GENERAL INFORMATION

G1	**Date of Interview**	Month/day/year: ____/____/____
G2	**Household ID**	___ ___ ___ ___
G3	**State**	_____
G4	**Surveyor ID (Part 1)**	___ ___
G5	**Consent Obtained**	YES ☐1 NO ☐2
G6	**Interview Language**	English ☐1 Palauan ☐2
G7	**Participant First Name**	_____
G8	**Participant Last Name**	_____
G9	**Contact Phone Number**	_____

SURVEY ID:

Part 1:

DEMOGRAPHICS

D1	Part 1 Interview Start Time (24 hour clock)	___ ___ : ___ ___
D2	Gender	Male ☐1 Female ☐2
D3	What is your Date of Birth? (MM/DD/YYYY)	___ ___ / ___ ___ /___ ___ ___ ___
D4	How old are you?	___ ___ ___ Years
D5	What is highest level of formal education you have **completed**?	Less than high school ☐1 High school **completed** ☐2 Associate's degree **completed** ☐3 Bachelor's degree **completed** ☐4 Graduate or professional degree **completed** ☐5 Refused ☐99
D6a	What is your ethnic background? (Select one)	Palauan ☐1 Filipino ☐2 Other ☐3 IF Other, GO TO D6b, otherwise GO TO D7 Refused ☐99
D6b	If other, please describe	Other ethnicity: _____ Refused ☐99
D7	Which best describes your current marital status?	Single, never married ☐1 Married or domestic partnership ☐2 Widowed ☐3 Divorced ☐4 Separated ☐5 Refused ☐99
D8	Which best describes your current employment?	Employed for wages ☐1 Employed not for wages ☐2 Self-employed ☐3 Out of work, looking ☐4 Out of work, not looking ☐5 Homemaker ☐6 Retired ☐7 Student ☐8 Refused ☐99 If out of work looking, out of work not looking, retired, student or refused skip questions P1 to P6

D9	Approximately how much was your **household income** this past year?	Less than $10,000 ☐1 $10-<20, 000☐2 $20-<30,000☐3 $30-<40,000☐4 More than $40,000☐5 Don't know ☐77 Refused ☐99

NUTRITION

N1	In a regular week, how many days do you **eat fruit**? *USE SHOWCARD*	Number of days/week: _____ Don't know ☐77 Refused ☐99 IF 0, DK, or Refused GO TO N3
N2	On one of the days that you eat fruit, how many **servings** of fruit do you eat? *USE SHOWCARD*	Number of servings/day: _____ Don't know ☐77 Refused ☐99
N3	In a regular week, how many days do you **eat vegetables**? *USE SHOWCARD*	Number of days/week: _____ Don't know ☐77 Refused ☐99 IF 0, DK, or Refused GO TO N5
N4	On one of the days that you eat vegetables, how many **servings** of vegetables do you eat? *USE SHOWCARD*	Number of servings/day: _____ Don't know ☐77 Refused ☐99
N5	In a regular day, how many times do you eat processed meats? This does not include canned fish. *USE SHOWCARD*	Number of times/day: _____ Don't know ☐77 Refused ☐99
N6	In a regular day, how many sugary drinks do you drink? This does not include diet drinks made with artificial sweeteners. *USE SHOWCARD*	Number of drinks/day: _____ Don't know ☐77 Refused ☐99
N7	Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table. Are you currently watching or reducing your sodium or salt intake? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99

N8	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 Refused ☐99
N9	What type of oil or fat is most often used for meal preparation in your household? (Select one) *USE SHOWCARD*	Vegetable oil ☐1 Lard ☐2 Butter ☐3 Margarine ☐4 Other ☐5 None in particular ☐6 None used ☐7 Don't know ☐77 Refused ☐99

PHYSICAL ACTIVITY

P1	Does your **work** involve **vigorous-intensity** activity that causes large increases in breathing or heart rate (such as carrying or lifting heavy loads, digging, construction work, etc.) for at least 10 minutes continuously? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO P4
P2	In a **regular week**, on how many days do you do **vigorous-intensity** activities as part of your **work**? *USE SHOWCARD*	Vigorous activity number of days:_____ Don't know ☐77 Refused ☐99 IF 0, DK, or Refused GO TO P4
P3	How much **time** do you spend doing **vigorous-intensity** activities **at work** on a **regular day**? *USE SHOWCARD*	Hours: _____ Minutes: _____ Don't know ☐77 Refused ☐99
P4	Does your **work** involve **moderate-intensity** activity that causes small increases in breathing or heart rate (such as brisk walking, carrying light loads, etc.) for at least 10 minutes continuously? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO P7
P5	In a **regular week**, on how many days do you do **moderate-intensity** activities as part of your **work**? *USE SHOWCARD*	Moderate activity number of days:_____ Don't know ☐77 Refused ☐99 IF 0, DK, or Refused GO TO P7
P6	How much time do you spend doing **moderate-intensity** activities at **work** on a **regular day**? *USE SHOWCARD*	Hours: _____ Minutes: _____ Don't know ☐77 Refused ☐99
P7	Do you walk or use a bicycle for at least 10 minutes continuously **to get to and from places**? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO P10

P8	In a **regular week**, on how many days do you walk or bicycle for at least 10 minutes continuously **to get to and from places**? *USE SHOWCARD*	Walk or bike number of days:_____ Don't know ☐77 Refused ☐99 IF 0, DK, or Refused GO TO P10
P9	How much time do you spend walking or bicycling **for travel** on a **regular day**? *USE SHOWCARD*	Hours: _____ Minutes: _____ Don't know ☐77 Refused ☐99
P10	Do you do any **vigorous-intensity** sports, fitness, or recreational (leisure) activities that cause large increases in breathing or heart rate (such as running or basketball) for at least 10 minutes continuously? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO P13
P11	In a **regular week**, on how many days do you do **vigorous intensity** sports, fitness, or recreational (leisure) activities? *USE SHOWCARD*	Vigorous activity number of days:_____ Don't know ☐77 Refused ☐99 IF 0, DK, or Refused GO TO P13
P12	How much **time** do you spend doing **vigorous-intensity sports, fitness, or recreational activities** on a **regular day**? *USE SHOWCARD*	Hours: _____ Minutes: _____ Don't know ☐77 Refused ☐99
P13	Do you do any **moderate-intensity** sports, fitness, or recreational (leisure) activities that cause small increases in breathing or heart rate (such as brisk walking, rowing, swimming, volleyball, etc.) for at least 10 minutes continuously? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO P16
P14	In a **regular week**, on how many days do you do **moderate-intensity** sports, fitness, or recreational (leisure) activities? *USE SHOWCARD*	Moderate activity number of days:_____ Don't know ☐77 Refused ☐99 IF 0, DK, or Refused GO TO P16
P15	How much time do you spend doing **moderate-intensity** sports, fitness, or recreational activities on a **regular day**? *USE SHOWCARD*	Hours: _____ Minutes: _____ Don't know ☐77 Refused ☐99
P16	How much time do you usually spend **sitting** or **reclining** on a **regular day**? (THIS DOES NOT INCLUDE TIME SPENT SLEEPING) *USE SHOWCARD*	Hours: _____ Minutes: _____ Don't know ☐77 Refused ☐99

GENERAL HEALTH

H1	Would you say that your general health is…	Excellent ☐1 Very good ☐2 Good ☐3 Fair or Okay ☐4 Poor or Not Good ☐5 Don't know ☐77 Refused ☐99
H2	About how long has it been since you last visited a medical provider for an annual checkup? An annual checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	Within the past year (anytime less than 12 months ago) ☐1 Within the past 2 years (1 year but less than 2 years ago) ☐2 Within the past 5 years (2 years but less than 5 years ago) ☐3 5 or more years ago ☐4 Never ☐5 Don't Know ☐77 Refused ☐99
H3	How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists	Within the past year (anytime less than 12 months ago) ☐1 Within the past 2 years (1 year but less than 2 years ago) ☐2 Within the past 5 years (2 years but less than 5 years ago) ☐3 5 or more years ago ☐4 Never ☐5 Don't know ☐77 Refused ☐99
H4	How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.	1 to 5 ☐1 6 or more but not all ☐2 All ☐3 None ☐4 Don't know ☐77 Refused ☐99
H5	About how tall are you without shoes?	___feet and ___inches Don't know ☐77 Refused ☐99
H6	About how much do you weigh without shoes?	_____pounds Don't know ☐77 Refused ☐99

WOMENS HEALTH (WOMEN ONLY) --- If participant is Male - Skip to C1

W1	**WOMEN ONLY:** Are you currently pregnant or breastfeeding?	Pregnant ☐1 Breastfeeding ☐2 **Both**, pregnant and breastfeeding ☐3 **Neither**, pregnant or breastfeeding ☐4 Don't know ☐77 Refused ☐99
W2	**WOMEN ONLY:** Have you, at some time during your life, wanted to have a baby?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
W3	**WOMEN ONLY:** Have you, either now or in the past, tried to become pregnant?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO W7
W4	**WOMEN ONLY:** At any time did you try for more than 12 months and not become pregnant?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
W5	**WOMEN ONLY:** During any of your relationships now or in the past, have you ever talked to a nurse, a doctor, or other health care provider about ways to help you become pregnant?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
W6	**WOMEN ONLY:** During any of your relationships now or in the past, have you ever talked to a relative or friend about ways to help you become pregnant?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
W7	**WOMEN ONLY:** Have you ever been treated with antibiotics for an infection in your fallopian tubes, womb, or ovaries, also called a pelvic infection, pelvic inflammatory disease, or P.I.D.? [Palauan: Baiking ra omcherelem]	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
W8	**WOMEN ONLY:** Were you ever told that you had an ectopic pregnancy (tubal pregnancy that resulted in a miscarriage)? [Palauan blem diol a ngalk a diak el ngara luuk ma lechub eng ngara ikrel a omecherelem]	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
W9	**WOMEN ONLY:** Have you ever had a mammogram? A mammogram is done with a machine. *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO W11

W10	**WOMEN ONLY:** How long has it been since you had your last mammogram? *USE SHOWCARD*	Within the past year (anytime less than 12 months ago) ☐1 Within the past 2 years (1 year but less than 2 years ago) ☐2 Within the past 3 years (2 years but less than 3 years ago) ☐3 Within the past 5 years (3 years but less than 5 years ago) ☐4 5 or more years ago ☐5 Don't know ☐77 Refused ☐99
W11	**WOMEN ONLY:** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO W13

W12	**WOMEN ONLY:** How long has it been since your last clinical breast exam? *USE SHOWCARD*	Within the past year (anytime less than 12 months ago) ☐1 Within the past 2 years (1 year but less than 2 years ago) ☐2 Within the past 3 years (2 years but less than 3 years ago) ☐3 Within the past 5 years (3 years but less than 5 years ago) ☐4 5 or more years ago ☐5 Don't know ☐77 Refused ☐99
W13	**WOMEN ONLY:** Have you ever had a Pap test? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO C1
W14	**WOMEN ONLY:** How long has it been since you had your last Pap test? *USE SHOWCARD*	Within the past year (anytime less than 12 months ago) ☐1 Within the past 2 years (1 year but less than 2 years ago) ☐2 Within the past 3 years (2 years but less than 3 years ago) ☐3 Within the past 5 years (3 years but less than 5 years ago) ☐4 5 or more years ago ☐5 Don't know ☐77 Refused ☐99

COLON CANCER SCREENING

C1	Have you ever had a colonoscopy? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO C3
C2	How long has it been since your last colonoscopy? *USE SHOWCARD*	Within the past year (anytime less than 12 months ago) ☐1 Within the past 2 years (1 year but less than 2 years ago) ☐2 Within the past 3 years (2 years but less than 3 years ago) ☐3 Within the past 5 years (3 years but less than 5 years ago) ☐4 5 or more years ago ☐5 Don't know ☐77 Refuse ☐99
C3	A blood stool test is a test that determines whether the stool contains blood. Have you ever had this test? *USE SHOWCARD*	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF No, DK, or Refused GO TO T1
C4	How long has it been since you had your last blood stool test? *USE SHOWCARD*	Within the past year (anytime less than 12 months ago) ☐1 Within the past 2 years (1 year but less than 2 years ago) ☐2 Within the past 3 years (2 years but less than 3 years ago) ☐3 Within the past 5 years (3 years but less than 5 years ago) ☐4 5 or more years ago ☐5 Don't know ☐77 Refuse ☐99

TOBACCO

T1	During the past 30 days, on how many days did you smoke cigarettes?	Number of days/Past 30 days: _____ Don't know ☐77 Refused☐99 IF 0, DK, OR REFUSE GO TO T6
T2	Regularly, how many sticks of cigarettes did you smoke on one of those days?	Number of sticks/day: _____ Don't know ☐77 Refused☐99
T3	How old were you when you first started regularly smoking cigarettes?	Age: _____ Don't know ☐77 Refused☐99
T4	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking cigarettes?	YES ☐1 NO ☐2 Don't know ☐77 Refused☐99
T5	Do you want to quit smoking cigarettes?	YES ☐1 NO ☐2 Don't know ☐77 Refused☐99
T6	During the past 30 days, on how many days did you use E-Cigarettes or a personal vaporizer (PV), or electronic nicotine? *USE SHOWCARD*	Number of days/Past 30 days: _____ Don't know ☐77 Refused☐99

T7	During the past 7 days, on how many days did someone other than you smoke tobacco inside your home while you were at home?	Number of days/Past 7 days: _____ Don't know ☐77 Refused☐99
T8	During the past 7 days, on how many days did you breathe tobacco smoke at your workplace from someone else other than you who was smoking tobacco?	Number of days/Past 7 days: _____ Don't know ☐77 Refused☐99
T9	During the past 7 days, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?	Number of days/Past 7 days: _____ Don't know ☐77 Refused☐99

BETEL NUT

B1	During the past 30 days, on how many days did you chew betel nut?	Number of days/Past 30 days: _____ Don't know ☐77 Refused☐99 IF 0,DK, OR REFUSED GO TO A1
B2	What kind of tobacco do you most often add to your betel nut chew? *USE SHOWCARD*	Cigarette Sticks☐1 Imported loose tobacco ☐2 Locally grown tobacco☐3 Other type of tobacco☐4 No tobacco☐5 Don't Know☐77 Refused☐99 IF NO TOBACCO, DK, OR REFUSED GO TO A1
B3	How old were you when you first started chewing betel nut with tobacco regularly?	Age: _____ Don't know ☐77 Refused☐99
B4	How many days does it take for you to chew one pack of cigarettes or one pouch of loose tobacco? *USE SHOWCARD*	Number of days: _____ Other type of tobacco ☐88 Don't know ☐77 Refused☐99
B5	During the past 12 months, have you stopped chewing betel nut with tobacco for one day or longer because you were trying to quit chewing?	YES ☐1 NO ☐2 Don't know☐77 Refused☐99
B6	Do you want to quit chewing betel nut with tobacco?	YES ☐1 NO ☐2 Don't know☐77 Refused☐99

ALCOHOL

A1	During the past 30 days, on how many days did you have at least one standard drink of any alcohol? *USE SHOWCARD*	Number of days: _____ Don't know ☐77 Refused☐99 IF 0, DK, OR REFUSED GO TO A6
A2	Regularly, how many standard alcoholic drinks did you drink on one of those days? *USE SHOWCARD*	Number of drinks/day: _____ Don't know ☐77 Refused☐99
A3	How old were you when you first started drinking alcohol?	Age: _____ Don't know ☐77 Refused☐99
A4	During the past 30 days, how many days did you have: • for men: ○ Five or more standard alcoholic drinks? • for women: ○ Four or more standard alcoholic drinks? *USE SHOWCARD*	Number of days/Past 30 Days: _____ Don't know ☐77 Refused☐99
A5	During the past 30 days, on how many days have you driven a vehicle after you've consumed alcohol?	Number of days/Past 30 Days: _____ Don't drive ☐88 Don't know ☐77 Refused☐99
A6	During the past 30 days, on how many days have you been a passenger in a vehicle with a driver other than yourself who has consumed alcohol?	Number of days/Past 30 Days: _____ Don't know ☐77 Refused☐99

OTHER DRUG USE, PERCEPTIONS OF HARM, AND DISAPPROVAL

During the past 30 days, report on how many days you used any of the following substance.

I1	Marijuana, also called weed or pot	Number of days/Past 30 Days: _____ Don't know ☐77 Refused☐99
I2	Heroin, crack, cocaine, or methamphetamine (locally called "ice" OR "shabu")	Number of days/Past 30 Days: _____ Don't know ☐77 Refused☐99
I3	Hallucinogens such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP, or, mushrooms	Number of days/Past 30 Days: _____ Don't know ☐77 Refused☐99
I4	Inhalants or sniffed/huffed substances such as glue, gasoline, paint thinner, markers, or butane	Number of days/Past 30 Days: _____ Don't know ☐77 Refused☐99
I5	Prescription drugs such as tramadol, demerol, oxycodone, codeine (Tylenol 3), or morphine without a doctor's orders	Number of days/Past 30 Days: _____ Don't know ☐77 Refused☐99

How much do people risk harming themselves physically and in other ways when they engage in the following behaviors?

I6	When they smoke one or more packs of CIGARETTES per day?	No Risk☐1 Slight Risk ☐2 Moderate Risk☐3 Great Risk☐4 Don't Know☐77 Refused☐99
I7	When they have five or more ALCOHOLIC BEVERAGES once or twice a week?	No Risk☐1 Slight Risk ☐2 Moderate Risk☐3 Great Risk☐4 Don't Know☐77 Refused☐99
I8	When they smoke MARIJUANA once or twice a week?	No Risk☐1 Slight Risk ☐2 Moderate Risk☐3 Great Risk☐4 Don't Know☐77 Refused☐99
I9	When they chew BETEL NUT WITH TOBACCO everyday (Includes cigarette stick, loose tobacco, or locally grown tobacco)	No Risk☐1 Slight Risk ☐2 Moderate Risk☐3 Great Risk☐4 Don't Know☐77 Refused☐99
I10	When they use heroin, crack or cocaine, or methamphetamine (locally called "ice" OR "shabu")	No Risk☐1 Slight Risk ☐2 Moderate Risk☐3 Great Risk☐4 Don't Know☐77 Refused☐99
I11	When they use hallucinogens such as LSD (sometimes called acid), Ecstasy (sometimes called MDMA), PCP, or, mushrooms	No Risk☐1 Slight Risk ☐2 Moderate Risk☐3 Great Risk☐4 Don't Know☐77 Refused☐99
I12	When they use inhalants or sniffed/huffed substances such as glue, gasoline, paint thinner, markers, or butane	No Risk☐1 Slight Risk ☐2 Moderate Risk☐3 Great Risk☐4 Don't Know☐77 Refused☐99
I13	When they use prescription drugs such as tramadol, demerol, oxycodone, codeine (Tylenol 3), or morphine without a doctor's orders	No Risk☐1 Slight Risk ☐2 Moderate Risk☐3 Great Risk☐4 Don't Know☐77 Refused☐99

How much do you approve or disapprove of the following substances?		
I14	How do you feel about someone smoking one or more packs of cigarettes a day?	Strongly Approve☐$_1$ Somewhat Approve ☐$_2$ Neither Approve or Disapprove☐$_3$ Somewhat Disapprove☐$_4$ Strongly Disapprove☐$_5$ Don't Know☐$_{77}$ Refused☐$_{99}$
I15	How do you feel about someone chewing betel nut with tobacco every day?	Strongly Approve☐$_1$ Somewhat Approve ☐$_2$ Neither Approve or Disapprove☐$_3$ Somewhat Disapprove☐$_4$ Strongly Disapprove☐$_5$ Don't Know☐$_{77}$ Refused☐$_{99}$
I16	How do you feel about someone using Marijuana once a month or more?	Strongly Approve☐$_1$ Somewhat Approve ☐$_2$ Neither Approve or Disapprove☐$_3$ Somewhat Disapprove☐$_4$ Strongly Disapprove☐$_5$ Don't Know☐$_{77}$ Refused☐$_{99}$
I17	How do you feel about someone your age having one or two alcoholic beverages nearly every day?	Strongly Approve☐$_1$ Somewhat Approve ☐$_2$ Neither Approve or Disapprove☐$_3$ Somewhat Disapprove☐$_4$ Strongly Disapprove☐$_5$ Don't Know☐$_{77}$ Refused☐$_{99}$
I18	During the past 30 days, have you talked with your own child or other children in your household about the dangers or problems associated with the use of Tobacco, Alcohol, or Other Drugs?	YES ☐$_1$ NO ☐$_2$ No Children ☐$_{88}$ Don't know ☐$_{77}$ Refused☐$_{99}$

BLOOD SUGAR OR DIABETES

E1	Have you ever had your blood sugar checked by a doctor, nurse, or other health worker?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF NO, DK, OR REFUSED, GO TO E6
E2	Have you ever been told by a doctor, nurse, or other health worker that you have high blood sugar or diabetes?	YES ☐1 YES, but female told only during pregnancy ☐2 NO ☐3 NO, pre-diabetes or borderline diabetes ☐4 Don't know ☐77 Refused ☐99 IF NO, DK, OR REFUSED, GO TO E6
E3	Are you currently receiving insulin prescribed by a doctor or other health worker for your high blood sugar or diabetes?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
E4	Are you currently receiving other types of medicine prescribed by a doctor or other health worker for your high blood sugar or diabetes that you have taken in the past two weeks?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
E5	Are you currently taking any herbal or traditional remedy for your high blood sugar or diabetes?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99

BLOOD PRESSURE OR HYPERTENSION

E6	Have you ever had your blood pressure checked by a doctor, nurse, or other health worker?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF NO, DK, OR REFUSED, GO TO E10
E7	Have you ever been told by a doctor, nurse, or other health worker that you have high blood pressure or hypertension?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF NO, DK, OR REFUSED, GO TO E10
E8	Are you currently receiving medicine prescribed by a doctor or other health worker for your high blood pressure or hypertension that you have taken in the past two weeks?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
E9	Are you currently taking any herbal or traditional remedy for your high blood pressure or hypertension?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99

BLOOD CHOLESTEROL

E10	Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked by a doctor, nurse, or other health worker?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF NO, DK, OR REFUSED, GO TO F1
E11	Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99 IF NO, DK, OR REFUSED, GO TO F1
E12	Are you currently receiving drugs medicine prescribed by a doctor or other health worker for your high cholesterol that you have taken in the past two weeks?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99
E13	Are you currently taking any herbal or traditional remedy for your high cholesterol?	YES ☐1 NO ☐2 Don't know ☐77 Refused ☐99

CHRONIC DISEASES

Have you ever been told by a doctor that you have…		
Responses: 1. YES 2. NO 77. Don't Know 99. Refused		**Data Entry Code**
F1	Coronary heart disease	
F2	Angina, also called angina pectoris	
F3	A heart attack (also called myocardial infarction)	
F4	Any kind of heart condition or heart disease (other than the ones I just asked about)	
F5	A stroke	
F6	Emphysema	
F7	Chronic obstructive pulmonary disease (COPD)	
F8	Asthma	
F9	An ulcer (this could be a stomach, duodenal, or peptic ulcer)	
F10	Gout	
F11	Arthritis (not gout)	
F12	Tuberculosis (TB)	
F13	Depression	
F14a	Cancer or a malignancy of any kind	_____ IF NO, DK, OR REFUSED, GO TO F15
F14b	If yes, what kind of cancer was it? (Only one possible answer) 27. Lip, oral cavity, and pharynx 28. Esophagus 29. Stomach 30. Colon, rectum, or anus 31. Liver or intra hepatic bile ducts 32. Pancreas 33. Larynx 34. Trachea, bronchus, and lung 35. Skin 36. Breast 37. Cervix uteri 38. Other and unspecific parts of uterus 39. Ovary 40. Prostate 41. Bladder 42. Meninges, brain, other part of the Central Nervous System 43. Non-Hodgkin's lymphoma 44. Multiple myeloma and malignant 45. Leukemia 46. Remainder of malignant neoplasms 77. Don't Know 99. Refused	Code:

F15	Part 1 Finish Time (24 hour clock)	___ ___ : ___ ___

PART 2: PHYSICAL MEASUREMENT

M1	**Date of Measurement**	Month/day/year: ___/___/_____
M2	Part 2 Measurement Start Time (24 hour clock)	___ ___ : ___ ___

MEDICATION

The next few questions are about the medications you took TODAY:		
Responses: 1. YES 2. NO 77. Don't Know 99. Refused		**Data Entry Code**
M3	During the past 10 to 12 hours have you had anything to eat or drink, other than water? (If answer is no, don't know or refused, STOP Survey)	
M4	Today, have you taken insulin or other medication for high blood sugar or diabetes- prescribed by a doctor, nurse, or other health worker?	
M5	Today, have you taken drugs or medication for high blood pressure or hypertension - prescribed by a doctor, nurse, or other health worker?	
M6	Today, have you taken drugs or medication for high cholesterol- prescribed by a doctor, nurse, or other health worker?	

MEASUREMENTS

M7	Height	Centimeters: _____ Unable ☐888 Refused ☐999
M8	Height Device ID	_____
M9	Height Surveyor ID	___ ___
M10	Weight	Kilograms: _____ Unable ☐888 Max ☐666 Refused ☐999
M11	Weight Device ID	_____
M12	Weight Surveyor ID	___ ___
M13	Arm Circumference	Centimeters: _____ Unable ☐888 Refused ☐999
M14	Arm Circumference Surveyor ID	___ ___

Blood Pressure		
M15	Cuff size used	Small ☐1 Medium ☐2 Large ☐3 Extra-large ☐4 None ☐5
M16	BP Reading 1	Systolic _____ Diastolic _____ Error ☐777 Refused ☐999
M17	BP Reading 2	Systolic _____ Diastolic _____ Error ☐777 Refused ☐999
M18	BP Reading 3	Systolic _____ Diastolic _____ Error ☐777 Refused ☐999
M19	BP Average	Systolic _____ Diastolic _____
M20	BP device ID	_____
M21	BP Surveyor ID	___ ___

PART 3: BIOCHEMICAL MEASURES

M22	**Blood glucose**	mg/dL: _____ Min ☐666 Error ☐777 Max ☐888 Refuse ☐999
M23	Glucose device ID	_____
M24	Glucose Surveyor ID	___ ___
M25	**Cholesterol**	mg/dl: _____ Min ☐666 Error ☐777 Max ☐888 Refuse ☐999
M26	Cholesterol device ID	_____
M27	Cholesterol Surveyor ID	___ ___
M28	**HDL**	mmol/L: _____ Min ☐666 Error ☐777 Max ☐888 Refuse ☐999
M29	HDL device ID	_____
M30	HDL Surveyor ID	___ ___
M31	Part 3 Measurement Finish Time (24 hour clock)	___ ___ : ___ ___