



# WHO STEPS Instrument

## for Chronic Disease

## Risk Factor Surveillance

<Maldives/Male` 2011>

### Survey Information

Location and Date		Response	Code
1	Participant (Respondent) ID Number	_ _ _ _ _	I1
2	Ward name		I2
3	Interviewer ID	_ _	I3
4	Date of completion of the instrument	_ _    _ _    _ _ _ _ dd            mm            year	I4

Participant Id Number    _ _ _ _			
Consent, Interview and Name		Response	Code
5	Consent has been read and obtained	Yes    1 No    2    If NO, END	I5
6	Time of interview (24 hour clock)	_ _ : _ _ hrs            mins	I7
7	Family Surname		I8
8	First Name		I9
<b>Additional Information that may be helpful</b>			
9	Contact phone number where possible		I10

Record and file identification information (I5 to I10) separately from the completed questionnaire.

## Step 1 Demographic Information

CORE: Demographic Information																			
Question	Response		Code																
10	Sex ( <i>Record Male / Female as observed</i> )	Male 1 Female 2	C1																
11	What is your date of birth? <i>Don't Know 77 77 7777</i>	<table border="0"> <tr> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></td> <td><i>If known, Go to C4</i></td> </tr> <tr> <td>dd</td> <td>mm</td> <td>year</td> <td></td> </tr> </table>	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>If known, Go to C4</i>	dd	mm	year		C2
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>If known, Go to C4</i>								
dd	mm	year																	
12	How old are you?	Years <table border="1"><tr><td></td><td></td></tr></table>			C3														
13	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														

EXPANDED: Demographic Information																																			
14	What is the <b>highest level of education</b> you have completed?	<table border="0"> <tr><td>No formal schooling</td><td>01</td><td></td></tr> <tr><td>Basic Literacy</td><td>02</td><td></td></tr> <tr><td>Primary school completed</td><td>03</td><td></td></tr> <tr><td>Secondary school completed</td><td>04</td><td></td></tr> <tr><td>Higher Secondary school completed</td><td>05</td><td><table border="1"><tr><td></td><td></td></tr></table></td></tr> <tr><td>College/University completed</td><td>06</td><td></td></tr> <tr><td>Post graduate degree</td><td>07</td><td></td></tr> <tr><td>Refused</td><td>88</td><td></td></tr> </table>	No formal schooling	01		Basic Literacy	02		Primary school completed	03		Secondary school completed	04		Higher Secondary school completed	05	<table border="1"><tr><td></td><td></td></tr></table>			College/University completed	06		Post graduate degree	07		Refused	88		C5						
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College/University completed	06																																		
Post graduate degree	07																																		
Refused	88																																		
15	What is your <b>marital status</b> ?	<table border="0"> <tr><td>Never married</td><td>01</td><td></td></tr> <tr><td>Currently married</td><td>02</td><td></td></tr> <tr><td>Separated</td><td>03</td><td></td></tr> <tr><td>Divorced</td><td>04</td><td><table border="1"><tr><td></td><td></td></tr></table></td></tr> <tr><td>Widowed</td><td>05</td><td></td></tr> <tr><td>Refused</td><td>88</td><td></td></tr> </table>	Never married	01		Currently married	02		Separated	03		Divorced	04	<table border="1"><tr><td></td><td></td></tr></table>			Widowed	05		Refused	88		C7												
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Widowed	05																																		
Refused	88																																		
16	Which of the following best describes your <b>main work</b> status over the past 12 months?  <i>(USE SHOWCARD)</i>	<table border="0"> <tr><td>Government employee</td><td>01</td><td></td></tr> <tr><td>Non-government employee</td><td>02</td><td></td></tr> <tr><td>Self-employed</td><td>03</td><td></td></tr> <tr><td>Non-paid</td><td>04</td><td></td></tr> <tr><td>Student</td><td>05</td><td></td></tr> <tr><td>Homemaker</td><td>06</td><td><table border="1"><tr><td></td><td></td></tr></table></td></tr> <tr><td>Retired</td><td>07</td><td></td></tr> <tr><td>Unemployed (able to work)</td><td>08</td><td></td></tr> <tr><td>Unemployed (unable to work)</td><td>09</td><td></td></tr> <tr><td>Refused</td><td>88</td><td></td></tr> </table>	Government employee	01		Non-government employee	02		Self-employed	03		Non-paid	04		Student	05		Homemaker	06	<table border="1"><tr><td></td><td></td></tr></table>			Retired	07		Unemployed (able to work)	08		Unemployed (unable to work)	09		Refused	88		C8
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Refused	88																																		
17	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																														

EXPANDED: Demographic Information, Continued			
Question		Response	Code
18	Taking <b>the past year</b> , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week                     Go to T1	C10a
		OR per month                     Go to T1	C10b
		OR per year                     Go to T1	C10c
		Refused 88	C10d
19	If you don't know the amount, can you give an <b>estimate</b> of the annual household income if I read some options to you? Is it [INSERT QUINTILE VALUES IN LOCAL CURRENCY]  (READ OPTIONS)	≤ Quintile (Q) 1 1	C11
		More than Q 1, ≤ Q 2 2	
		More than Q 2, ≤ Q 3 3	
		More than Q 3, ≤ Q 4 4	
		More than Q 4 5	
		Don't Know 77	
	Refused 88		

## Step 1 Behavioural Measurements

### CORE: 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.

Question		Response	Code					
20	Do you currently smoke tobacco on a daily basis, less than daily, or not at all?	Daily 1 <i>If Daily, go to T3</i> Less than daily 2 Not at all 3 <i>If Not at all, go to T6</i> Don't know 7 <i>If Don't Know, go to T14</i>	T1					
21	Have you smoked tobacco daily in the past?	Yes 1 <i>Go to T5a</i> No 2 <i>Go to T5a</i> Don't know 7 <i>Go to T5a</i>	T2					
22	How old were you when you <b>first started</b> smoking daily?	Age (years) <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a</i> Don't know 77				T3		
23	Do you remember how long ago it was?	In Years <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a</i>				T4a		
	(RECORD ONLY 1, NOT ALL 3)	OR In Months <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a</i>				T4b		
Don't know 77	OR In Weeks <table border="1"><tr><td></td><td></td><td></td></tr></table>				T4c			
24	<i>[If T1=1 (Current daily smokers), use "day"]</i> <i>[If T1=2 (Current less than daily smokers), use "week"]</i>	Manufactured cigarettes <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5a		
	On average, how many of the following products do you currently smoke each (day/week)? Also let me know if you smoke the product, but not every (day/week).	Hand-rolled cigarettes <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5b		
		Pipes full of tobacco <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5c		
	<i>IF RESPONDENT SMOKES THE PRODUCT BUT NOT EVERY DAY/WEEK, ENTER 88</i>	Cigars, cheroots, cigarillos <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5d		
<i>VERIFY ANSWER IS # OF CIGARETTES, NOT PACKS</i>	Number of water pipe sessions <table border="1"><tr><td></td><td></td><td></td></tr></table>				T5e			
Don't Know 77	Other <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Other, go to T5other, else go to T9</i>				T5f			
	Other (please specify): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T9</i>							T5other
25	In the past, have you smoked tobacco on a daily basis, less than daily, or not at all?  (IF BOTH DAILY AND LESS THAN DAILY IN THE PAST, CHECK DAILY)	Daily 1 <i>If Daily, go to T7</i> Less than daily 2 <i>If Less than daily, go to T14</i> Not at all 3 <i>If Not at all, go to T14</i> Don't know 7 <i>If Don't know, go to T14</i>	T6					

EXPANDED: Tobacco Use								
Question		Response	Code					
26	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years) <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T14</i> Don't know 77				T7		
27	How <b>long ago</b> did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	In Years <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T14</i>				T8a		
		OR In Months <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T14</i>				T8b		
OR In Weeks <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>Go to T14</i>				T8c				
28	During the past 12 months, have you tried to stop smoking?	Yes 1 No 2	T9					
29	Have you visited a doctor or other health care provider in the past 12 months?	Yes 1 No 2 <i>Go to T12</i>	T10					
30	During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 No 2	T11					
31	In the last 30 days, did you notice any health warnings on cigarette packages?	Yes 1 No 2 <i>Go to T14</i> Did not see any cigarette packages 3 <i>Go to T14</i>	T12 TP4					
32	In the last 30 days, have warning labels on cigarette packages led you to think about quitting?	Yes 1 No 2	T13 TP5					
33	In the last 30 days, did you notice any health warnings on tobacco products other than cigarettes?	Yes 1 No 2	T14					
The next questions are about using smokeless tobacco, such as snuff, chewing tobacco, and betel quid. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.								
34	Do you currently use smokeless tobacco on a daily basis, less than daily, or not at all?	Daily 1 <i>If Daily, go to T17a</i> Less than daily 2 Not at all 3 <i>If Not at all, go to T18</i> Don't know 7 <i>If Don't Know, go to T19</i>	T15					
35	Have you used smokeless tobacco daily in the past?	Yes 1 No 2 Don't know 7	T16					
36	[If T15=1 (Current daily users), use "day"] [If T15=2 (Current less than daily users), use "week"]  On average, how many <b>times a (day/week)</b> do you use the following products? Also, let me know if you use the product, but not every (day/week).  IF RESPONDENT USES THE PRODUCT BUT NOT EVERY DAY/WEEK, ENTER 88  Don't Know 77	Snuff, by mouth <table border="1"><tr><td></td><td></td><td></td></tr></table>				T17a		
		Snuff, by nose <table border="1"><tr><td></td><td></td><td></td></tr></table>				T17b		
		Chewing tobacco <table border="1"><tr><td></td><td></td><td></td></tr></table>				T17c		
Betel quid with tobacco <table border="1"><tr><td></td><td></td><td></td></tr></table>				T17d				
Other <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Other, go to T17other, else go to T19</i>				T17e				
Other (please specify): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T19</i>								T17other

## Participant Identification Number

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37	In the past have you used smokeless tobacco on a daily basis, less than daily, or not at all?	Daily 1 Less than daily 2 Not at all 3 Don't know 7	T18
38	How often does anyone smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?	Daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 Don't know 7	T19
39	Do you currently work outside of your home?	Yes 1 No/Don't work 2 Go to T23	T20
40	Do you usually work indoors or outdoors?	Indoor 1 Outdoor 2 Go to T23 Both 3	T21
41	During the past 30 days, did anyone smoke in indoor areas where you work?	Yes 1 No 2 Don't know 7	T22
42	In the last 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting in newspapers or in magazines?	Yes 1 No 2 Not applicable 7	T23 TP1a
43	In the last 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting on television?	Yes 1 No 2 Not applicable 7	T24 TP1b
44	In the last 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold? (USE SHOWCARD)	Yes 1 No 2 Not applicable 7	T25 TP2
45	In the last 30 days, have you noticed any advertisements or signs promoting cigarettes in restaurants, cafes, or tea shops?	Yes 1 No 2 Not applicable 7	T26 t26_44
46	In the last 30 days, have you noticed any of the following types of cigarette promotions?  READ EACH ITEM	<div>Yes No Don't know</div> Free samples of cigarettes in cafés or restaurants? 1 2 7	T27a TP3a1
		Free samples of cigarettes in other places? 1 2 7	T27b TP3a2
		Cigarettes at sale prices? 1 2 7	T27c TP3b
		Coupons for cigarettes? 1 2 7	T27d TP3c
		Free gifts or special discount offers on other products when buying cigarettes? 1 2 7	T27e TP3d
		Clothing or other items with a cigarette brand name or logo? 1 2 7	T27f TP3e
		Cigarette promotions in the mail? 1 2 7	T27g TP3f

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
47	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 <input type="checkbox"/> No 2 <i>If No, go to D1</i>	A1a
48	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 <input type="checkbox"/> No 2 <i>If No, go to D1</i>	A1b
49	During the past 12 months, <b>how frequently</b> have you had at least one alcoholic 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 <input type="checkbox"/>	A2
50	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 <input type="checkbox"/> No 2 <i>If No, go to D1</i>	A3
51	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
52	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/>	A5
53	During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A6
54	During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7

**CORE: 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
55 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"/> <input type="text"/> If Zero days, go to D3	D1
56 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"/> <input type="text"/>	D2
57 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"/> <input type="text"/> If Zero days, go to D5	D3
58 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"/> <input type="text"/>	D4

**EXPANDED: Diet**

59	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 01 Sunflower oil 02 Olive oil 03 Corn oil 04 Butter or ghee 05 <input type="text"/> <input type="text"/> Margarine 06 Other 07 If Other, go to D5 other None in particular 08 None used 09 Don't know 77	D5
		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"/>	D5other
60	On average, how many times per week do you use coconut milk to prepare meals at home?	None 1 1-3 days 2 <input type="text"/> 4-6 days 3 Everyday 4	D6
61	On average, how many times per week do you consume fizzy drinks? (include fizzy drinks, energy drinks, exclude diet coke and zero calorie drinks) (USE SHOWCARD)	None 1 1-3 days 2 <input type="text"/> 4-6 days 3 Everyday 4	D7
62	On average, how many days per week do you consume energy drinks? (USE SHOWCARD)	None 1 1-3 days 2 <input type="text"/> 4-6 days 3 Everyday 4	D8
63	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 <input type="text"/> <input type="text"/>	D9

CORE: 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>			
64	<p>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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <i>If No, go to P 4</i></p>	P1
65	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
66	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)
67	<p>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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <i>If No, go to P 7</i></p>	P4
68	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
69	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>			
<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>			
70	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 <input type="checkbox"/></p> <p>No 2 <i>If No, go to P 10</i></p>	P7
71	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
72	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)



CORE: Physical Activity, Continued			
Question	Response		Code
<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 (leisure), <i>[Insert relevant terms]</i> .			
73	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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 <input type="checkbox"/> No 2 <i>If No, go to P 13</i>	P10
74	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
75	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)
76	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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 <input type="checkbox"/> No 2 <i>If No, go to P16</i>	P13
77	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
78	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)

EXPANDED: Physical Activity			
<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>[INSERT EXAMPLES] (USE SHOWCARD)</i>			
79	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)

CORE: History of Raised Blood Pressure				
Question		Response		Code
80	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	<input type="checkbox"/>	H1
		No 2 <i>If No, go to H6</i>		
81	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	<input type="checkbox"/>	H2a
		No 2 <i>If No, go to H6</i>		
82	Have you been told in the past 12 months?	Yes 1	<input type="checkbox"/>	H2b
		No 2		

EXPANDED: History of Raised Blood Pressure				
83	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 past two weeks	Yes 1	<input type="checkbox"/>	H3a
		No 2		
	Advice to reduce salt intake	Yes 1	<input type="checkbox"/>	H3b
		No 2		
	Advice or treatment to lose weight	Yes 1	<input type="checkbox"/>	H3c
		No 2		
84	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	<input type="checkbox"/>	H4
		No 2		
85	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	<input type="checkbox"/>	H5
		No 2		

CORE: History of Diabetes			
Question		Response	Code
86	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 <i>If No, go to M1</i> <input type="checkbox"/>	
87	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 M1</i> <input type="checkbox"/>	
88	Have you been told in the past 12 months?	Yes 1	H7b
		No 2 <input type="checkbox"/>	

EXPANDED: History of Diabetes			
89	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 <input type="checkbox"/>	
	Drugs (medication) that you have taken in the past two weeks	Yes 1	H8b
		No 2 <input type="checkbox"/>	
	Special prescribed diet	Yes 1	H8c
		No 2 <input type="checkbox"/>	
	Advice or treatment to lose weight	Yes 1	H8d
		No 2 <input type="checkbox"/>	
90	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2 <input type="checkbox"/>	
91	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2 <input type="checkbox"/>	

## Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
92	Interviewer ID	_ _ _ _	M1
93	Device IDs for height and weight	Height _ _ Weight _ _	M2a M2b
94	Height	in Centimetres (cm) _ _ _ _ . _	M3
95	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	M4
96	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2 <input type="checkbox"/>	M5
CORE: Waist			
97	Device ID for waist	_ _ _	M6
98	Waist circumference	in Centimetres (cm) _ _ _ _ . _	M7
CORE: Blood Pressure			
99	Interviewer ID	_ _ _ _	M8
100	Device ID for blood pressure	_ _ _	M9
101	Cuff size used	Small 1 Medium 2 Large 3 <input type="checkbox"/>	M10
102	Reading 1	Systolic ( mmHg) _ _ _ _ Diastolic (mmHg) _ _ _ _	M11a M11b
103	Reading 2	Systolic ( mmHg) _ _ _ _ Diastolic (mmHg) _ _ _ _	M12a M12b
104	Reading 3	Systolic ( mmHg) _ _ _ _ Diastolic (mmHg) _ _ _ _	M13a M13b
105	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

EXPANDED: Hip Circumference and Heart Rate			
106	Hip circumference	in Centimeters (cm) _ _ _ _ . _	M15
	Heart Rate		
107	Reading 1	Beats per minute _ _ _ _	M16a
108	Reading 2	Beats per minute _ _ _ _	M16b
109	Reading 3	Beats per minute _ _ _ _	M16c

### Step 3 Biochemical Measurements

**CORE: Blood Glucose**

Question		Response	Code
110	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 <input type="checkbox"/> No 2	B1
111	Technician ID	<input type="text"/>	B2
112	Device ID	<input type="text"/>	B3
113	Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	B4
114	Fasting blood glucose	mmol/l <input type="text"/> . <input type="text"/>	B5
	<i>Choose accordingly: mmol/l or mg/dl</i>	mg/dl <input type="text"/> . <input type="text"/>	
115	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 <input type="checkbox"/> No 2	B6

**CORE: Blood Lipids**

116	Device ID	<div><div></div><div></div><div></div></div>	B7
117	Total cholesterol	mmol/l <div><div></div><div></div><div></div><div></div><div></div></div>	B8
	<i>Choose accordingly: mmol/l or mg/dl</i>	mg/dl <div><div></div><div></div><div></div><div></div><div></div></div>	
118	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 <input type="checkbox"/></div> <div>No 2 <input type="checkbox"/></div>	B9

**EXPANDED: Triglycerides and HDL Cholesterol**

119	Triglycerides	mmol/l	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	B10
	Choose accordingly: mmol/l or mg/dl	mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
120	HDL Cholesterol	mmol/l	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	B11
	Choose accordingly: mmol/l or mg/dl	mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	



