

WHO STEPS Instrument (MONGOLIA)



The WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS)

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For further information: www.who.int/ncds/steps

STEPS Instrument

Overview

Introduction

This is the generic STEPS Instrument which countries will use to develop their tailored instrument. It contains the:

- CORE items (unshaded boxes)
- EXPANDED items (shaded boxes).

Core Items

The Core items for each section ask questions required to calculate basic variables. For example:

- current daily smokers
- mean BMI.

Note: All the core questions should be asked, removing core questions will impact the analysis.

Expanded items

The Expanded items for each section ask more detailed information. Examples include:

- use of smokeless tobacco
- sedentary behavior.

Guide to the columns

The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Country Tailoring
Question	Each question is to be read to the participants	<ul style="list-style-type: none">• Select sections to use.• Add expanded and optional questions as desired.
Response	This column lists the available response options which the interviewer will be circling or filling in the text boxes. The skip instructions are shown on the right hand side of the responses and should be carefully followed during interviews.	<ul style="list-style-type: none">• Add country-specific responses for demographic responses (e.g. C6).• Change skip question identifiers where necessary.
Code	The column is designed to match data from the instrument into the data entry tool, data analysis syntax, data book, and fact sheet.	This should never be changed or removed. The code is used as a general identifier for the data entry and analysis.



WHO STEPS Instrument

for Non-communicable Disease and injury

Risk Factor Surveillance

<Mongolia>

Survey Information

Location and Date	Response	Code
Cluster/Village ID number <i>Enter Cluster, Centre or Village ID from list provided.</i>	_ _ _ _	I1
Cluster/Village name <i>Enter Cluster, Centre or Village name as appropriate.</i>	_ _ _ _	I2
Interviewer ID number <i>Enter interviewer's identification.</i>	_ _	I3
Date of completion of the instrument <i>Enter date when instrument actually completed</i>	_ _ / _ _ / _ _ _ _ dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained <i>Select relevant response.</i>	Yes 1 No 2 If NO, END	I5
Interview Language <i>Select relevant response</i>	Mongolian 1 Kazak 2 Others 3	I6
Time of interview (24 hour clock) <i>Enter time interview started.</i>	_ _ : _ _ hrs mins	I7
Family Surname <i>Enter family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>		I8
First Name <i>Enter first name of respondent (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>		I9
Additional Information that may be helpful		
Contact phone number where possible <i>Enter phone number (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>		I10

Step 1 Demographic Information

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

EXPANDED: Demographic Information		
What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College completed 6 University completed 7 Post graduate degree 8 Refused 88	C5
What is your [<i>insert relevant ethnic group / racial group / cultural subgroup / others</i>] background ?	Khalkh 1 Kazak 2 Durvud 3 Buriad 4 Others 5 <i>If others specify go C6other</i> Refused 88	C6
	C6 other (Please specify) _ _ _ _ _ _ _	C6 other
What is your marital status ?	Never married 1 Currently married 2 Cohabiting 3 Separated 4 Divorced 5 Widowed 6 Refused 88	C7
Which of the following best describes your main work status over the past 12 months? (<i>USE SHOWCARD</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 people live in your household?	Number of people _ _	X1

How many people older than 15 years, including yourself, live in your household?	Number of people _ _	C9
EXPANDED: 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 _ _ _ _ _ _ _ _ Go to T1	C10a
	Per month _ _ _ _ _ _ _ _ Go to T1	C10b
	OR per year _ _ _ _ _ _ _ _ Go to T1	C10c
	Refused 88 Go to T1	C10d

Step 1 Behavioral Measurements

CORE: 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) _ _ If Known, go to T5a/T5aw Don't know 77	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3)	In Years _ _ If Known, go to T5a/T5aw	T4a
	OR in Months _ _ If Known, go to T5a/T5aw	T4b
	OR in Weeks _ _	T4c
	Don't know 77	T4d
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 _ _ _ _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarettes _ _ _ _ _ _ _ _	T5b/T5bw
	Pipes full of tobacco _ _ _ _ _ _ _ _	T5c/T5cw
	Cigars, cheroots, cigarillos _ _ _ _ _ _ _ _	T5d/T5dw
	Number of Shisha sessions _ _ _ _ _ _ _ _	T5e/T5ew
	Kreteks _ _ _ _ _ _ _ _	T5f/T5fw
	Number of water pipe sessions _ _ _ _ _ _ _ _	T5g/T5gw
	Other _ _ _ _ _ _ _ _ If Other, go to T5other, else go to T6	T5h/T5hw
Other (please specify): _ _ _ _ _ _ _ _	T5other/ T5otherw	
During the past 12 months, have you tried to stop smoking ?	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?	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

EXPANDED: Tobacco Use

Question	Response	Code
How old were you when you stopped smoking?	Age (years) _____ Don't Know 77 _____ 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 _____ If Known, go to T12	T11a
	OR Months ago _____ If Known, go to T12	T11b
	OR Weeks ago _____	T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T15	T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 If No, go to T14aw	T13
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	<div>DAILY↓ WEEKLY↓</div> Snuff, by mouth _____	T14a/ T14aw
	Snuff, by nose _____	T14b/ T14bw
	Chewing tobacco _____	T14c/ T14cw
	Betel, quid _____	T14d/ T14dw
	Other _____ If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	Other (please specify): _____ If T13=No, go to T16, else go to T17	T14other/ T14other w
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes 1 No 2 If No, go to T17	T15
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ?	Yes 1 No 2 Don't know 77	T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17

In the past 30 days, how often does anyone smoke inside your home ? Would you say daily, weekly, less than weekly or monthly?	Daily 1 Weekly 2 2-3 times in a month 3 Every month 4 Don't know 77	X2
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 No 2 <i>If No, go to TP1a</i> Don't work in a closed area 3 <i>If Don't work, go to TP1a</i>	T18
In the past 30 days, how often did anyone smoke in closed area in your workplace ?	Daily 1 Weekly 2 2-3 times in a month 3 Every month 4 Don't know 77	X3
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 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 _ _ _ _ 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?	MNT _ _ _ _ Don't know 7777 Refused 8888	TP7

CORE: Alcohol Consumption

The next questions ask about the consumption of alcohol.

Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, spirits or fermented mare milk or traditional vodka? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the past 12 months ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to A16</i>	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (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 Never 7	A4
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number _ _ _ Don't know 77 <i>If Zero, go to A13</i>	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	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 <input type="text"/> Don't Know 77	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times <input type="text"/> Don't Know 77	A9
During each of the past 7 days , 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
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 ? (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. moonshine <input type="text"/>	A12a
	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
EXPANDED: 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 failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
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
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3	A16

	Yes, once or twice 4	
	No 5	

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
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> Don't Know 77	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> If Zero days, go to D5 Don't Know 77	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> Don't know 77	D4

EXPANDED: Diet

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 or suet 2 Butter or ghee 3 Margarine 4 Other 5 If Other, go to X4 other None in particular 6 None used 7 Don't know 77	X4
	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"/>	X4 other
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 <input type="text"/> <input type="text"/> Don't know 77	X5

Dietary salt

Question	Response	Code
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 soy sauce or fish sauce (see show card). 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 [insert country specific examples], 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 soy 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
How often do you eat processed food high in salt ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including	Always 1 Often 2 Sometimes 3	D7

pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat <i>[add country specific examples]</i> . <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Rarely 4 Never 5 Don't know 77	
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8

EXPANDED: 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)		D11other

CORE: 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 P4	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days _ _	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes _ _ : _ _ 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 P7	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days _ _	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours: minutes _ _ : _ _ 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 _ _	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P9 (a-b)

CORE: 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), <i>[Insert relevant terms]</i> .		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) 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 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 _ _	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	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, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (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 (leisure) activities?	Number of days _ _	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P15 (a-b)

EXPANDED: Physical Activity		
Sedentary behavior		
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes _ _ : _ _ hrs mins	P16 (a-b)

CORE: 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
Were you first 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
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

CORE: 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
Were you first 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

CORE: History of Raised Total Cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	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
Were you first 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

CORE: History of Cardiovascular Diseases

Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

CORE: Lifestyle Advice

Question	Response	Code
During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No and C1=1, go to M1 If No and C1=2, go to CX1</i>	H20
During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or 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 No 2	H20f
Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to V1</i> No 2 <i>If C1=1 go to V1</i>	H20g

CORE (for women only): Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and

asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.		
Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1 No 2 If No, go to CX11 Don't know 77	CX1
At what age were you first tested for cervical cancer?	Age Don't know 77 Refused 88	CX2
When was your last (most recent) test for cervical cancer?	Less than 1 year ago 1 1-2 years ago 2 3-5 years ago 3 More than 5 years ago 4 Don't know 77 Refused 88	CX3
What is the main reason you had your last test for cervical cancer?	Part of a routine exam 1 Following up on abnormal or inconclusive result 2 Recommended by health care provider 3 Recommended by other source 4 Experiencing pain or other symptoms 5 Other 6 Don't know 77 Refused 88	CX4
Where did you receive your last test for cervical cancer? [INSERT COUNTRY-SPECIFIC CATEGORIES]	Family or Soum health centers 1 Province or district health centers 2 Specialized health organizations 3 Private health organizations 4 Other 5 Don't know 77 Refused 88	CX5
What was the result of your last (most recent) test for cervical cancer?	Did not receive result 1 If CX6=1, go to next section Normal/ Negative 2 If CX6=2, go to next section Abnormal/ Positive 3 Suspect cancer 4 Inconclusive 5 Don't know 77 Refused 88	CX6
Did you have any follow-up visits because of your test results?	Yes 1 No 2 Don't know 77 Refused 88	CX7
Did you receive any treatment to your cervix because of your test result?	Yes 1 If Yes, go to X6 No 2 Don't know 77 If Don't know, go to X6 Refused 88 If Refused, go to X6	CX8

What is the main reason you did not receive treatment?	Was not told I needed treatment 1 If respond to all, go to X6 Did not know how/where to get treatment 2 If respond to all, go to X6 Embarrassment 3 If respond to all, go to X6 Too expensive 4 If respond to all, go to X6 Didn't have time 5 If respond to all, go to X6 Clinic too far away 6 If respond to all, go to X6 Poor service quality 7 If respond to all, go to X6 Fear (afraid of procedure, afraid of social stigma) 8 If respond to all, go to X6 Cultural belief 9 If respond to all, go to X6 Family member would not allow it 10 If CX10=10, go to CX10Spec, else go to next section Don't know 77 If respond to all, go to X6 Refused 88 If respond to all, go to X6	CX10
	Family member (please specify)	CX10 Spec
What is the main reason you have never had a cervical cancer test?	Did not know how/where to get treatment 1 Embarrassment 2 Too expensive 3 Didn't have time 4 Clinic too far away 5 Poor service quality 6 Fear (afraid of procedure, afraid of social stigma) 7 Cultural belief 8 Family member would not allow it 9 If CX11=9, go to CX11Spec, else go to next section Don't know 77 Refused 88	CX11
	Family member (please specify)	CX11 Spec
EXPANDED: Cervical Cancer		
Have you ever heard about human papilloma virus?	Yes 1 No 2 If No, go to V1 Don't know 77 If Don't know go to V1	X6
Have you heard about human papilloma virus causes cervical and penis cancer?	Yes 1 No 2 If No, go to V1 Don't know 77 If Don't know go to V1	X7
Have ever heard about vaccine to protect from human papilloma virus infection?	Yes 1 No 2 If No, go to V1 Don't know 77 If Don't know, go to V1	X8
If yes, what do you think about this vaccination?	Important 1 Not important 2 Don't know 77	X9
CORE: Injury		
The next questions ask about different experiences and behaviors that are related to road traffic injuries.		
Question	Response	Code
In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	All of the time 1 Sometimes 2 Never 3	

Participant Identification Number

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	Have not been in a vehicle in past 30 days 4 No seat belt in the car I usually am in 5 Don't Know 77 Refused 88	V1									
In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?	All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88	V2									
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 <i>If No, go to V5</i> Don't know 77 <i>If Don't know, go to V5</i> Refused 88 <i>If Refused, go to V5</i>	V3									
Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 <i>If No, go to V5</i> Don't know 77 Refused 88	V4									
Did you get primary medical assistance when you were injured due to traffic accident?	Yes 1 No 2 <i>If No, go to V5</i> Don't know 77 <i>If DK, go to V5</i> Refused 88 <i>If Refused, go to V5</i>	X10									
If you received primary medical care, who did you get?	Doctor, medical staff 1 Policeman 2 Volunteer 3 Individual 4 Others 5	X11									
	Other (please specify) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> X19other										
How long did it take until you receive primary care after the accident?	10 – 20 min 1 20-30 min 2 30 – 40 min 3 More than 40 min 4 Don't know/ don't remember 77	X12									
	Other (please specify) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
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 in a road traffic injury -which required medical attention?	Yes 1 No 2 <i>If No, go to V9</i> Don't know 77 <i>If don't know, go to V9</i> Refused 88 <i>If Refused, go to V9</i>	V5									

Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Frostbite 7 Hit by object / object fell on me 8 Other 9 If other go to V6other Don't know 77 Refused 88	V6
	Other (please specify)	V6other
Where were you when you had this injury?	Home 1 School 2 Workplace 3 Road/Street/Highway/Manhole 4 Farm 5 Sports / athletic area 6 Other 7 If other go to V7other Don't know 77 Refused 88	V7
	Other (please specify)	V7other

EXPANDED: UNINTENTIONAL INJURY

The next question asks about behaviors related to your safety and whether or not you drink alcohol while driving or being a passenger.

Questions	Response	Code
In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times Don't know 77 Refused 88	V9
In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times Don't know 77 Refused 88	V10

CORE: Violence

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

Questions	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 If never, go to V14 Rarely (1-2 times) 2 Sometimes (3-5 times) 3 Often (6 or more times) 4 Don't know 77 If don't know, go to V14 Refused 88 If refused, go to V14	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? (USE SHOWCARD)	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

Participant Identification Number

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Please indicate the relationship between yourself and the person(s) who caused you 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) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									V13 other
Looking back on your childhood (before age 18 years), did a parent or adult in the household ever push, grab, shove, slap, hit, burn, or throw something at you?	Never 1 Very rarely 2 Once a month 3 Once a week 4 Almost daily 5 Don't know 77 Refused 88	V14								
Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have a sex?	Yes 1 No 2 Refused 88	V15								
Since your 18 th birthday, have you ever experienced a sex act involving either vaginal, oral or anal penetration against your will?	Never 1 Once 2 A few times (2 to 3 times) 3 Many times (4 or more times) 4 Don't know 77 Refused 88	V16								

EXPANDED: Violence

The next question ask about behaviors related to your safety.

Questions	Response	Code							
In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)?	Yes 1 No 2 If no, go to V19 Refused 88 If refused, go to V19	V17							
Please specify of whom you were most often frightened.	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	V18							
	Other (please specify) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Have you carried a loaded firearm on your person outside the home in the last 30 day?	No 1 Yes, for protection 2 Yes, for work 3 Yes, for sport (e.g. hunting target practice) 4 Refused 88	V19							

CORE: ORAL HEALTH

The next question ask about oral health status and related behaviors.

Questions	Answers	Code
How many natural teeth do you have?	No natural teeth 1 1-9 teeth 2 10-19 teeth 3 20 teeth or more 4 Don't know 77	O1
How would you describe the state of your teeth?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	O2
Do you have any removable dentures?	Yes 1 No 2	O5
During the past 12 months, did your teeth or mouth cause any pain or discomfort?	Yes 1 No 2	O7
How long has it been since you last saw a dentist?	Less than 6 months 1 6-12 months 2 More than 1 year but less than 2 years 3 2 or more years but less than 5 years 4 5 or more years 5 Never received dental care 6 <i>If never, go to O10</i>	O8
What was the main reason for your last visit to the dentist?	Consultation/advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / follow-up treatment 3 Routine check-up treatment 4 Other 5 <i>If other, go to O9 other</i>	O9
	Other (please specify)	O9 other
How often do you clean your teeth?	Never 1 <i>If never, go to next section</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	O10
Do you use toothpaste to clean your teeth?	Yes 1 No 2 <i>If No, go to O13a</i>	O11
Did you use toothpaste containing fluoride?	Yes 1 No 2 Don't know 77	O12
Do you use any of the following to clean your teeth? (RECORD FOR EACH)		
Toothbrush	Yes 1 No 2	O13a
Wooden toothpicks	Yes 1 No 2	O13b
Plastic toothpicks	Yes 1 No 2	O13c
Thread (dental floss)	Yes 1 No 2	O13d
Charcoal	Yes 1 No 2	O13e

Health Care Services

Next I am going to ask you about your health insurance coverage and your use of health services in relation to any noncommunicable disease (NCD) you may have. NCDs include cardiovascular diseases (such as heart diseases, cerebrovascular disease and stroke, peripheral arterial disease, and deep vein thrombosis and pulmonary embolism), cancers, chronic respiratory diseases (such as asthma, chronic obstructive pulmonary disease, occupational lung diseases or pulmonary hypertension) and diabetes.

Please provide information about your current health insurance coverage.

	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Total	Avg
Health Care Utilization, out of pocket expense																
Inpatient care	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$12,000	\$1,000
Hospital care	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$6,000	\$500
Nursing home care	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$6,000	\$500
Outpatient care	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$6,000	\$500
Physician services	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$3,000	\$250
Ambulatory surgery center	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$3,000	\$250
Other ambulatory health care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical equipment, supplies, drugs, biologics	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$6,000	\$500
Medical equipment	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$3,000	\$250
Medical supplies	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$3,000	\$250
Drugs, biologics	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administrative expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Capital expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Depreciation and amortization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Goodwill impairment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Restructuring charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other non-recurring expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$24,000	\$2,000

Have you ever had or do you currently have a non-communicable disease (NCD) such as cardiovascular disease including heart disease and stroke, cancer, chronic respiratory disease, or diabetes?	Yes	1	HC4
	No	2 <i>If No, go to [next section]</i>	

During the past 30 days, have you visited any health care facility due to an NCD you have? Please exclude any hospitalization.	Yes No	1 2 If No, go to HC12	HC8
During the past 30 days, how many times have you visited a health care facility due to an NCD you have? (RECORD FOR EACH) Don't know 77	Health Center	_ _ _	HC9a
	Public hospital (excl. emergency room)	_ _ _	HC9b
	Emergency Room	_ _ _	HC9c
	Private hospital	_ _ _	HC9d
	Care/diagnostics in foreign country	_ _ _	HC9e
	Pharmacy	_ _ _	HC9f
During the past 30 days, taking all your visits of a health care facility due to an NCD into account, how much did you pay for these visits in total? (RECORD FOR EACH OR PUT TOTAL AMOUNT) Don't know 7777	Care / Tests	_ _ _ _ _ [local currency]	HC10a
	Medicine/vitamin	_ _ _ _ _ [local currency]	HC10b
	Accommodation, food, transportation	_ _ _ _ _ [local currency]	HC10c
	In kind (cash) given health workers	_ _ _ _ _ [local currency]	HC10d
	OR Total Amount	_ _ _ _ _ [local currency]	HC10e
During the past 12 months, have you been hospitalized due to an NCD?	Yes No	1 2 If No, go to HC15	HC12
During the past 12 months, taking all your visits of a hospital due to an NCD into account, how much did you pay for these visits in total? (RECORD FOR EACH OR PUT TOTAL AMOUNT) Don't know 7777	Care	_ _ _ _ _ [local currency]	HC14a
	Medicine/vitamin	_ _ _ _ _ [local currency]	HC14b
	Tests	_ _ _ _ _ [local currency]	HC14c
	Accommodation, food, transportation	_ _ _ _ _ [local currency]	HC14d
	In kind (cash) given health workers	_ _ _ _ _ [local currency]	HC14e
	OR Total Amount	_ _ _ _ _ [local currency]	HC14f
Home Care			
Please think about home care from family members and/or friends because of an NCD you have.			
During the past 30 days, has a family member or friend provided care for you at home due to your NCD?	Yes No	1 2 If No, go to HC17	HC15
During the past 30 days, how many hours per week has this person/have these people provided care for you? Don't know 777	Hours per week	_ _ _ _ hrs	HC16
Loss of Productivity			
Please think about the time you couldn't do your usual activity (work, work at home, school) because of an NCD you have.			
During the past 30 days, have you missed any time of your usual activity (work, work at home, school) due to an NCD?	Yes No	1 2 If No, go to [next section]	HC17
During the past 30 days, how many days of your usual activity have you missed due to an NCD? Don't know 77	Days	_ _ _ days	HC18

Step 2 Physical Measurements

CORE: Blood Pressure

Question	Response	Code
Interviewer ID	_ _ _ _	M1
Device ID for blood pressure	_ _ _	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic (mmHg) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
Reading 2	Systolic (mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
Reading 3	Systolic (mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	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
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
CORE: Height and Weight		
Device IDs for height and weight	Height _ _ _	M10a
	Weight _ _ _	M10b
Height	in Centimetres (cm) _ _ _ _ . _	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	M12
CORE: Waist		
Device ID for waist	_ _ _	M13
Waist circumference	in Centimeters (cm) _ _ _ _ . _	M14
Body fat percent (%)	By percentage _ _ _ . _	X19
EXPANDED: Heart Rate		
Heart Rate		
Reading 1	Beats per minute _ _ _ _	M16a
Reading 2	Beats per minute _ _ _ _	M16b
Reading 3	Beats per minute _ _ _ _	M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose

Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 Postpone No 2	B1

Technician ID	_ _ _ _	B2
Device ID	_ _	B3
Time of day blood specimen taken (24-hour clock)	Hours: minutes _ _ : _ _ hrs mins	B4
Fasting blood glucose	mmol/l _ _ . _ _	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
CORE: Blood Total cholesterol		
Device ID	_ _	B7
Total cholesterol	mmol/l _ _ . _ _	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
CORE: Triglycerides, HDL-C and LDL-C		
Question	Response	Code
Triglycerides	mmol/l _ _ . _ _	B16
HDL-Cholesterol	mmol/l _ . _ _	B17
LDL-Cholesterol	mmol/l _ . _ _	ldl
CORE: Urinary sodium and creatinine		
Have you been fasting prior to the urine collection?	Yes 1 No 2	B10
Technician ID	_ _ _ _	B11
Urine sample ID	_ _	X19
Time of the day urine sample taken (24-hour clock)	Hours: minutes _ _ : _ _ Hrs mins	B13
Urinary sodium	mmol/l _ _ _ . _	B14
Urinary creatinine	mmol/l _ _ . _ _	B15