



WHO STEPS Instrument

for Chronic Disease

Risk Factor Surveillance

Samoa

Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	_____	I1
2	Cluster/Centre/Village name		I2
3	Interviewer ID	_____	I3
4	Date of completion of the instrument	____ ____ ____ dd mm year	I4

Participant Id Number _____			
Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
6	Interview Language	English 1 Samoan 2	I6
7	Time of interview (24 hour clock)	____ : ____ hrs mins	I7
8	Family Surname		I8
9	First Name		I9
Additional Information that may be helpful			
10	Contact phone number where possible		I10

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

Step 1 Demographic Information

CORE: Demographic Information			
Question		Response	Code
11	Sex (Record Male / Female as observed)	Male 1 Female 2	C1

12	What is your date of birth? <i>Don't Know 77 77 7777</i>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div> <div>If known, Go to C4</div>	C2
13	How old are you?	Years <div><div></div><div></div></div>	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div><div></div><div></div></div>	C4

EXPANDED: Demographic Information			
15	What is the highest level of education you have completed?	<div>No formal schooling 1</div> <div>Less than primary school 2</div> <div>Primary school completed 3</div> <div>Secondary school completed 4</div> <div>High school completed 5</div> <div>College/University completed 6</div> <div>Post graduate degree 7</div> <div>Refused 88</div>	C5
16	Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	<div>Employer 1</div> <div>Employee 2</div> <div>Self-employed 3</div> <div>Make/manufacture goods for sale 4</div> <div>Student 5</div> <div>Domestic duties 6</div> <div>Street Vendor 7</div> <div>Produce Subsistence 8</div> <div>Unemployed (unable to work) 9</div> <div>Look for a Job 10</div> <div>Not reported 11</div> <div>Not applicable 12</div> <div>Refused 88</div>	C8
17	How many people, including yourself, live in your household?	Number of people <div><div></div><div></div></div>	C9

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

Step 1 Behavioural Measurements

CORE: Tobacco Use			
Now I am going to ask you some questions about tobacco use.			
Question		Response	Code
20	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
21	Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
22	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
23	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
24	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 <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"/>	T5a/T5aw
		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"/> <input type="text"/> <input type="text"/>	T5b/T5bw
		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"/> <input type="text"/> <input type="text"/>	T5c/T5cw
		Cigars, cheroots, Samoan rolled 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"/> <input type="text"/> <input type="text"/>	T5d/T5dw
		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"/> <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6	T5f/T5fw
25	During the past 12 months, have you tried to stop smoking ?	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"/> <input type="text"/> <input type="text"/>	T5other/ T5otherw
		Yes 1 No 2	T6

26	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
27	In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8
28	In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

EXPANDED: Tobacco Use			
Question		Response	Code
29	How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T10
30	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"/> <i>If Known, go to T12</i>	T11a
		OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T11b
		OR Weeks ago <input type="text"/> <input type="text"/>	T11c
31	Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2	T12
32	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days Don't know 77 <input type="text"/> <input type="text"/>	T17
33	During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 <input type="text"/> <input type="text"/>	T18

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
34	Have you ever consumed an alcoholic drink such as beer, wine, spirits, home brew or ready-to-drink (RTD) alcohol products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to D1</i>	A1a
35	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 <i>If No, go to D1</i>	A1b
36	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
37	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 <i>If No, go to D1</i>	A3
38	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/> <input type="text"/>	A4

39	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/>	A5
40	During the past 30 days, what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A6
41	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7

EXPANDED: Alcohol Consumption

42	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals (breakfast, lunch or dinner)? Please do not count snacks and note that 'with meals' means consuming alcohol at the same time as consuming food. (USE SHOWCARD)	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
43	During each of the past 7 days , how many standard alcoholic drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <input type="text"/>	A9a
		Tuesday <input type="text"/>	A9b
		Wednesday <input type="text"/>	A9c
		Thursday <input type="text"/>	A9d
		Friday <input type="text"/>	A9e
		Saturday <input type="text"/>	A9f
		Sunday <input type="text"/>	A9g

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
44 In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> If Zero days, go to D3	D1
45 How many servings of fruit do you eat on one of those days? (USE SHOWCARD and standard measuring cups)	Number of servings Don't Know 77 <input type="text"/>	D2
46 In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> If Zero days, go to D5	D3
47 How many servings of vegetables do you eat on one of those days? (USE SHOWCARD and standard measuring cups)	Number of servings Don't know 77 <input type="text"/>	D4

EXPANDED: Diet

48	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 (animal fat) 2 Coconut cream or oil 3 Butter or ghee 4 Margarine 5	D5
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		Other 6 <i>If Other, go to D5 other</i>	
		None in particular 7	
		None used 8	
		Don't know 77	
		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"/>	D5other
		Number	
49	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.	Don't know 77 <input type="checkbox"/> <input type="checkbox"/>	D6

CORE: Dietary salt

The next questions ask about your knowledge, attitudes and behaviour towards dietary salt. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt and salty sauces such as soya sauce or fish sauce (see showcard). 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 bread, instant noodles and canned meats, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

Question		Response	Code
50	How often do you add salt to your food 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	DS1
51	How often is salt added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS2
52	How often do you eat processed food high in salt , such as breads, instant noodles, tinned and processed meats or sauces? (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS3
53	How much salt 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	DS4
54	Do you think that too much salt in your diet could cause a serious health problem ?	Yes 1 No 2 Don't know 77	DS5
55	What do you think is the recommended amount of salt you should consume per day to be healthy?	Less than 10g (2 teaspoon) 1 Less than 5g (1 teaspoon) 2 Less than 2g (1/2 teaspoon) 3 Don't know 4	X1
56	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	DS6

57	Do you do anything of the following on a regular basis to control your salt intake? (RECORD FOR EACH)		
	Avoid/minimize consumption of processed foods	Yes 1 No 2	DS7a
	Look at the salt or sodium labels on food	Yes 1 No 2	DS7b
	Do not add salt on the table	Yes 1 No 2	DS7c
	Buy low salt/sodium alternatives	Yes 1 No 2	DS7d
	Do not add salt when cooking	Yes 1 No 2	DS7e
	Use spices other than salt when cooking	Yes 1 No 2	DS7g
	Avoid eating out	Yes 1 No 2	DS7g
	Other	Yes 1 <i>If Yes, go to S7other</i> No 2	DS7h
	Other (please specify)	<input type="text"/>	DS7other

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. 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			
58	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 <i>If No, go to P 4</i>	P1
59	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
60	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)
61	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 <i>If No, go to P 7</i>	P4
62	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
63	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.

64	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 <i>If No, go to P 10</i>	P7
65	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
66	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)

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).		
67	<div>Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [<i>running or football</i>] for at least 10 minutes continuously? (USE SHOWCARD)</div> <div>Yes 1</div> <div>No 2 If No, go to P 13</div>	P10
68	<div>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?</div> <div>Number of days</div> <div><div></div></div>	P11
69	<div>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?</div> <div>Hours : minutes</div> <div><div><div></div></div> : <div><div></div></div></div> <div>hrs mins</div>	P12 (a-b)
70	<div>Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, [<i>cycling, swimming, volleyball</i>] for at least 10 minutes continuously? (USE SHOWCARD)</div> <div>Yes 1</div> <div>No 2 If No, go to P16</div>	P13
71	<div>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?</div> <div>Number of days</div> <div><div></div></div>	P14
72	<div>How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?</div> <div>Hours : minutes</div> <div><div><div></div></div> : <div><div></div></div></div> <div>hrs mins</div>	P15 (a-b)

EXPANDED: Physical Activity

Sedentary behaviour			
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, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)			
73	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div><div></div><div></div></div> : <div><div></div><div></div></div> <div>hrsmins</div>	P16 (a-b)

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

EXPANDED: History of Raised Blood Pressure			
77	Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?		
	Drugs (medication) that you have taken in the past two weeks	Yes 1	H3a
		No 2	
	Advice to reduce salt intake	Yes 1	H3b
		No 2	
	Advice or treatment to lose weight	Yes 1	H3c
		No 2	
	Advice or treatment to stop smoking	Yes 1	H3d
		No 2	
	Advice to start or do more exercise	Yes 1	H3e
		No 2	
	Advice on specific prescribed diet	Yes 1	X2
		No 2	
78	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
79	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

CORE: History of Diabetes			
Question		Response	Code
80	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 <i>If No, go to X3</i>	
81	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
		No 2 <i>If No, go to X3</i>	
82	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes			
83	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1	H8a

		No 2	
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	H8b
	Special prescribed diet	Yes 1 No 2	H8c
	Advice or treatment to lose weight	Yes 1 No 2	H8d
	Advice or treatment to stop smoking	Yes 1 No 2	H8e
	Advice to start or do more exercise	Yes 1 No 2	H8f
84	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H9
85	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H10

CORE: History of Heart Attack

Question	Response	Code
86 Have you ever had a heart attack?	Yes 1 No 2 <i>If No, go to X5</i>	X3

EXPANDED: History of Heart Attack

	Are you currently receiving any of the following treatments/advice for heart attack prescribed by a doctor or other health worker?		
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	X4a
	Special prescribed diet	Yes 1 No 2	X4b
	Advice or treatment to lose weight	Yes 1 No 2	X4c
	Advice or treatment to stop smoking	Yes 1 No 2	X4d
	Advice to start or do more exercise	Yes 1 No 2	X4e

CORE: History of Stroke

Question	Response	Code
88 Have you ever had a stroke?	Yes 1 No 2 <i>If No, go to M1</i>	X5

EXPANDED: History of Stroke

89	Are you currently receiving any of the following treatments/advice for stroke prescribed by a doctor or other health worker?		
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	X6a
	Advice to reduce salt intake	Yes 1 No 2	X6b
	Advice or treatment to lose weight	Yes 1 No 2	X6c
	Advice or treatment to stop smoking	Yes 1 No 2	X6d
	Advice to start or do more exercise	Yes 1 No 2	X6e

Step 2 Physical Measurements

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

		Diastolic (mmHg) <input type="text"/>	M12b
102	Reading 3	Systolic (mmHg) <input type="text"/>	M13a
		Diastolic (mmHg) <input type="text"/>	M13b
103	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M14

Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question	Response		Code
104	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
105	Technician ID	<input type="text"/>	B2
106	Device ID	<input type="text"/>	B3
107	Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
108	Fasting blood glucose <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l <input type="text"/> . <input type="text"/> mg/dl <input type="text"/> . <input type="text"/>	B5
109	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 Lipids			
110	Device ID	<input type="text"/>	B7
111	Total cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l <input type="text"/> . <input type="text"/> mg/dl <input type="text"/> . <input type="text"/>	B8
112	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

EXPANDED: Salt			
113	Spot urine test	<input type="text"/>	
114	24 Hour collection	<input type="text"/>	

CORE: Health Promotion

I am now going to ask you about your awareness of health messages from the Ministry of Health delivered through a variety of media such as TV, Radio, Posters, Billboards, pamphlets etc.

Information, Education & Communication (IEC) are any visual materials created for awareness purposes. For example: Posters, Pamphlets, Billboards, core flutes, Street flags etc.

Question		Response		Code
115	Which form of media is your main source of health messages from the Ministry of Health?	TV	1	X7
		Radio	2	
		IEC materials	3	
		All of the above	4	
		None of the above	5	
116	Are the messages useful to you in relation to your health	Yes	1	X8
		No	2	
117	How often do you see or hear health messages from the Ministry of Health in the media?	Every day	1	X9
		Once per week or more	2	
		Once per month or more	3	
		Never	4	
118	What time of the day do you prefer to receive health messages	Morning	1	X10
		Afternoon	2	
		Night	3	
119	Which form of media do you prefer to have health messages publicized	IEC materials	1	X11
		TV	2	
		Radio	3	
		All of the above	4	