

Respondent Identification Number

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**Identification Information:**

<b>V 1</b>	Respondent ya l stap long patisipesen lis?	Yes, long original list	1	<input type="checkbox"/>
		Yes, long replacement list	2	
		No (sipos "No", FINIS ya nomo)	3	

<b>I 1</b>	Centre (Village name):	<input type="text"/>
<b>I 2</b>	Centre (Village code):	<input type="text"/>
<b>I 3</b>	Interviewer code	<input type="text"/>
<b>I 4</b>	Deit yu completim questionnaire ya	<input type="text"/> / <input type="text"/> / <input type="text"/> Day                  Month                  Year

		Respondent Id Number		<input type="text"/>
	<b>Consent</b>			
<b>I 5</b>	Respondent consent oli ridim long hem finis	Yes	1	<input type="checkbox"/> Sipos NO, ridim consent long hem
		No	2	
<b>I 6</b>	Respondent l givim consent finis (long toktok or l raetem)	Yes	1	<input type="checkbox"/> Sipos NO, FINIS ya nomo
		No	2	
<b>I 7</b>	Interview Language	Bislama	1	<input type="checkbox"/>
		Local language	2	
<b>I 8</b>	Taem blong interview (24 hour clock)	<input type="text"/>		
<b>I 9</b>	Famili Nem	<input type="text"/>		
<b>I 10</b>	Fes Nem	<input type="text"/>		

Adisonal Infomasen we mbae i helpful

<b>I 11</b>	Kontak telefon namba sapos l kat			
<b>I 12</b>	Specify se telefon blong hu	Wok	1	<input type="checkbox"/>
		Haus blong hem	2	
		Famili colosap	3	
		Narafala (specify)	4	

Note: Identification information I6 to I13 should be stored separately from the questionnaire because it contains confidential information. Please note: village code (or household code) is required as part of main instrument for data analyses.

Date of interview is required to calculate age.

## Step 1 Core Demographic Information

			Coding Column
<b>C1</b>	Sex (Recodem Man / Woman olsem yu observem )	<div>Man 1</div> <div>Woman 2</div>	<input type="checkbox"/>
<b>C2</b>	Wanem Birth diet blong yu? <i>Sipos I no save, luk Note* taon mo Ko long C3</i>	<div>Dei <input type="checkbox"/> <input type="checkbox"/> Manis <input type="checkbox"/> <input type="checkbox"/> Yia <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>	
<b>C3</b>	Yu kat hamas yia?	Yia	<input type="checkbox"/> <input type="checkbox"/>
<b>C4</b>	Yu bin skul fultaem hamas yia (excludum kindergaten)?	Yia	<input type="checkbox"/> <input type="checkbox"/>

EXPANDED: Demographic Information			
<b>C5</b>	Yu blong Efate?	<div>Yes</div> <div>No</div> <div>(Sipos No yum as specify wanem aelan)</div>	<input type="checkbox"/> <input type="checkbox"/>
<b>C6</b>	Wanem nao hae level blong skul we yu finisim?	<div>No skul nating 1</div> <div>No finisin praemari skul 2</div> <div>Finisim praemari skul 3</div> <div>Finisim junia sekondari skul 4</div> <div>Finisim sinea sekondari skul 5</div> <div>Finisim yunivesiti skul 6</div> <div>Finisim wan pos kratuet skul 7</div>	<input type="checkbox"/>
<b>C7</b>	Wes wan nao I talemoat mo stret wok we yu mekem long las tuwelef (12) manis?	<div>Mi wok blong gavman 1</div> <div>Mi wok blong non gavman 2</div> <div>Mi wok bisnis blong miwan 3</div> <div>Mi no wok from pay 4</div> <div>Mi wan student 5</div> <div>Mi wok long haos nomo 6</div> <div>Mi ritae finis 7</div> <div>Mi no wok (save wok) 8</div> <div>Mi no wok (no save wok) 9</div>	<input type="checkbox"/>
<b>C8</b>	Hamas man mo woman we I bitim 18 yia I stap long haoshol blong yu?	Namba blong pipol	<input type="checkbox"/> <input type="checkbox"/>
<b>C9</b>	Long las wan yia yu save talem long mi wanem nao yu ting se hem I avrej inkam blong haoshol blong yu?	<div>Long wan wik <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>O long wan manis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>O long wan yia <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>Ko long neks seksen</div> <div>No wantem talem 8</div>	<input type="checkbox"/>
<b>C10</b>	Sipos yu no save hamas yu sae estimet hamas sipos mi kivim yu sam amaon blong wan yia? I	<div>≤ 100,000vt 1</div> <div>&gt; 100-500,000vt 2</div> <div>&gt; 500-1,000,000vt 3</div> <div>&gt;1 million – 5 million vt 4</div> <div>&gt; 5 million vt 5</div> <div>No wantem talem 8</div>	<input type="checkbox"/>

If Refused  
Go to C10

\*Note: Coding Rule: Code "Don't Know" 7 (or 77 or 777 as appropriate).

## Step 1 Core Behavioural Measures

CORE Tobacco Use (Section S)			
Naoia mbae mi askem sam kwesten long yu abaot ol fasin blong helt blong yu. Mbae yumitu storian long smok tabak, tring alkohol, kakai frut mo vejetalabol mo fisik al aktiviti. Yumitu stat wetem smok.			
		Response	Coding Column
<b>S 1a</b>	Yu smok tabak naoia (sikaret, lokol tabak, stik tabak, paep, siga)?	Yes 1 No 2	<input type="checkbox"/>
<b>S 1b</b>	<u>Sipos Yes.</u> Naoia yu smok evridei?	Yes 1 No 2	<input type="checkbox"/>
<b>S 2a</b>	Yu kat hamas yia taem yu stat smok tabak?	Yia Mi no tingbaot 7 7	<input type="checkbox"/> <input type="checkbox"/>
<b>S 2b</b>	Yu save I long taem olsem wanem?  (CODE 77 SIPOS HEM INO TINGBAOT)	Long yia  O long manis  O long wik	Years <input type="checkbox"/> <input type="checkbox"/> Months <input type="checkbox"/> <input type="checkbox"/> Weeks <input type="checkbox"/> <input type="checkbox"/>
<b>S 3</b>	Long avrej, hams long olketa ya yu smok long hem everi dei? (RECORDEM NAMBA BLONG EVERIWAN)  (CODE 88 SIPOS INO APLAE)  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Frut sikaret  Tabak we yu rolem  Paep we I fulap wetem tabak  Ciga, cheroots, cigarillos  ← Narafala (plis 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"/> <input type="checkbox"/> <input type="checkbox"/>

Sipos No, ko long neks sekson\*

Sipos No ko long neks sekson\*

Sipos I save, ko long S 3

EXPANDED: Tobacco Use			
<b>S 4</b>	Bifo, yu smok evridei?	Yes 1 No 2	<input type="checkbox"/>
<b>S 5a</b>	<u>Sipos Yes.</u> Yu kat hamas yia nao yu stop smok everidei?	Yia Mi no tingbaot 7 7	<input type="checkbox"/> <input type="checkbox"/>
<b>S 5b</b>	I longtaem olsem wanem yu stop smok everiedi?	Yia I pas  O manis I pas  O wik I pas	Yia <input type="checkbox"/> <input type="checkbox"/> Manis <input type="checkbox"/> <input type="checkbox"/> Wik <input type="checkbox"/> <input type="checkbox"/>
<b>S 6a</b>	Naoia yu usum eni tabak we ino smok [ olsemsnuff, chewing tobacco, betel] ?	Yes 1 No 2	<input type="checkbox"/>
<b>S 6b</b>	<u>Sipos Yes.</u> Yu usum tabak we ino smok everidei?	Yes 1 No 2	<input type="checkbox"/>

Sipos No, ko long S 6a

Sipos I save, ko long S 6a  
Sipos 7 7, ko long S 5b

Sipos No, ko long S 8

Sipos No, ko long S 8

\* Amend skip instructions if EXPANDED or OPTIONAL items are added to the Tobacco section

\* Amend skip instructions if EXPANDED or OPTIONAL items are added to the Tobacco section

<b>S 7</b>	Long avrej, long wan dei hamas taem yu usum.... (RECORD BLONG EVERI KAEN)	Snuff, long maot	<input type="checkbox"/>	<input type="checkbox"/>
		Snuff, long nos	<input type="checkbox"/>	<input type="checkbox"/>
		Chewing tobacco	<input type="checkbox"/>	<input type="checkbox"/>
		Betel, quid	<input type="checkbox"/>	<input type="checkbox"/>
		← Narafala (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"/> <input type="checkbox"/> <input type="checkbox"/>				
<b>S 8</b>	Bifo, yu usum tabak we ino smok [olsem snuff, chewing tobacco, or betel] everidei?	Yes	1	<input type="checkbox"/>
		No	2	

CORE Alcohol Consumption (Section A)				
Naoia mbae yumitu tokbaot alkohol.				
		Response		Coding Column
<b>A 1a</b>	Yu <b>eva dring</b> wan tring we l kat alkohol insaet olsem bia, waen, spirit, drea pam hom bru, senda or alkohol blong laet? <i>USUM SHOWCARD o SOWEM EKSAMPOL</i>	Yes	1	<input type="checkbox"/>
		No	2	
<b>A 1b</b>	Yu usum alkohol long las <b>tuwelef manis</b> ?	Yes	1	<input type="checkbox"/>
		No	2	
<b>A 2</b>	Long las tuwelef manis, <b>everi hamas taem</b> yu dring wan o mo dring wetem alkohol insaet? (RITIM OL ANSA) <i>USUM SHOWCARD</i>	5 o mo dei long wan wik	1	<input type="checkbox"/>
		1-4 die long wan wik	2	
		1-3 dei long wan manis	3	
		Nomo long wan taem long wan manis	4	
<b>A 3</b>	Long avrej, taem yu tring alkohol, hamas yu tring long wan dei?	Number		<input type="checkbox"/>
		Don't know	7 7	
<b>A 4</b>	Long las seven dei we l pas, hamas standet tring we l kat alkohol insaet yu dring everidei? (RECORDEM BLONG EVERIDEI <i>USUM SHOWCARD</i> )	Monday		<input type="checkbox"/>
		Tuesday		<input type="checkbox"/>
		Wednesday		<input type="checkbox"/>
		Thursday		<input type="checkbox"/>
		Friday		<input type="checkbox"/>
		Saturday		<input type="checkbox"/>
		Sunday		<input type="checkbox"/>

Sipos No, ko long neks seksion\*

Sipos No, ko long neks seksion\*

EXPANDED : Alcohol		
<b>A 5</b>	Long las tuwelef manis, hamas nao l bikfala namba blong ol standat dring wetem alkohol insaet we yu tring long wan dei we yu bin dring?	<div>Bikfala namba</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
<b>A 6a</b>	<b>Blong ol man nomo:</b> long las tuwelef manis, hamas taem nao yu bin tring 5 o mo standat dring we l kat alkohol insaet long hem long wan dei?	<div>Namba blong ol dei</div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>

\* Amend skip instructions if EXPANDED or OPTIONAL items are added to the Alcohol section

\* Amend skip instructions if EXPANDED or OPTIONAL items are added to the Alcohol section

A 6b	<p><u><b>Blong ol woman nomo:</b></u>          long las tuwelef manis, hamas taem nao yu bin tring          5 o mo standat tring we I kat alkol insaet long hem          long wan dei?</p>	<p>Namba blong ol dei</p>	<div> <div></div> <div></div> <div></div> </div>
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**Expanded : Kava or Yaqona (Section K)**

<b>K 1</b>	Yu eva traem o tring kava o yagona long las tuwelef manis?	Yes No	1 2	<input type="checkbox"/>
<b>K 2</b>	Long las 30 dei, long hamas dei nao yu bin tring kava o yagona?	Namba blong dei		<input type="checkbox"/> <input type="checkbox"/>
<b>K 3</b>	Yu stap kale long kava wetem alkohol?	Yes No	1 2	<input type="checkbox"/>
<b>K 4</b>	Yu smok tabak taem yu tring kava?	Yes No	1 2	<input type="checkbox"/>

Sipos No, ko long  
D 1a

**CORE Diet (Section D)**

Ol neks kwesten I long olgeta frut mo vejetalbol we yu stap kakaemi kat wan kat blong nutrisen we I sowem sam lokol frut mo vejetalbol. Everi pikja I sowen saes blong wan sev. Taem yu stap ansa long ol kwesten yu tingting long wan wik long las wan yia we I pas finis.

<b>D 1a</b>	Long wan nomol wik, long hamas dei yu <b>kakae frut</b> ? <i>USUM SHOWCARD</i>	Namba blong dei	<input type="checkbox"/>
<b>D 1b</b>	Hamas <b>sev</b> blong frut nao yu kakae long 1 long ol dei ya? <i>USUM SHOWCARD</i>	Namba blong sev	<input type="checkbox"/> <input type="checkbox"/>
<b>D 2a</b>	Long wan nomol wik, long hamas dei yu <b>kakae vejetabol</b> ? <i>USUM SHOWCARD</i>	Namba blong dei	<input type="checkbox"/>
<b>D 2b</b>	Hamas <b>sev</b> blong vejetabol nao yu kakae long 1 long ol dei ya? <i>USUM SHOWCARD</i>	Namba blong sev	<input type="checkbox"/> <input type="checkbox"/>

Sipos Zero dei,  
Ko long D 2a

Sipos Zero dei,  
Ko long sekson P

## EXPANDED: Diet

D 3	Wanem kaen oel or gris nao yu usum plante blong mekem kakaee long haoshol blong yu? USUM SHOWCARD SELECTEM WAN NOMO <div style="display: flex; justify-content: space-around;"><div style="width: 60px; height: 60px; border: 2px solid black;"></div><div style="width: 60px; height: 60px; border: 2px solid black;"></div><div style="width: 60px; height: 60px; border: 2px solid black;"></div><div style="width: 60px; height: 60px; border: 2px solid black;"></div><div style="width: 60px; height: 60px; border: 2px solid black;"></div><div style="width: 60px; height: 60px; border: 2px solid black;"></div><div style="width: 60px; height: 60px; border: 2px solid black;"></div></div>	Vejetabol oel 1 Lard o suet 2 3   Bata or ghee     Margarine 4 Narafalar 5 No kat wan spesel wan 6 No usum 7 No save 8	<div style="text-align: center;">←</div> <div style="text-align: right;"><div style="width: 60px; height: 60px; border: 2px solid black;"></div>         <div style="width: 60px; height: 60px; border: 2px solid black;"></div></div>
D 4	Long wan nomol wik, long hamas dei yu kakae fres fis?	Namba blong dei	<div style="width: 60px; height: 60px; border: 2px solid black;"></div>
D 5	Long wan nomol wik, long hamas dei yu kakae tin fis?	Namba blong dei	<div style="width: 60px; height: 60px; border: 2px solid black;"></div>

**CORE Physical Activity (Section P)**

Naoia mbae mi askem yu abaot fisicol aktiviti. Plis yu ansa longkwesten even sipos yu ting se yu no wan aktif man o woman.

Tingting fastaem long taem yu spendem long wok. tingting long wok olsem ol samting yu mekem from mane o no olsem wok long haos, broom, karem kakae long karen, fising o hanting from kakae, lukaot wok, selaot copra, bras long karen, kambani l dokim hol blong toti, olsem.

<b>P 1</b>	Wok blong yu, yu stanap o sitdaon plante, mo yu no wokabaot mo long 10 minit long wan taem?	Yes 1 No 2	<input type="checkbox"/>	Sipos Yes, ko long P6
<b>P 2</b>	Wok blong yu l strong wok, olsem karem hevi samting, dik o mekem haos, brasem karem, selaot copra o narafala wok olsem blong mo long 10 minit long wan taem? USUM SHOWCARD	Yes 1 No 2	<input type="checkbox"/>	Sipos No, ko long P4
<b>P 3a</b>	Long wan nomol wik, long hamas dei yu mekem strong wok olsem pat blong wok blong yu?	Namba blong ol dei long wik	<input type="checkbox"/>	
<b>P 3b</b>	Long wan nomol dei we yu mekem strong wok, hamas taem yu kilim long kaen wok olsem?	Namba blong haoa mo minit hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> O long hamas minit nomo o minit <input type="text"/> <input type="text"/> <input type="text"/>		
<b>P 4</b>	Wok blong yu l nidim modret level aktiviti, olsem brisk wokbaot, karem ol laet samting, rekem toti olsem kasem 10 minit o ova long wan taem? USUM SHOWCARD	Yes 1 No 2	<input type="checkbox"/>	Sipos No, ko long P6
<b>P 5a</b>	Long wan nomol wik, long hamas dei nao yu mekem modret level aktiviti olsem pat blong wok blong yu?	Namba blong dei long wik	<input type="checkbox"/>	
<b>P 5b</b>	Long wan nomol dei we yu mekem modret level aktiviti, hamas taem yu kilim long kaem wok olsem?	Namba blong haoa mo minit hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> O long hamas minit nomo o minit <input type="text"/> <input type="text"/> <input type="text"/>		
<b>P 6</b>	Nomol wok dei blong yu l long wan olsem wanem?	Namba blong dei	hrs <input type="text"/> <input type="text"/>	
Narasaet long ol aktiviti we yumitu tokbaot finis, mi asken olsem wanem yuk o kam long wok blong yu everidei. Eksampol, hao nao yu ko long store, maket, karen, solwota o eni narafala ples.				
<b>P 7</b>	Yu wokabaot o ron long baskel mo long 10 minit blong ko kam long ol defren ples?	Yes 1 No 2	<input type="checkbox"/>	Sipos No, ko long P9
<b>P 8a</b>	Long wan nomol wik, hamas taem nao yu wokbaot o ron long baskel mo long 10 minit blong ko kam long ol defren ples?	Namba blong dei long wik	<input type="checkbox"/>	
<b>P 8b</b>	Hamas taem nao yu kilim blong wokbaot o ron long baskel long wan nomol dei?	Namba blong haoa mo minit hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> O long hamas minit nomo o minit <input type="text"/> <input type="text"/> <input type="text"/>		
Ol neks kwesten l long ol taen we yu stap relax o pleiplei. Tingting long ol pleiplei mo samting yu mekem long fri taem blong yu. No tokbaot ol samting we yumitu storian long hem long wok blong yu finis.				
<b>P 9</b>	Ol pleiplei blong relax mo kilim taem blong yu l nidim blong yu sitdaon, stanap, lei l ko bak, silip mo no wokabaot mo long 10 minit long wan taem?	Yes 1 No 2	<input type="checkbox"/>	Sipos Yes, ko long P 14
<b>P 10</b>	Long taem blong relax mo pleiplei blong yu, yu mekem eni strong aktiviti olsem ron ron, plei futbol, rukbi, basket, leftemap aean olsem blong 10 minit o mo long wan taem? USUM SHOWCARD	Yes 1 No 2	<input type="checkbox"/>	Sipos No, ko long P 12
<b>P 11a</b>	<u>Sipos Yes</u> , long wan nomol wik, long hamas die nao yu mekem strong aktiviti olsem pat blong pleiplei mo relax blong yu?	Namba blong dei long wik	<input type="checkbox"/>	
<b>P 11b</b>	Hamas taem nao yu kilim blong mekem strong aktiviti olsem pat blong pleiplei mo relax blong yu	Namba blong haoa mo minit hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/>		

Respondent Identification Number

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long wan nomol dei?	O long hamas minit nomo o minit
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<b>P 12</b>	Long taem blong pleiplei mo relax blong yu, yu mekem eni modret aktiviti olsem brisk wokbaot, ron long baskel, swim swim olsem?	Yes 1 No 2	<input type="checkbox"/>
<b>P 13a</b>	<u>Sipos Yes</u> long wan nomol wik, long hamas dei nao mbae yu mekem modret aktiviti olsem pat blong relax mo pleiplei blong yu?	Namba blong dei long wik	<input type="checkbox"/>
<b>P 13b</b>	Hamas taem nao yu kilim long ol kaen modret aktiviti olsem long wan dei?	Namba blong haoa mo minit hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> O long hamas minit nomo o minit <input type="text"/> <input type="text"/> <input type="text"/>	
Ol kwesten ya I long saed blong sitdaon mo lei I ko bak. Ting ting I ko bak long las 7 dei, long ol taem yu stap long haos, long wok, lo pleiplei mo relax mo tu long ol taem yu stap sitdaon wetem ol fren mo famili, long table long wok, luk luk TV mbe ino long taem we yu silip.			
<b>P 14</b>	Ova long las 7 dei, hamas taem nao yu kilim we yu stap sitdaon nomo?	Namba blong haoa mo minit hrs <input type="text"/> <input type="text"/> : mins <input type="text"/> <input type="text"/> O long hamas minit nomo o minit <input type="text"/> <input type="text"/> <input type="text"/>	

Sipos No, ko long  
P 14

**EXPANDED: History of High Blood Pressure**

<b>V 2</b>	Long las 12 manis hamas taem yu bin ko pas long dokta o dresa? <i>(Include hospitalisation or visits to the outpatient department/health clinics; do not include visits to the dentist).</i>	Namba blong taem		<input type="checkbox"/> <input type="checkbox"/>
<b>H 1</b>	Wetaem las wan dokta o dresa l fasem han blong yu blong harem blad presa blong yu?	Long las 12 manis 1-5 yia l pas Mo long 5 yia l pas	1 2 3	<input type="checkbox"/>
<b>H 2</b>	Long las 12 manis inogat wan dokta, dresa o nes l talem long yu se blad presa blong yu l andap o yuk at hae blad presa?	Yes No	1 2	<input type="checkbox"/>
<b>H 3</b>	Naoia yu stap tekem eni long ol tritmen ya from hea blad presa olsem we wan dokta o dresa l talem long yu?			
<b>H 3a</b>	Meresin o tablet we oli kivim long las 2 wik?	Yes No	1 2	<input type="checkbox"/>
<b>H 3b</b>	Spesel kakae	Yes No	1 2	<input type="checkbox"/>
<b>H 3c</b>	Advaes or tritmen blong lusum wet	Yes No	1 2	<input type="checkbox"/>
<b>H 3d</b>	Advaes or tritmen blong stop smok	Yes No	1 2	<input type="checkbox"/>
<b>H 3e</b>	Advaes blong stat o mekem mo eksasaes	Yes No	1 2	<input type="checkbox"/>
<b>H 4</b>	Long las 12 manis yu bin luk wan kastom o kleva man o woman blong tritim hae blad presa blong yu?	Yes No	1 2	<input type="checkbox"/>
<b>H 5</b>	Naoia yu stap tekem sam kastom meresin from hae blad presa blong yu?	Yes No	1 2	<input type="checkbox"/>

Sipos No, ko to neks sekson

**EXPANDED: History of Diabetes**

<b>H 6</b>	Wetaem las wan dokta o dresa l testem blad suka blong yu?	Long las 12 manis 1-5 yia l pas Mo long 5 yia l pas	1 2 3	<input type="checkbox"/>
<b>H 7</b>	Dokta o dresa bin talem long yu samtaem bifo se yu kat sik suka?	Yes No	1 2	<input type="checkbox"/>
<b>H 8</b>	Naoia yu stap tekem eni long ol tritmen ya from si suka olsem we wan dokta o dresa l talem long yu?			
<b>H 8a</b>	Insulin	Yes No	1 2	<input type="checkbox"/>
<b>H 8b</b>	Meresin o tablet we oli kivim long las 2 wik?	Yes No	1 2	<input type="checkbox"/>
<b>H 8c</b>	Spesel kakae	Yes No	1 2	<input type="checkbox"/>
<b>H 8d</b>	Advaes or tritmen blong lusum wet	Yes No	1 2	<input type="checkbox"/>
<b>H 8e</b>	Advaes or tritmen blong stop smok	Yes No	1 2	<input type="checkbox"/>
<b>H 8f</b>	Advaes blong stat o mekem mo eksasaes	Yes No	1 2	<input type="checkbox"/>
<b>H 9</b>	Long las 12 manis yu bin luk wan kastom o kleva man o woman blong tritim sik suka blong yu?	Yes No	1 2	<input type="checkbox"/>
<b>H 10</b>	Naoia yu stap tekem sam kastom meresin sik suka blong yu?	Yes No	1 2	<input type="checkbox"/>

Sipos No, ko to neks sekson



## Step 2 Physical Measurements

Height and weight			Coding Column
<b>M 1</b>	Technician ID Code		<input type="text"/> <input type="text"/> <input type="text"/>
<b>M 2a &amp; 2b</b>	Device IDs for height and weight	(2a) height <input type="text"/> <input type="text"/> (2b) weight <input type="text"/> <input type="text"/>	
<b>M 3</b>	Height	(in Centimetres)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 4</b>	Weight <i>If too large for scale, code 666.6</i>	(in Kilograms)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 5</b>	(For women) Are you pregnant?	Yes 1 No 2	<input type="text"/> <input type="text"/>
If Yes, Skip Waist			
Waist			
<b>M 6</b>	Technician ID		<input type="text"/> <input type="text"/> <input type="text"/>
<b>M 7</b>	Device ID for waist		<input type="text"/> <input type="text"/>
<b>M 8</b>	Waist circumference	(in Centimetres)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Blood pressure			Coding Column
<b>M 9</b>	Technician ID		<input type="text"/> <input type="text"/> <input type="text"/>
<b>M 10</b>	Device ID for blood pressure		<input type="text"/> <input type="text"/>
<b>M 11</b>	Cuff size used	Small 1 Normal 2 Large 3	<input type="text"/> <input type="text"/>
<b>M 12a</b>	Reading 1	Systolic BP	Systolic mmHg <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 12b</b>		Diastolic BP	Diastolic mmHg <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 13a</b>	Reading 2	Systolic BP	Systolic mmHg <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 13b</b>		Diastolic BP	Diastolic mmHg <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 14a</b>	Reading 3	Systolic BP	Systolic mmHg <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 14b</b>		Diastolic BP	Diastolic mmHg <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>M 15</b>	During the past two weeks, have you been treated for high blood pressure with drugs (medication) prescribed by a doctor or other health worker ?	Yes 1 No 2	<input type="text"/> <input type="text"/>

SELECTED EXPANDED ITEMS			
<b>M 16</b>	Hip circumference	(in Centimetres)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Heart Rate (Record if automatic blood pressure device is used)			
<b>M 17a</b>	Reading 1	Beats per minute:	<input type="text"/> <input type="text"/> <input type="text"/>
<b>M 17b</b>	Reading 2	Beats per minute:	<input type="text"/> <input type="text"/> <input type="text"/>
<b>M 17c</b>	Reading 3	Beats per minute:	<input type="text"/> <input type="text"/> <input type="text"/>