

APPENDIX A: SAMPLE DESIGN



STEPS ZAMBIA 2017

Survey Information

Location and Date		Response	Code
Province			
District			
Constituency & ward			
Enumeration area (CSA_SEA)		_____	I1
Interviewer ID		_____	I3
Date of completion of the instrument		____ ____ _____ 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 Nyanja 2 Bemba 3 Lozi 4 Tonga 5 Luvale 6 Lunda 7 Kaonde 8	I6
Time of interview (24 hour clock)		____ : ____ hrs mins	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? Don't Know 77 77 7777	_ _ _ _ _ _ _ _ _ _ _ _ _ _ If known, Go to C4 dd mm year	C2
How old are you?	Years _ _ _	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years _ _ _	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"/>
(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"/> <input type="text"/>	C9

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, 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 _ _ 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 _ _ If Known, go to T5a/T5aw	T4a
	OR in Months _ _ If Known, go to T5a/T5aw	T4b
	OR in Weeks _ _	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 _ _ _ _ _ _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarettes _ _ _ _ _ _ _ _ _ _	T5b/T5bw
	Pipes full of tobacco _ _ _ _ _ _ _ _ _ _	T5c/T5cw
	Cigars, cheroots, cigarillos _ _ _ _ _ _ _ _ _ _	T5d/T5dw
	Number of Shisha sessions _ _ _ _ _ _ _ _ _ _	T5e/T5ew
	Other _ _ _ _ _ _ _ _ _ _ If Other, go to T5other, else go to T6	T5f/T5fw
Other (please specify): _ _ _ _ _ _ _ _ _ _	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 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 _ _ _ _ _ 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 _ _ _ _ _ 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 _ _	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 _ _	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 _ _	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 _ _	A9
During each of the past 7 days, how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday _ _	A10a
	Tuesday _ _	A10b
	Wednesday _ _	A10c
	Thursday _ _	A10d
	Friday _ _	A10e
	Saturday _ _	A10f
	Sunday _ _	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 <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? (such as kachasu, Lutuku, Katata, Imbote etc.) (USE SHOWCARD) <i>Don't Know 77</i>	Homebrewed spirits, e.g. Lutuku, Kachasu, _ _	A12a
	Homebrewed beer or wine, e.g. Katata, Imbote, Katube, Ngaankta _ _	A12b
	Alcohol brought over the border/from another country _ _	A12c
	Alcohol not intended for drinking, e.g. Methylated spirits, cough syrup _ _	A12d
	Other untaxed alcohol in the country _ _	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 Don't Know 77	5.2.7.1.1.1.1.1.1 /	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 Don't Know 77	5.2.7.1.1.1.1.1.4 	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			
5.2.7.1.1.1.1.1.6	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 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

Physical Activity		
<p>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.</p> <p>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.</p>		
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 brisk walking or <i>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		
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>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.</p>		
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 or football, netball</i> for at least 10 minutes continuously? (USE SHOWCARD)	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 (<i>leisure</i>) activities?	Number of days _	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	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, cycling, swimming</i> , 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 (<i>leisure</i>) activities?	Number of days _	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	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 _ _ : _ _ hrs mins	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

Oral Health

5.2.7.1.1.1.1.15 Oral Health

5.2.7.1.1.1.1.16

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) _ _ _ _ _	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

5.2.7.1.1.1.1.18 Oral Health, Continued

Question	Response	5.2.7.1.1.1
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	Yes 1 No 2	O12e
Chew stick / miswak	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

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

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

Hip Circumference and Heart Rate		
Hip circumference	in Centimetres (cm) _ _ _ _ _ . _	M15
Heart Rate		
Reading 1	Beats per minute _ _ _ _ _	M16a
Reading 2	Beats per minute _ _ _ _ _	M16b
Reading 3	Beats per minute _ _ _ _ _	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	_ _ _ _	B2
Device ID	_ _	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
Fasting blood glucose	mmol/l _ _ _ _ _	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 _ _ _ _ _	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	_ _ _ _	B11
Device ID	_ _	B12
Time of day urine sample taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B13
Urinary sodium	mmol/l _ _ _ _ _	B14
Urinary creatinine	mmol/l _ _ _ _ _	B15