	Yes	1	X18
		No	2	

## Step 1 Behavioural Measurements

### Health Status

Now I am going to ask you some questions about how you rate your overall health.

Questions		Response	Code
34	How would you rate your overall mental and physical health in the <u>past 30 days</u> ?  <i>READ OPTIONS (1-4) IF NECESSARY</i>	Excellent/very good 1  Good 2  Fair / moderate 3  Poor 4  Don't know / not sure 7  Refused 8	X19

READ OPTIONS (1-4) IF NECESSARY

35	During the past 30 days, on how many days were you unable to engage in normal activities (work, school, taking care of family) because you were sick/injured?	<div>If not been unwell, record 00</div> <div>Don't know/not sure 77 <div><div></div><div></div><div></div></div></div> <div>Refused 88</div>	X20
----	---	---	-----

### Tobacco Use

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.

Questions		Response	Code
36	Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars or pipes?	Yes 1 No 2 If No, go to T6	T1
37	<u><b>If Yes,</b></u> Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2 If No, go to T6	T2
38	How old were you when you <b>first started</b> smoking daily?	Age (years) <div><div></div><div></div><div></div><div></div></div> If Known, go to T5a Don't remember 777	T3
39	Do you remember how long ago it was?  (RECORD ONLY 1, NOT ALL 3)  Don't remember 777	In Years <div><div></div><div></div><div></div><div></div></div> If Known, go to T5a	T4a
		OR in Months <div><div></div><div></div><div></div><div></div></div> If Known, go to T5a	T4b
		OR in Weeks <div><div></div><div></div><div></div><div></div></div>	T4c
40	On average, <b>how many</b> of the following do you smoke each day?   (RECORD FOR EACH TYPE)  Don't remember 777	Manufactured cigarettes <div><div></div><div></div><div></div><div></div></div>	T5a
		Hand-rolled cigarettes <div><div></div><div></div><div></div><div></div></div>	T5b
		Pipes full of tobacco <div><div></div><div></div><div></div><div></div></div>	T5c
		Cigars, cheroots, cigarillos <div><div></div><div></div><div></div><div></div></div>	T5d
		Other <div><div></div><div></div><div></div><div></div></div> If other, go to T5 other	T5e

		Other (please specify): <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	T5other
41	In the past, did you <b>ever</b> smoke <b>daily</b> ?	<div> <div>Yes</div> <div>1</div> </div> <div> <div>No</div> <div>2</div> <div>If No, go to T9</div> </div>	T6
42	<b>If Yes.</b> How old were you when you <b>stopped</b> smoking <b>daily</b> ?	<div> <div>Age (years)</div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Don't remember</div> <div>777</div> <div>If Known, go to T9</div> </div>	T7
43	How <b>long ago</b> did you stop smoking daily?  (RECORD ONLY 1, NOT ALL 3)	<div> <div>Years ago</div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>If Known, go to T9</div> </div> <div> <div>OR</div> <div>Months ago</div> <div> <div></div> <div></div> </div> <div>If Known, go to T9</div> </div> <div> <div>OR</div> <div>Weeks ago</div> <div> <div></div> <div></div> </div> </div>	T8a
	Don't remember 777		T8b
			T8c
44	Do you <b>currently use</b> any <b>smokeless tobacco</b> such as [snuff, chewing tobacco, betel]?	<div> <div>Yes</div> <div>1</div> </div> <div> <div>No</div> <div>2</div> <div>If No, go to T12</div> </div>	T9
45	<b>If Yes.</b> Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	<div> <div>Yes</div> <div>1</div> </div> <div> <div>No</div> <div>2</div> <div>If No, go to T12</div> </div>	T10
46	On average, how many <b>times a day</b> do you use ....  (RECORD FOR EACH TYPE)  Don't Know 777	<div> <div>Snuff, by mouth</div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Snuff, by nose</div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Chewing tobacco</div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Betel, quid</div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>Other</div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>If Other, go to T11 other</div> </div> <div> <div>Other (specify)</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div>	T11a
			T11b
			T11c
			T11d
			T11e
			T11other
47	In the past, did you <b>ever use</b> smokeless tobacco such as [snuff, chewing tobacco, or betel] <b>daily</b> ?	<div> <div>Yes</div> <div>1</div> </div> <div> <div>No</div> <div>2</div> </div>	T12

### Alcohol Consumption

The next questions ask about the consumption of alcohol.

Questions		Response	Code			
48	Have you consumed alcohol (such as beer, wine, spirits, fermented cider, akpeteshie, pito, palm wine or bitters within the <b>past 12 months</b> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1  No 2 If No, go to D1	A1			
49	In the past 12 months, <b>how frequently</b> have you had at least one drink? (READ RESPONSES USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2			
50	When you drink alcohol, <b>on average</b> , how many drinks do you have during one day?	Number <table border="1"><tr><td></td><td></td><td></td></tr></table> Don't know 77				A3
51	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or akpeteshie, pito, palm wine or bitters within the <b>past 30 days</b> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1  No 2 If No, go to A 6	A4			
52	During each of the <b>past 7 days</b> , how many standard drinks of any alcoholic drink did you have each day?  (RECORD FOR EACH DAY USE SHOWCARD)  Don't Know 77	Monday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A5a
Tuesday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A5b		
Wednesday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A5c		
Thursday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A5d		
Friday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A5e		
Saturday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A5f		
Sunday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A5g		

### Diet

The next questions ask about salt, 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.

Questions		Response	Code			
53	In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days <table border="1"><tr><td></td><td></td><td></td></tr></table> If Zero days, go to Don't Know 77 D3				D1



54	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings <table border="1"><tr><td></td><td></td><td></td></tr></table> Don't Know 77				D2					
55	In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Zero days, go to</i> Don't Know 77 D5				D3					
56	How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings <table border="1"><tr><td></td><td></td><td></td></tr></table> Don't Know 77				D4					
57	What type of <b>oil or fat is most often</b> used for meal preparation in your household?  (USE SHOWCARD SELECT ONLY ONE)	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5								
		Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									D5other
58	Do you add salt or salty spices (e.g. Maggi sauce) to your serving of food (i.e. after it has been cooked and served)?	No, I never add extra salt or spice 1 Yes, but taste first and then add 2 Yes, even before having tasted the food 3	X15								
59	How much salt do you typically add to your food serving?	Nil 1 Pinch 2 <1 teaspoonful 3 1-2 teaspoonfuls 4 >2 teaspoonfuls 5 Don't know 7	X16								
60	In a typical week, on how many days do you eat very salty foods such as <i>koobi</i> , and pig feet?	Number of days <table border="1"><tr><td></td><td></td><td></td></tr></table> Don't Know 77 <table border="1"><tr><td></td><td></td><td></td></tr></table>							X17		

### Physical Activity

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

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

Questions	Response	Code
Activity at work		

61	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)	<p>Yes 1</p> <p>No 2 If No, go to P 4</p>	P1
62	If yes, 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
63	How much time do you spend doing vigorous-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
64	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? [INSERT EXAMPLES] (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to P 7</p>	P4
65	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
66	How much time do you spend doing moderate-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
<b>Travel to and from places</b>			
The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. [insert other examples if needed]			
67	Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 If No, go to P 10</p>	P7
68	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
69	How much time do you spend walking or bicycling for travel on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)
<b>Recreational activities</b>			
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 ( <i>leisure</i> ).			
70	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)	<p>Yes 1</p> <p>No 2 If No, go to P 13</p>	P10
71	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P11

72	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	<div>Hours : minutes</div> <div> <div> </div> <div> </div> </div> : <div> <div> </div> <div> </div> </div> <div>hrs mins</div>	P12 (a-b)
73	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)	<div>Yes 1</div> <div>No 2 If No, go to P16</div>	P13
74	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	<div>Number of days</div> <div> </div>	P14
75	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	<div>Hours : minutes</div> <div> <div> </div> <div> </div> </div> : <div> <div> </div> <div> </div> </div> <div>hrs mins</div>	P15 (a-b)
<b>Sedentary behaviour</b>			
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, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping. (USE SHOWCARD)			
76	How much time do you usually spend sitting or reclining on a typical day?	<div>Hours : minutes</div> <div> <div> </div> <div> </div> </div> : <div> <div> </div> <div> </div> </div> <div>hrs min s</div>	P16 (a-b)
77	How do children (aged 6-14 years) in your household usually go to school?	<div>Bus, taxi, motorcycle, other car 1</div> <div>Ride bicycle 2</div> <div>Walk 3</div>	X18
78	On a typical day, how much time do children spend sitting or relaxing to watch TV	<div>Hours : minutes</div> <div> <div> </div> <div> </div> </div> : <div> <div> </div> <div> </div> </div> <div>hrs min s</div>	X19 (a-b)

History of Raised Blood Pressure			
Questions		Response	Code
79	When was your blood pressure last measured by a health professional?	Within past 12 months 1	H1
		1-5 years ago 2	
		Not within past 5 years 3	
80	During the past 12 months have you been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	H2
		No 2	
81	Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?		
	Drugs (medication) that you have taken in the last 2 weeks	Yes 1	H3a
		No 2	
	Special prescribed diet	Yes 1	H3b
		No 2	

	Advice or treatment to lose weight	Yes 1	H3c
		No 2	
	Advice or treatment to stop smoking	Yes 1	H3d
		No 2	
	Advice to start or do more exercise	Yes 1	H3e
		No 2	
82	During the past 12 months have you seen a traditional healer for raised blood pressure or	Yes 1	H4
		No 2	
83	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

### History of Diabetes

84	Have you had your blood sugar measured in the last 12 months?	Yes 1	H6
		No 2	
85	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	Yes 1	H7
		No 2	
86	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1	H8a
		No 2	
	Oral drug (medication) that you have taken in the last 2 weeks	Yes 1	H8b
		No 2	
	Special prescribed diet	Yes 1	H8c
		No 2	
	Advice or treatment to lose weight	Yes 1	H8d
		No 2	
	Advice or treatment to stop smoking	Yes 1	H8e
		No 2	
	Advice to start or do more exercise	Yes 1	H8f
		No 2	
87	During the past 12 months have you seen a traditional healer for diabetes?	Yes 1	H9
		No 2	
88	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	

## Step 2 Physical Measurements

Height and Weight		Response	Code						
89	Interviewer ID	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					M1		
90	Device IDs for height and weight	Height <table border="1"> <tr> <td></td> <td></td> </tr> </table>			M2a				
Weight <table border="1"> <tr> <td></td> <td></td> </tr> </table>			M2b						
91	Height	in Centimetres (cm) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>.</td> <td></td> </tr> </table>					.		M3
				.					
92	Weight <i>If too large for scale, code 666.6</i>	in Kilograms (kg) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>.</td> <td></td> </tr> </table>					.		M4
				.					
93	(For women) Are you pregnant?	Yes 1 No 2 If Yes, go to M 8	M5						
<b>Waist</b>									
94	Device ID for waist	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			M6				
95	Waist circumference	in Centimetres (cm) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>.</td> <td></td> </tr> </table>					.		M7
				.					
<b>Blood Pressure</b>									
96	Interviewer ID	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					M8		
97	Device ID for blood pressure	<table border="1"> <tr> <td></td> <td></td> </tr> </table>			M9				
98	Cuff size used	Small 1 Medium 2 Large 3	M10						
99	Reading 1	Systolic ( mmHg) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					M11a		
Diastolic (mmHg) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					M11b				
100	Reading 2	Systolic ( mmHg) <table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>					M12a		

## Participant Identification Number

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

		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12b
101	Reading 3	Systolic ( mmHg) <div><div></div><div></div><div></div><div></div></div>	M13a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13b
102	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1  No 2	M14

## Hip Circumference and Heart Rate

103	Hip circumference	in Centimetres (cm)	<div><div></div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	M15
104	Heart Rate (Record if automatic blood pressure device is used)			
	Reading 1	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div></div>	M16a
	Reading 2	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div></div>	M16b
	Reading 3	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div></div>	M16c

### Step 3 Biochemical Measurements

Blood Glucose		Response	Code				
105	During the last 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1				
106	Technician ID	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					B2
107	Device ID	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>			B3		
108	Time of day blood specimen taken (24 hour clock)	Hours : minutes <table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> hrs     mins					B4
109	Fasting Blood glucose	mmol/l <table border="1"><tr><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td><td> </td></tr></table>					B5

Blood Lipids							
110	Device ID	<table border="1"> <tr> <td> </td> <td> </td> </tr> </table>			B6		
111	Total cholesterol	mmol/l <table border="1"><tr><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td><td> </td></tr></table>					B7
112	Triglycerides	mmol/l <table border="1"><tr><td> </td><td> </td></tr></table> . <table border="1"><tr><td> </td><td> </td></tr></table>					B8