



Uganda Noncommunicable Diseases Risk Factor Survey

26 March 2014

Participant Questionnaire

Kampala, Uganda

WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance UGANDA

Survey Information

Location and Date	Response	Code
Village/EA ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I1
Village/EA Name	<input type="text"/>	I2
District ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	X1
Interviewer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I3
Date of completion of the instrument	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language	English 1 Ateso/Karamajong 2 Luganda 3 Lugbara 4 Luo 5 Runyankole/Rukiga 6 Runyoro/Rutoro 7 Other 8 (Specify)	I6
Time of interview (24 hour clock)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	I7
Family Surname	<input type="text"/>	I8
First Name	<input type="text"/>	I9
Contact phone number where possible	<input type="text"/>	I10

Step 1 Demographic Information

Demographic Information		
Question	Response	Code
Sex (Record Male / Female as observed)	Male 1 Female 2	C1
What is your date of birth? Don't Know 77 77 7777	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If known, Go to C4 dd mm year	C2

Question	Response	Code
How old are you?	Years <input type="text"/> <input type="text"/> <input type="text"/>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <input type="text"/> <input type="text"/> <input type="text"/>	C4
What is the highest level of education you have completed?	No formal schooling	1
	Primary School completed	2
	O-Level completed	3
	Junior Secondary completed	4
	A-level completed	5
	University /Higher institutions completed	6
	Post graduate degree	7
	Refused	88
What is your tribe?	Baganda	1
	Banyankore	2
	Iteso	3
	Lugbara/Madi	4
	Basoga	5
	Langi	6
	Bakiga	7
	Karimojong	8
	Acholi	9
	Bagisu/Sabiny	10
	Alur/Jopadhola	11
	Banyoro	12
	Batoro	13
	Other	14
	Refused	88
	Other specify	
What is your marital status ?	Never married	1
	Currently married	2
	Separated	3
	Divorced	4
	Widowed	5
	Cohabiting	6
	Refused	88
Which of the following best describes your main work status over the past 12 months?	Government employee	1
	Non-government employee	2
	Self-employed	3
	Non-paid	4
	Student	5
	Unpaid family worker /Homemaker	6
	Retired / pensioner	7
	Unemployed (able to work)	8
	Unemployed (unable to work)	9
	Refused	88
How many people older than 18 years, including yourself, live in your household?	Number of people <input type="text"/> <input type="text"/> <input type="text"/>	C9

Question	Response		Code
What is the major material of the floor?	<div>Earth</div> <div>Earth and cow dung</div> <div>Cement</div> <div>Mosaic or tiles</div> <div>Bricks</div> <div>Stone</div> <div>Wood</div> <div>Other</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div>	X6
What is the main source of water for your household?	<div>Private connection to pipeline</div> <div>Public taps</div> <div>Bore-hole</div> <div>Protected well/spring</div> <div>Unprotected well/spring</div> <div>River, stream, lake, pond</div> <div>Vendor/Tanker truck</div> <div>Gravity flow scheme</div> <div>Rain water</div> <div>Other (specify)</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div>	X7
What is the type of toilet that is mainly used in your household?	<div>Covered pit latrine private</div> <div>Covered pit latrine shared</div> <div>VIP latrine private</div> <div>VIP latrine shared</div> <div>Uncovered pit latrine</div> <div>Flush toilet private</div> <div>Flush toilet shared</div> <div>Bush</div> <div>Other</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	X8
What is the main source of lighting in your dwelling?	<div>Electricity</div> <div>Paraffin, kerosene or gas lantern</div> <div>Tadooba</div> <div>Firewood</div> <div>Solar</div> <div>Biogas</div> <div>Other (specify)</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div>	X9
What type of fuel do you use most often for cooking?	<div>Firewood</div> <div>Charcoal</div> <div>Paraffin/kerosene</div> <div>Electricity</div> <div>Gas</div> <div>Solar</div> <div>Biogas</div> <div>Saw dust</div> <div>Other (specify)</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div>	X10
What type of kitchen does your household have ?	<div>inside</div> <div>Outside , built</div> <div>Outside , make shift</div> <div>None</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div>	X11

Step 1 Behavioural Measurements

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, shisha 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) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
	OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
	OR in Weeks <input type="text"/> <input type="text"/>	T4c
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	<div style="text-align: center;">DAILY↓ WEEKLY↓</div> <div> <div>Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>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"/> If Other, go to T5other, else go to T6</div> <div>Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div>	T5a/T5aw T5b/T5bw T5c/T5cw T5d/T5dw T5e/T5ew T5f/T5fw T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6
During any visit to a medical 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
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> If Known, go to T12	T11a
	OR Months ago <input type="text"/> <input type="text"/> If Known, go to T12	T11b
	OR Weeks ago <input type="text"/> <input type="text"/>	T11c

Question	Response	Code
Do you currently use any smokeless tobacco products such as <i>Bugolo, Taba, Etabe, Kuba or Gutka</i> ? (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	DAILY↓ WEEKLY↓	
	Snuff, by mouth (taba/etabe) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T14a/ T14aw
	Snuff, by nose (Bugolo) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T14b/ T14bw
	Chewing tobacco (gutka, Kuba) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T14c/ T14cw
	Betel, quid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T15c/ T15cw
	Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	Other (please specify): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If T13=No, go to T16, else go to T17	T14other/ T14otherw
In the past , did you ever use smokeless tobacco products such as <i>Bugolo, Taba, Etabe, Kuba or Gutka</i> ?	Yes 1 No 2 If No, go to T17	T15
In the past , did you ever use smokeless tobacco products such as <i>Bugolo, Taba, Etabe, Kuba or Gutka</i> ? daily ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17
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 Don't work in a closed area 3	T18

Alcohol Consumption		
The next questions ask about the consumption of alcohol. A standard drink of alcohol is 285ml of beer, or a 120 ml glass of wine, or a tot of whisky, waragi or gin.		
Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, spirits, waragi, malwa or any other local brews? (USE SHOWCARD)	Yes 1 No 2 If No, go to A16	A1
Have you consumed any alcohol within the past 12 months ?	Yes 1 If Yes, go to A4 No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your medical doctor or other health worker?	Yes 1 If Yes, go to A16 No 2 If No, go to A16	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink such as beer, wine, spirits, waragi, malwa or any other local brews?? (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	A4

	Less than once a month 6	
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Question	Response	Code
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 such as beer, wine, spirits, waragi, malwa or any other local brews?	Number Don't know 77 <input type="text"/>	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 <input type="text"/>	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 Don't Know 77 <input type="text"/>	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 Don't Know 77 <input type="text"/>	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
I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of locally brewed/ African Indigenous alcohol. Please only think about these types of alcohol when answering the next questions.		
During the past 7 days , did you consume any locally brewed/ African Indigenous alcohol? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to A13</i>	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? (USE SHOWCARD) Don't Know 77	Locally brewed spirits, e.g. Waragi, Kasese, Lira-Lira <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. Mwenge-Bigere, Malwa, beer, palm or fruit wine <input type="text"/>	A12b
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	A15

	Less than monthly 4 Never 5	
Question	Response	Code
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 Yes, once or twice 4 No 5	A16

Diet

The next questions ask about your diet and the foods 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 Don't Know 77 <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 Don't Know 77 <input type="text"/> <input type="text"/>	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to X12	D3
How many servings 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
In a typical week, on how many days do you eat red meat (beef, mutton, goat meat etc)?	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to X14	X12
How many servings of red meat do you eat on one of those days?	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	X13
In a typical week, on how many days do you eat white meat (chicken, fish)?	Number of Days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to X16	X14
How many servings of white meat do you eat on one of those days?	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	X15
In a typical week, on how many days do you take carbonated drinks or soda like fanta, mirinda, riham, cola, what-up etc ()? DO NOT INCLUDE DIET SODA	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5	X16
How may 300ml soda do you take on one of those days?	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	X17

Dietary salt

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 e.g. maggi and powders like Royco, and salty sauces such as soya 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 sausages, chips etc], 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 soya 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 like maggi, royco etc. or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3	D6

	Rarely 4 Never 5 Don't know 77	
Question	Response	Code
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, salty foods prepared in quick-service restaurants, chips, crisps, corned beef, sausage, etc. (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
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

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 go to X18 No 2 go to D11a Don't know 77	D10
In your opinion, what is the main health problem too much salt can cause?	High blood pressure 1 Osteoporosis (thinning of the bones) 2 Stomach cancer 3 Kidney stones 4 Don't know 77	X18
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 If Yes, go to DS11other No 2	D11f
Other (please specify)	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	D11other
The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.		
What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Animal fat such as pork fat 2 Butter or ghee 3 Margarine 4 Other 5 If Other, go to D12 other None in particular 6	D12

	None used 7	
	Don't know 77	
	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"/>	D12other
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"/>	D13

Physical Activity

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

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

Question	Response	Code
Work		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like sweeping/raking the compound, brisk walking upstairs, fast cycling like boda boda bicycle, carrying heavy load >20kg for at least 10 minutes continuously?	Yes 1 No 2 If No, go to P 4	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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, , digging, housework/domestic chores, building tasks, carrying food items or cooking wood/charcoal <20kg for at least 10 minutes continuously?	Yes 1 No 2 If No, go to P 7	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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, to visit relatives or friends, for weddings or funerals.		
Do you walk or use a bicycle (pedal cycle) 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 <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)
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).		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like running, fast cycling, fast swimming, net ball, basketball, football, rugby, etc. for at least 10 minutes continuously?	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 <input type="text"/>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball, gardening for at least 10 minutes continuously? (USE SHOWCARD)	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 <input type="text"/>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)

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, taxis, bus, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)		
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)

History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a medical doctor or other health worker?	Yes 1 No 2 If No, go to H6	H1
Have you ever been told by a medical doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 If No, go to H6	H2a
Have you been 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 medical 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

History of Diabetes		
Have you ever had your blood sugar measured by a medical	Yes 1	H6

doctor or other health worker?	No 2 <i>If No, go to H12</i>	
Have you ever been told by a medical 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
Have you been 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 medical doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin/ oral drugs for diabetes prescribed by a medical 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

History of Raised Total Cholesterol		
Cholesterol is a fatty substance found in blood. High levels of total cholesterol are associated with abnormal heart function and blood vessels.		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a medical doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a medical doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been 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 medical 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

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 or stroke?	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

Lifestyle Advice		
During the past three years, has a medical doctor or other health worker advised you 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 <i>If C1=1 go to O1</i> No 2 <i>If C1=1 go to O1</i>	H20f

Cervical Cancer Screening: (for women only)

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.

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1 No 2 Don't know 77	CX1

Oral Health			
The next questions ask about your oral health status and related behaviours.			
Question	Response		Code
How many natural teeth do you have?	No natural teeth 1 to 9 teeth 10 to 19 teeth 20 teeth or more Don't know	1 <i>If no natural teeth, go to O4</i> 2 3 4 77	O1
How would you describe the state of your teeth ?	Excellent Very Good Good Average Poor Very Poor Don't Know	1 2 3 4 5 6 77	O2
How would you describe the state of your gums ?	Excellent Very Good Good Average Poor Very Poor Don't know	1 2 3 4 5 6 77	O3
Do you have any removable dentures ?	Yes No	1 2 <i>If No, go to O6</i>	O4
Which of the following removable dentures do you have? (RECORD FOR EACH)			
An upper jaw denture	Yes No	1 2	O5a
A lower jaw denture	Yes No	1 2	O5b
During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes No	1 2	O6
How long has it been since you last saw a dentist ?	Less than 6 months 6-12 months More than 1 year but less than 2 years 2 or more years but less than 5 years 5 or more years Never received dental care	1 2 3 4 5 6 <i>If Never, go to O9</i>	O7
What was the main reason for your last visit to the dentist?	Consultation / advice Pain or trouble with teeth, gums or Treatment / Follow-up treatment Routine check-up treatment Other	1 2 3 4 5 <i>If Other, go to O8other</i>	O8
	Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>	O8other
How often do you clean your teeth?	Never Once a month 2-3 times a month Once a week 2-6 times a week Once a day Twice or more a day	1 <i>If Never, go to O13a</i> 2 3 4 5 6 7	O9

Oral Health, Continued

Question	Response	Code
Do you use toothpaste to clean your teeth?	Yes 1 No 2 <i>If No, go to O12a</i>	O10
Do you use toothpaste containing fluoride ?	Yes 1 No 2 Don't know 77	O11
Do you use any of the following to clean your teeth ? (RECORD FOR EACH)		
Toothbrush	Yes 1 No 2	O12a
Wooden toothpicks	Yes 1 No 2	O12b
Plastic toothpicks	Yes 1 No 2	O12c
Thread (dental floss)	Yes 1 No 2	O12d
Charcoal/sand	Yes 1 No 2	O12e
Chewstick / miswak/ muswachi	Yes 1 No 2	O12f
Other	Yes 1 <i>If Yes, go to O12other</i> No 2	O12g
Other (please specify) 		O12other
Have you experienced any of the following problems during the past 12 months because of the state of your teeth ? (RECORD FOR EACH)		
Difficulty in chewing foods	Yes 1 No 2	O13a
Difficulty with speech/trouble pronouncing words	Yes 1 No 2	O13b
Felt tense because of problems with teeth or mouth	Yes 1 No 2	O13c
Embarrassed about appearance of teeth	Yes 1 No 2	O13d
Avoid smiling because of teeth	Yes 1 No 2	O13e
Sleep is often interrupted	Yes 1 No 2	O13f
Days not at work because of teeth or mouth	Yes 1 No 2	O13g
Difficulty doing usual activities	Yes 1 No 2	O13h
Less tolerant of spouse or people close to you	Yes 1 No 2	O13i
Reduced participation in social activities	Yes 1 No 2	O13j

Step 2 Physical Measurements

Blood Pressure		
Question	Response	Code
Interviewer ID	<input type="text"/>	M1
Device ID for blood pressure	<input type="text"/>	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic (mmHg) <input type="text"/>	M4a
	Diastolic (mmHg) <input type="text"/>	M4b
Reading 2	Systolic (mmHg) <input type="text"/>	M5a
	Diastolic (mmHg) <input type="text"/>	M5b
Reading 3	Systolic (mmHg) <input type="text"/>	M6a
	Diastolic (mmHg) <input type="text"/>	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
Height and Weight		
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Interviewer ID	<input type="text"/>	M9
Device IDs for height and weight	Height <input type="text"/> Weight <input type="text"/>	M10a M10b
Height	in Centimetres (cm) <input type="text"/>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/>	M12
Waist		
Device ID for waist	<input type="text"/>	M13
Waist circumference	in Centimetres (cm) <input type="text"/>	M14

Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) <input type="text"/>	M15
Heart Rate		
Reading 1	Beats per minute <input type="text"/>	M16a
Reading 2	Beats per minute <input type="text"/>	M16b
Reading 3	Beats per minute <input type="text"/>	M16c

Step 3 Biochemical Measurements

Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	<input type="text"/>	B2
Device ID	<input type="text"/>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
Fasting blood glucose	mmol/l <input type="text"/> . <input type="text"/>	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
Blood Lipids		
Device ID	<input type="text"/>	B7
Total cholesterol	mmol/l <input type="text"/> . <input type="text"/>	B8
HDL cholesterol	mmol/l <input type="text"/> . <input type="text"/>	B9
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a medical doctor or other health worker?	Yes 1 No 2	B10

