

APPENDIX A: SAMPLE DESIGN



STEPS ZAMBIA 2017

Survey Information

Location and Date		Response	Code
Province			
District			
Constituency & ward			
Enumeration area (CSA_SEA)		<div style="display: flex; justify-content: space-between;"> </div>	I1
Interviewer ID		<div style="display: flex; justify-content: space-between;"> </div>	I3
Date of completion of the instrument		<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> </div> <div>dd</div> </div> <div> <div style="display: flex; justify-content: space-between;"> </div> <div>mm</div> </div> <div> <div style="display: flex; justify-content: space-between;"> </div> <div>year</div> </div> </div>	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 Nyanja 2 Bemba 3 Lozi 4 Tonga 5 Luvale 6 Lunda 7 Kaonde 8		I6
Time of interview (24 hour clock)	<div style="display: flex; justify-content: space-between;"> <div> <div style="display: flex; justify-content: space-between;"> </div> <div>hrs</div> </div> <div> <div style="display: flex; justify-content: space-between;"> </div> <div>mins</div> </div> </div>		I7
Family Surname			I8
First Name			I9
Additional Information that may be helpful			
Contact phone number where possible			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? <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> <div></div> </div> <div><i>If known, Go to C4</i></div> </div> <div>dd mm year</div>	C2
How old are you?	Years <div><div></div><div></div><div></div></div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <div><div></div><div></div><div></div></div>	C4

Demographic Information		
What is the highest level of education you have completed?	No formal schooling 1 Less than primary 2 Primary school completed 3 Junior Secondary school completed 4 Secondary Higher school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
What tribe do you belong to?	Bemba 1 Ila 2 Kaonde 3 Lala 4 Lamba 5 Lozi 6 Lunda 7 Luvale 8 Chewa 10 Soli 11 Tonga 12 Other 13 Refused 88	C6
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
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	C8

Participant Identification Number		<input type="text"/>	<input type="text"/>	<input type="text"/>
(USE SHOWCARD)	Student	5		
	Homemaker	6		
	Retired	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"/>		C9

Demographic Information, Continued																
Question	Response	Code														
Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T1									C10a						
	OR per month <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T1									C10b						
OR per year <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T1									C10c							
Refused 88	C10d															
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 (READ OPTIONS)	<table> <tr> <td>≤ 4,000 ZMK</td> <td>1</td> </tr> <tr> <td>More than 4,001, ≤10,000 ZMK</td> <td>2</td> </tr> <tr> <td>More than 10,001, ≤ 15,000 ZMK</td> <td>3</td> </tr> <tr> <td>More than 15,001, ≤ 20,000 ZMK</td> <td>4</td> </tr> <tr> <td>More than 20,000 ZMK</td> <td>5</td> </tr> <tr> <td>Don't Know</td> <td>77</td> </tr> <tr> <td>Refused</td> <td>88</td> </tr> </table>	≤ 4,000 ZMK	1	More than 4,001, ≤10,000 ZMK	2	More than 10,001, ≤ 15,000 ZMK	3	More than 15,001, ≤ 20,000 ZMK	4	More than 20,000 ZMK	5	Don't Know	77	Refused	88	C11
≤ 4,000 ZMK	1															
More than 4,001, ≤10,000 ZMK	2															
More than 10,001, ≤ 15,000 ZMK	3															
More than 15,001, ≤ 20,000 ZMK	4															
More than 20,000 ZMK	5															
Don't Know	77															
Refused	88															

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, Shisha, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1	
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2	
How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a	
	OR in Months <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b	
	OR in Weeks <input type="text"/> <input type="text"/> <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	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"/>	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"/>	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"/>	T5c/T5cw
	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"/>	T5d/T5dw
	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"/>	T5e/T5ew
	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	T5f/T5fw
	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"/>	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6	
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 If T2=Yes, go to T12; if T2=No, go to T9 No 2 If T2=Yes, go to T12; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T12; if T2=No, go to T9	T7	
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T8	
In the past, did you ever smoke daily ?	Yes 1 If T1=Yes, go to T12, else go to T10 No 2 If T1=Yes, go to T12, else go to T10	T9	

Tobacco Use										
Question	Response	Code								
How old were you when you stopped smoking?	Age (years) Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> 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 <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T12			T11a						
	OR Months ago <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T12			T11b						
OR Weeks ago <table border="1"><tr><td></td><td></td></tr></table>			T11c							
Do you currently use any smokeless tobacco products such as <i>snuff, chewing tobacco</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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14a/ T14aw
	Snuff, by nose <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14b/ T14bw
	Chewing tobacco <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14c/ T14cw
Betel, quid with tobacco <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14d/ T14dw	
Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> If Other, go to T14other, if T13=No, go to T16, else go to T17									T14e/ T14ew	
Other (please specify): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 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>snuff, chewing tobacco, or betel with tobacco</i> ?	Yes 1 No 2 If No, go to T17	T15								
In the past , did you ever use smokeless tobacco products such as <i>snuff, chewing tobacco, or betel with tobacco</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								

Tobacco Policy

Tobacco Policy							
You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchases.							
Question	Response	Code					
During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? (RECORD FOR EACH)							
Newspapers or magazines	Yes 1 No 2 Don't know 77	TP1a					
Television	Yes 1 No 2 Don't know 77	TP1b					
Radio	Yes 1 No 2 Don't know 77	TP1c					
During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?	Yes 1 No 2 Don't know 77	TP2					
During the past 30 days, have you noticed any of the following types of cigarette promotions? (RECORD FOR EACH)							
Free samples of cigarettes	Yes 1 No 2 Don't know 77	TP3a					
Cigarettes at reduced sale prices	Yes 1 No 2 Don't know 77	TP3b					
Coupons for cigarettes	Yes 1 No 2 Don't know 77	TP3c					
Free gifts or special discount offers on other products when buying cigarettes	Yes 1 No 2 Don't know 77	TP3d					
Clothing or other items with a cigarette brand name or logo	Yes 1 No 2 Don't know 77	TP3e					
Cigarette promotions in the mail	Yes 1 No 2 Don't know 77	TP3f					
The next questions TP4 – TP7 are administered to current smokers only.							
During the past 30 days, did you notice any health warnings on cigarette packages ?	Yes 1 No 2 If no, go to TP6 Did not see any cigarette packages 3 If "did not see any cigarette packages", go to TP6 Don't know 77 If Don't know, go to TP6	TP4					
During the past 30 days, have warning labels on cigarette packages led you to think about quitting ?	Yes 1 No 2 Don't know 77	TP5					
The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Don't know or Don't smoke or purchase manuf. cigarettes 7777 If "Don't know or don't smoke or purchase manuf. cig.", end section						TP6
In total, how much money in Zambian Kwacha did you pay for this purchase?	Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Don't know 7777 Refused 8888						TP7

Alcohol Consumption					
The next questions ask about the consumption of alcohol.					
Question	Response	Code			
Have you ever consumed any alcohol such as beer, wine, spirits or opaque beer, including: Chibuku, Shake-shake, kachasu, lutuku, katata, Imbote etc.? (USE SHOWCARD OR SHOW EXAMPLES)	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 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? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4			
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 If No, go to A13	A5			
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td><td></td></tr></table>				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 <table border="1"><tr><td></td><td></td><td></td></tr></table>				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 <table border="1"><tr><td></td><td></td><td></td></tr></table>				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 <table border="1"><tr><td></td><td></td><td></td></tr></table>				A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A10a
Tuesday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A10b	
Wednesday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A10c	
Thursday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A10d	
Friday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A10e	
Saturday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A10f	
Sunday <table border="1"><tr><td></td><td></td><td></td></tr></table>				A10g	

Alcohol Consumption, continued				
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 homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.				
Question	Response	Code		
During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol (USE SHOWCARD)	Yes 1 No 2 If No, go to A13	A11		
On average, how many standard drinks of the following did you consume during the past 7 days ? (such as kachasu, Lutuku, Katata, Imbote etc.) (USE SHOWCARD) Don't Know ??	Homebrewed spirits, e.g. Lutuku, Kachasu, <table border="1"><tr><td></td><td></td></tr></table>			A12a
	Homebrewed beer or wine, e.g. Katata, Imbote, Katube, Ngaankta <table border="1"><tr><td></td><td></td></tr></table>			A12b
	Alcohol brought over the border/from another country <table border="1"><tr><td></td><td></td></tr></table>			A12c
Alcohol not intended for drinking, e.g. Methylated spirits, cough syrup <table border="1"><tr><td></td><td></td></tr></table>			A12d	
Other untaxed alcohol in the country <table border="1"><tr><td></td><td></td></tr></table>			A12e	

Alcohol Consumption		
During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

Diet		
The next questions ask about the fruits and vegetables that you usually eat. I can show 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 5.2.7.1.1.1.1.1 / Don't Know 77 -	5.2.7.1.1.
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77	5.2.7.1.
In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)	Number of days 5.2.7.1.1.1.1.4 Don't Know 77 -	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77	D4
5.2.7.1.1.1.1.1.5 Dietary salt		
5.2.7.1.1.1.1.6 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 locally produced salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya 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 as chips, biltong, salt preserved fish and salted nuts , 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 or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6
How often do you eat processed food high in salt? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat such as polony, Hungarian sausages, biltong, salt preserved fish, 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

Diet					
Question		Response		Code	
How important to you is lowering the salt in your diet?		Very important	1	D9	
		Somewhat important	2		
		Not at all important	3		
		Don't know	77		
Do you think that too much salt or salty sauce in your diet could cause a health problem ?		Yes	1	D10	
		No	2		
		Don't know	77		
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	D11a	
		No	2		
Look at the salt or sodium content on food labels		Yes	1	D11b	
		No	2		
Buy low salt/sodium alternatives		Yes	1	D11c	
		No	2		
Use spices other than salt when cooking		Yes	1	D11d	
		No	2		
Avoid eating foods prepared outside of a home		Yes	1	D11e	
		No	2		
Do other things specifically to control your salt intake		Yes	1 <i>If Yes,</i>	D11f	
		No	2		
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, about sugar that you eat.					
What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)		Vegetable/palm oil	1	D12	
		Lard or suet	2		
		Butter	3		
		Margarine	4		
		Other	5 <i>If Other, go to D12 other</i>		
		None in particular	6		
		None used	7		
		Don't know	77		
		Other	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	D12other	
In a typical week on how many days do you take sugary drinks or soda (carbonated drinks) like Fanta, coca cola, 7-up etc? (USE SHOWCARD)		Number of days 5.2.7.1.1.1.1.1.7 Don't Know 77		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	5.2.
How may 300ml bottles do you take each time you drink sugary drinks or soda on one of those days? (USE SHOWCARD)		Number of servings Don't Know 77		<div> <div></div> <div></div> </div>	5.2.
On a typical day, how many teaspoons of sugar do you add to your drinks and/or your food?		Number Don't know 77		<div> <div></div> <div></div> </div>	X2

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, or 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 <i>carrying or lifting heavy loads, digging or construction work</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4	5.2.7.1.1
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"/>	5.2.7.1
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 <i>brisk walking or carrying light loads</i> for at least 10 minutes continuously? (USE SHOWCARD)	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.		
Do you walk or use a bicycle 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)

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		
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</i> or <i>football</i> , <i>netball</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to P 13</i>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 100px;"></div>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="border: 1px solid black; width: 20px; height: 15px;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="margin-left: 100px;">hrs</div> <div style="margin-left: 100px;">mins</div>	P12 (a-b)
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 <i>brisk walking</i> , <i>cycling</i> , <i>swimming</i> , for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to P16</i>	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 100px;"></div>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <div style="border: 1px solid black; width: 20px; height: 15px;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="margin-left: 100px;">hrs</div> <div style="margin-left: 100px;">mins</div>	P15 (a-b)

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, train, 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 <div style="border: 1px solid black; width: 20px; height: 15px;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="margin-left: 100px;">hrs</div> <div style="margin-left: 100px;">mins</div>	P16 (a-b)

History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
	No 2 <i>If No, go to H6</i>	
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>	
Have you been told this in the past 12 months?	Yes 1	H2b
	No 2	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1	H3
	No 2	
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
	No 2	
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
	No 2	

History of Diabetes		
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 H12</i>	
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 H12</i>	
Have you been told this in the past 12 months?	Yes 1	H7b
	No 2	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1	H8
	No 2	
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1	H9
	No 2	
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H10
	No 2	
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H11
	No 2	

History of Raised Total Cholesterol		
Question	Response	5.2.
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told this in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

History of Cardiovascular Diseases		
Have you ever had a heart attack?	Yes 1 No 2	H17
Have you ever had a stroke?	Yes 1 No 2	H17a
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins regularly to prevent or treat heart disease?	Yes 1 No 2	H19

Lifestyle Advice

[illegible]

CORE (for women only): Cervical Cancer Screening

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

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

Oral Health

5.2.7.1.1.1.1.15 Oral Health

The next questions ask about your oral health status and related behaviours.

Question	Response	5.2.7.1
How many natural teeth do you have?	No natural teeth 1 <i>If no natural teeth, go to O4</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	O1
How would you describe the state of your teeth ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	O2
How would you describe the state of your gums ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77	O3
Do you have any removable dentures ?	Yes 1 No 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 1 No 2	O5a
A lower jaw denture	Yes 1 No 2	O5b
During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes 1 No 2	O6
How long has it been since you last saw a dentist ?	Less than 6 months 1 6-12 months 2 More than 1 year but less than 2 years 3 2 or more years but less than 5 years 4 5 or more years 5 Never received dental care 6 <i>If Never, go to O9</i>	O7
What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 <i>If Other, go to O8other</i>	O8
	Other (please specify) <u> </u>	O8other
How often do you clean your teeth?	Never 1 <i>If Never, go to O13a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7	O9

5.2.7.1.1.1.1.1.18 Oral Health, Continued

Question	Response	5.2.7.1.1.1
Do you use toothpaste to clean your teeth?	Yes 1 No 2 If No, go to O12a	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	Yes 1 No 2	O12e
Chew stick / miswak	Yes 1 No 2	O12f
Other	Yes 1 If Yes, go to O12other No 2	O12g
Other (please specify) <input type="text"/>		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

Mental health / Suicide

5.2.7.1.1.1.1.20 Mental health / Suicide

The next questions ask about thoughts, plans, and attempts of suicide. These questions can be difficult to answer. Please answer the questions even if no one usually talks about these issues. We can stop the interview at any point if it is difficult for you to answer any of the following questions.

Question	Response	5.2.7.1.1
During the past 12 months , have you seriously considered attempting suicide?	<div>Yes 1</div> <div>No 2 <i>If No, go to MH3</i></div> <div>Refused 88</div>	MH1
Did you seek professional help for these thoughts?	<div>Yes 1</div> <div>No 2</div> <div>Refused 88</div>	MH2
During the past 12 months , have you made a plan about how you would attempt suicide?	<div>Yes 1</div> <div>No 2</div> <div>Refused 88</div>	MH3
Have you ever attempted suicide ?	<div>Yes 1</div> <div>No 2 <i>If No, go to MH9</i></div> <div>Refused 88</div>	MH4
During the past 12 months , have you attempted suicide ?	<div>Yes 1</div> <div>No 2</div> <div>Refused 88</div>	MH5
What was the main method you used the last time you attempted suicide? (SELECT ONLY ONE)	<div>Razor, knife or other sharp instrument 1</div> <div>Overdose of medication (e. g. prescribed, over-the-counter) 2</div> <div>Overdose of other substance (e.g. heroin, crack, alcohol) 3</div> <div>Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer) 4</div> <div>Other poisoning (e.g. plant/seed, household product) 5</div> <div>Hang on a rope 6</div> <div>Other 7 <i>If Other, go to MH6other</i></div> <div>Refused 88</div>	MH6
	<div>Other (specify) <input type="text"/></div>	MH6other
Did you seek medical care for this attempt?	<div>Yes 1</div> <div>No 2 <i>If No, go to MH9</i></div> <div>Refused 88</div>	MH7
Were you admitted to hospital overnight because of this attempt?	<div>Yes 1</div> <div>No 2</div> <div>Refused 88</div>	MH8
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	<div>Yes 1</div> <div>No 2</div> <div>Refused 88</div>	MH9
Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?	<div>Yes 1</div> <div>No 2</div> <div>Refused 88</div>	MH10

Blood Pressure							
Question	Response	Code					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1	
Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2			
Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b		
Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b		
Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					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	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9	
Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table>			M10a			
Weight <table border="1"><tr><td></td><td></td></tr></table>			M10b				
Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M12
Waist							
Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M13			
Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M14

Hip Circumference and Heart Rate							
Hip circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15
Heart Rate							
Reading 1	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16a	
Reading 2	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16b	
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16c	

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	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B2		
Device ID	<table border="1"><tr><td></td><td></td></tr></table>			B3				
Time of day blood specimen taken (24 hour clock)	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					B4		
Fasting blood glucose	mmol/l <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>					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								
Total cholesterol	mmol/l <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>					B8		
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9						
CORE: Urinary sodium and creatinine								
Had you been fasting prior to the urine collection?	Yes 1 No 2	B10						
Technician ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B11		
Device ID	<table border="1"><tr><td></td><td></td></tr></table>			B12				
Time of day urine sample taken (24 hour clock)	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					B13		
Urinary sodium	mmol/l <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>							B14
Urinary creatinine	mmol/l <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>					B15		