



# WHO STEPS Instrument

## For Chronic Disease

## Risk Factor Surveillance

## Sri Lanka

### Survey Information

Location and Date	Response	Code
Cluster ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I1
Name of the GN Area	<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
Interview Language	English 1 Sinhalese 2 Tamil 3	I6
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
Address	<input type="text"/>	X1
Landmark	<input type="text"/>	X2
<b>Additional Information that may be helpful</b>		
Contact phone number where possible	<input type="text"/>	I10

### Step 1 Demographic Information

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

[Type text]

Demographic Information		
What is the <b>highest level of education</b> you have completed?	No schooling 1 Up to grade 5 2 Passed grade 6 - 10 3 Passed G. C. E (O/L) 4 Passed G.C.E (A/L) 5 Degree and above 6	C5
What is your <b>ethnic background</b> ? <i>Select the relevant ethnic/cultural group to which the participant belongs.</i>	Sinhala 1 Sri Lankan Tamil 2 Indian Tamil 3 Sri Lankan Moor 4 Other 5 Refused 88	C6
Which of the following best describes your <b>main work</b> status over the past 12 months?  [INSERT COUNTRY-SPECIFIC CATEGORIES]  (USE SHOWCARD) <i>The purpose of this question is to help answer other questions such as whether people in different kinds of occupations may be confronted with different risk factors.</i> <i>Select appropriate response.</i>	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 households members older than 18 years, including yourself, live in your household? <i>Enter the total number of people living in the household who are 18 years or older.</i>	Number of people <input type="text"/> <input type="text"/> <input type="text"/>	C9
Demographic Information, Continued		
Question	Response	Code
What is the average monthly income of the household (in rupees)?	≤ 10,000 1 10,001 - 20,000 2 20,001 - 30,000 3 30,001 - 40,000 4 More than 40,001 5 Don't Know 77 Refused 88	C11

## Step 1 Behavioural Measurements

Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars, Beedee, pipes? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products <b>daily</b> ? <i>This question is only for current smokers of tobacco products.</i>	Yes 1 No 2	T2
How old were you when you <b>first started</b> smoking?	Age (years) <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T3

<i>For current smokers only.</i>	Don't know 77	
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"/> <i>If Known, go to T5a</i>	T4a
	OR    in Months <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4b
	OR    in Weeks <input type="text"/> <input type="text"/>	T4c
On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ?  (IF LESS THAN DAILY, RECORD WEEKLY)  (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 7777  <i>For current smokers only.</i>	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
	Beedee <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"/> <i>If Other, go to T5other, else go to x1</i>	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
Usually, do you buy cigarettes in packets or separately?	Packets    1 Separately    2 Don't smoke cigarettes    3	X3
During the past 12 months, have you tried to <b>stop smoking</b> ? <i>For current smokers only.</i>	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? <i>For current smokers only.</i>	Yes    1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No    2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months    3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD) cross check	Yes    1 No    2 <i>If No, go to T12</i>	T8
In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes    1 <i>If T1=Yes, go to T12, else go to T10</i> No    2 <i>If T1=Yes, go to T12, else go to T10</i>	T9



## Tobacco Policy

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 purchases.		
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 <b>advertisements</b> or <b>signs</b> 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 <b>health warnings on cigarette packages</b> ?	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 <b>think about quitting</b> ?	Yes 1 No 2 Don't know 77	TP5
The last time you bought manufactured cigarettes for yourself, <b>how many cigarettes</b> did you buy in total?	Number of cigarettes <input type="text"/> 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, <b>how much money</b> did you pay for this purchase? (DIGITS TO BE ADAPTED TO COUNTRY NEEDS)	Amount <input type="text"/> Don't know 7777 Refused 8888	TP7

Alcohol Consumption		
Question	Response	Code
Have you <b>ever</b> consumed any alcohol such as arrack, kasippu, toddy, beer, spirits or wine (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2      If No, go to D 1	A1
Have you consumed any alcohol within the <b>past 12 months</b> ?	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? <i>This question is for those participants that did not drink during the past 12 months, but that have drunk in their lifetime.</i>	Yes 1      If Yes, go to D1 No 2      If No, go to D1	A3
During the past 12 months, <b>how frequently</b> 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 <b>past 30 days</b> ?	Yes 1 No 2      If No, go to D1	A5
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?	Number <input type="text"/> Don't know 77	A6
During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/>	A7
During the past 30 days, what was the <b>largest number</b> of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A8
During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A9
During each of the <b>past 7 days</b> , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <input type="text"/>	A10a
	Tuesday <input type="text"/>	A10b
	Wednesday <input type="text"/>	A10c
	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f
	Sunday <input type="text"/>	A10g
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.		
During the <b>past 7 days</b> , did you consume any <b>homebrewed</b> alcohol, any alcohol <b>brought over the border/from another</b>	Yes 1	A11

country, any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> alcohol? [AMEND ACCORDING TO LOCAL CONTEXT] (USE SHOWCARD)	No 2 If No, go to D1	
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) Don't Know 77	Homebrewed spirits Kasippu <input type="text"/>	A12a
	<input type="text"/>	
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <input type="text"/>	A12b
	Alcohol brought over the border/from another country <input type="text"/>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/>	A12d
	Other untaxed alcohol in the country <input type="text"/>	A12e

Diet		
Question	Response	Code
In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> If Zero days, go to D3	D1
How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/>	D2
In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> If Zero days, go to D5	D3
How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/>	D4
What type of <b>oil or fat is most often</b> used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Coconut oil 1 Soya 2 Vegetable 3 Palm 4 Sunflower 5 Gingerly 6 Olive oil 7 Corn oil 8 Ghee 9 Butter 10 Margarine 11 Other 12 If Other, go to D5 other None in particular 13 None used 14 Don't know 77	D5
	Other <input type="text"/>	D5other

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	D6
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## Dietary Salt

Dietary salt			
Question	Response		Code
How often do you <b>add salt or a salty sauce</b> to your food right before you eat it or as you are eating it?  (USE SHOWCARD)	Always	1	DS1
	Often	2	
	Sometimes	3	
	Rarely	4	
	Never	5	
	Don't know	77	
How often is <b>salt, salty seasoning added</b> in cooking or preparing foods in your household?	Always	1	DS2
	Often	2	
	Sometimes	3	
	Rarely	4	
	Never	5	
	Don't know	77	
How often is salt added when cooking <b>rice in your household</b> ?	Always	1	X4
	Often	2	
	Sometimes	3	
	Rarely	4	
	Never	5	
	Don't know	77	
On average for how many people do you cook in a typical day?	Number	<input type="text"/>	X5
How often do you eat <b>processed food high in salt</b> such as pickles, achcharu, chillies paste, salted fried chillies, dried fish, yeast extract spreads? (USE SHOWCARD)	Always	1	DS3
	Often	2	
	Sometimes	3	
	Rarely	4	
	Never	5	
	Don't know	77	
How many salt packets do your household consume in a month?	Salt crystals (1kg) Salt powder(400g)	No. of packets No. of packets	X6a-b
		<input type="text"/> <input type="text"/>	
	Don't know	77	
How much <b>salt or salty sauce</b> do you think you consume?	Far too much	1	DS4
	Too much	2	
	Just the right amount	3	
	Too little	4	
	Far too little	5	
	Don't know	77	
How important to you is <b>lowering the salt</b> in your diet?	Very important	1	DS5
	Somewhat important	2	
	Not at all important	3	
	Don't know	77	



Do you think that too much salt or salty sauce in your diet could cause a <b>health problem</b> ?	Yes 1 No 2 Don't know 77	DS6
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Question	Response	Code
Do you do anything of the following on a regular basis to <b>control your salt intake</b> ? (RECORD FOR EACH)		
Limit consumption of processed foods	Yes 1 No 2	DS7a
Look at the salt or sodium content on food labels	Yes 1 No 2	DS7b
Buy low salt/sodium alternatives	Yes 1 No 2	DS7c
Not to put salt into rice	Yes 1 No 2	X7
Use spices other than salt when cooking	Yes 1 No 2	DS7d
Avoid eating foods prepared outside of a home	Yes 1 No 2	DS7e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to DS7other</i> No 2	DS7f
Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DS7other

## Health Care

Health Care			
<b>Health Care Coverage</b>			
Please provide information about your current health insurance coverage.			
Do you currently have <b>health insurance</b> ?	Yes 1 No 2 <i>If No, go to HC3</i>	HC1	
What kind of <b>health insurance</b> do you currently have?  [INSERT COUNTRY-SPECIFIC CATEGORIES]	Mandatory health insurance plan 1 Voluntary health insurance plan 2 Other 3 <i>If Other, go to HC2other</i> Don't know 77	HC2	
	Other (please specify): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HC2 other	
During the <b>past 12 months</b> , which of the following <b>financial sources</b> did you use to pay for any <b>health expenditures</b> such as medicines, consultations, treatment, hospitalization or patient care?	Current income of any household members	Yes 1 No 2	HC3a
	Savings (e. g. bank account)	Yes 1 No 2	HC3b
	Payment or reimbursement from a health insurance plan	Yes 1 No 2	HC3c
	Sold items (e. g. furniture, animals, jewellery)	Yes 1 No 2	HC3d
	Family members or friends from outside the household	Yes 1 No 2	HC3e
	Borrowed from someone other than a friend or family	Yes 1 No 2	HC3f
	Other	Yes 1 <i>If Other, go to HC3other</i> No 2	HC3g
	Other (please specify): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HC3 other	

Health Care Utilization		
Please think about your visits to any health center and the treatments you received there which were related to an NCD you may have.		
Have you ever had or do you currently have a <b>non-communicable disease (NCD)</b> such as cardiovascular disease including heart disease and stroke, cancer, chronic respiratory disease, chronic kidney disease or diabetes?	Yes 1  No 2 If No, go to P1	HC4
Have you ever visited any <b>health care facility</b> due to an NCD you have? Please exclude any hospitalization.	Yes 1  No 2 If No, go to HC11	HC5
How much <b>time</b> did you spend <b>traveling</b> the <b>last time</b> you visited a health care facility (taking both ways into account)?  <i>Don't know 77:77:77</i>	Days : hours : minutes <input type="text"/> : <input type="text"/> : <input type="text"/> days     hrs     mins	HC6
How long was the <b>waiting time</b> before your appointment started when you <b>last</b> visited a health care facility?  <i>Don't know 77:77</i>	Hours : minutes <input type="text"/> : <input type="text"/> hrs     mins	HC7
During the <b>past 30 days</b> , have you visited any health care facility due to an NCD you have? Please exclude any hospitalization.	Yes 1  No 2 If No, go to HC11	HC8
Health Care, continued		
During the <b>past 30 days</b> , how many times have you visited a health care facility due to an NCD you have?  <i>(RECORD FOR EACH)</i> <i>Don't know 77</i>	Primary Medical Care Unit <input type="text"/>	HC9a
	Public Hospital <input type="text"/>	HC9b
	Private Hospital <input type="text"/>	HC9c
	GP's/Doctor's Office <input type="text"/>	HC9d
	Other <input type="text"/> If Other, go to HC9other	HC9e
	Other (please specify): <input type="text"/>	HC9other
During the <b>past 30 days</b> , taking all your visits to a health care facility due to an NCD into account, <b>how much did you pay yourself</b> for these visits in total?  <i>(RECORD FOR EACH OR PUT TOTAL AMOUNT)</i> <i>Don't know 77777</i>	Health care provider's fees <input type="text"/> [local currency]	HC10a
	Medicines <input type="text"/> [local currency]	HC10b
	Tests <input type="text"/> [local currency]	HC10c
	Transport <input type="text"/> [local currency]	HC10d
	Other <input type="text"/> [local currency]	HC10e
	<b>OR Total Amount</b> <input type="text"/> [local currency]	HC10f
During the <b>past 30 days</b> , how much did you pay yourself for health care <b>not</b> related to any visit of a health care facility or hospital, such as routine medication? <i>Don't know 77777</i>	Amount <input type="text"/> [local currency]	HC11
During the <b>past 12 months</b> , have you been <b>hospitalized</b> due to an NCD?	Yes 1 No 2 If No, go to P1	HC12
During the <b>past 12 months</b> , how many <b>days</b> have you been hospitalized due to an NCD?  <i>Don't know 777</i>	Number of days <input type="text"/>	HC13
During the <b>past 12 months</b> , taking all your hospitalizations due to an NCD into account, <b>how much did you pay yourself</b> for these visits in total?	Health care provider's fees <input type="text"/> [local currency]	HC14a
	Medicines <input type="text"/> [local currency]	HC14b

(RECORD FOR EACH OR PUT TOTAL AMOUNT) Don't know 77777	Tests <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [local currency]	HC14c
	Transport <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [local currency]	HC14d
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [local currency]	HC14e
	<b>OR Total Amount</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> [local currency]	HC14f

Physical Activity		
<p>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.</p> <p>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. <i>[Insert other examples if needed]</i>. 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.</p>		
Question	Response	Code
<b>Work</b>		
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 <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?	Hours : minutes <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> : <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>hrs</span> <span>mins</span> </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? (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 <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?	Hours : minutes <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> : <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>hrs</span> <span>mins</span> </div>	P6 (a-b)
<b>Travel to and from places</b>		
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>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></p>		
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 <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?	Hours : minutes <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> : <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>hrs</span> <span>mins</span> </div>	P9 (a-b)
<b>Physical Activity, Continued</b>		
Question	Response	Code
<b>Recreational activities</b>		
<p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational activities (<i>leisure</i>), <i>[Insert relevant terms]</i>.</p>		
Do you do any vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or	Yes 1	P10

heart rate like <i>[running or football]</i> for at least 10 minutes continuously? <i>(INSERT EXAMPLES) (USE SHOWCARD)</i>	No 2 If No, go to P 13	
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
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational <i>(leisure)</i> activities that cause a small increase in breathing or heart rate such as brisk walking, <i>[cycling, swimming, and volleyball]</i> for at least 10 minutes continuously? <i>(USE SHOWCARD)</i>	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 <input type="text"/>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational <i>(leisure)</i> activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)
<b>Physical Activity</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, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>(USE SHOWCARD)</i>		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P16 (a-b)
In a typical week, how many hours of sleep do you get per night?	Hours <input type="text"/>	X8

History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured?	Yes 1	X9
	No 2 If No, go to X10	
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
	No 2	
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	H2a
	No 2 If No, go to X10	
Have you been told in the past 12 months?	Yes 1	H2b
	No 2	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor?	Yes 1	H3
	No 2	
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
	No 2	
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
	No 2	

History of Diabetes		
Question	Response	Code
Have you ever had your blood sugar measured?	Yes 1	X10
	No 2 <i>If No, go to X11</i>	
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
	No 2	
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
	No 2 <i>If No, go to X11</i>	
Have you been told in the past 12 months?	Yes 1	H7b
	No 2	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor?	Yes 1	H8
	No 2	
Are you currently taking insulin for diabetes prescribed by a doctor?	Yes 1	H9
	No 2	
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H10
	No 2	
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H11
	No 2	
Have you ever been told by a doctor or other health worker that you have <b>Gestational Diabetes</b> ? (Females only)	Yes 1	X11
	No 2	
	Never Been Pregnant 3	

History of Raised Total Cholesterol		
Questions	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured?	Yes 1	X12
	No 2 <i>If No, go to H17</i>	
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1	H12
	No 2	
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1	H13a
	No 2 <i>If No, go to H17</i>	
Have you been told in the past 12 months?	Yes 1	H13b
	No 2	
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor?	Yes 1	H14
	No 2	
Have you ever seen a traditional healer for raised cholesterol?	Yes 1	H15
	No 2	
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1	H16
	No 2	

History of Cardiovascular Diseases		
Question	Response	Code
Have you ever had a heart attack (myocardial infarction) or	Yes 1	H17

chest pain from heart disease (angina)?	No 2	
Have you ever had a stroke (Cerebrovascular accident or incident)?	Yes 1 No 2	X13
Are you currently taking aspirin regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</i>	Yes 1 No 2	H18
Are you currently taking statins (Lovostatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</i>	Yes 1 No 2	H19

Lifestyle Advice		
Questions	Response	Code
During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH)		
Do not smoke or chew tobacco	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 If C1=1 go to M1 No 2 If C1=1 go to M1	H20f
Cervical Cancer Screening: (for women only)		
Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods (VIA, Pap, HPV)?	Yes 1 No 2 Don't know 77	CX1

## Step 2 Physical Measurements

Blood Pressure		
Interviewer ID	<input type="text"/>	M1
Device ID for blood pressure and heart rate	<input type="text"/>	M2
Reading 1	Systolic ( mmHg) <input type="text"/>	M4a
	Diastolic (mmHg) <input type="text"/>	M4b
	Beats per minute <input type="text"/>	M16a
Reading 2	Systolic ( mmHg) <input type="text"/>	M5a
	Diastolic (mmHg) <input type="text"/>	M5b
	Beats per minute <input type="text"/>	M16b
Reading 3	Systolic ( mmHg) <input type="text"/>	M6a
	Diastolic (mmHg) <input type="text"/>	M6b
	Beats per minute <input type="text"/>	M16c
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		
Question	Response	Code
For women: Are you pregnant?	Yes 1 <i>If Yes, End</i> No 2	M8
Interviewer ID	<input type="text"/>	M9
Device IDs for height and weight	Height <input type="text"/>	M10a
	Weight <input type="text"/>	M10b
Height	in Centimetres (cm) <input type="text"/>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/>	M12
Waist		
Device ID for waist	<input type="text"/>	M13
Waist circumference	in Centimetres (cm) <input type="text"/>	M14



### 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"/>	B2
Device ID	<input type="text"/>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
Fasting blood glucose	mg/dl <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	<input type="text"/>	B7
Total cholesterol	mg/dl <input type="text"/> . <input type="text"/>	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9