

Survey Information		
Location and Date	Response	Code
Province/City name	XI1
Province code		XI2
District name	XI3
District code		XI4
Commune name:	XI5
Commune code		XI6
Cluster/Centre/Village ID		I1
Interview ID		I3
Date of data collection (interview day at home)		I4
	dd mm year	
Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	YES 1 NO If NO, END	I5
Interview Language	Vietnamese 1 Others 2 (specify:.....)	I6
Time of interview (24 hour clock)		I7
	hrs mins	
Name of the interviewee		I8
Nickname/Common name (if yes)		I9
Additional Information		
Contact phone number where possible		I10
Which administrative unit do you live?	Commune (in provinces): 1 Commune (in cities): 2 Town: 3 Refused: 9	XI10
Address: - Urban: Number/apartment, alley, street, ward, cluster name - Rural: Village, cluster name		I11

Demographic Information

Question	Response	Code
Sex (Record Male / Female as observed)	Male 1 Female 2	C1
What is your date of birth? (The Solar calendar)?	_____ _____ mm year <i>If Known, Go to C4 dd</i>	
	Don't know: 88/88/8888	
	Refused: 99/99/9999	
How old are you? (western age, lunar age)	Years _____	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years _____	C4
What is the highest level of education you have completed?	No formal schooling 1 Primary school 2 Secondary school 3 High school 4 College/ 5 University/Post graduate degree 6 Don't know 8	C5
	Refused 9	
What is your ethnicity?	Kinh 1	C6
	Others, specify 2	
	Don't know 8	
What is your marital status ?	Refused 9	C7
	Never married 1	
	Currently married 2	
	Separated/Divorced 3	
	Widowed 4	
Which of the following best describes your main work status over the past 12 months?	Others, specify 5	C8
	Don't know 8	
	Refused 9	
	Government employee 1	
	Non-government employee 2	
	Self-employed/ freelance 3	
	Student 4	
Taking the past year , can you tell me what the average earnings of the household have been?	Homemaker 5	C10
	Retired 6	
	Unemployed (able to work) 7	
	Unemployed (unable to work) 8	
	Other, specify 9	
	Don't know 88	
	Refused 99	
	Per week _____ VND	
	OR per month _____ VND	

(RECORD ONLY ONE, NOT ALL 3)	OR per year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VND				
	Don't know 88				
Refused 99					
Please tell me whether this household or any person who lives in the household has the following items:		Yes	No	Don't know	Refused
	a. Electricity?				
	b. Flush toilet?				
	c. Telephone				
	d. Cell phone				
	e. Television?				
	f. Radio?				
	g. Refrigerator?				
	h. Car, truck, or van?				
	i. Moped/scooter/motorcycle?				
	j. Washing machine?				
	k. Air conditioner				
	l. Electric generator				
	m. Grinder				
	n. Agricultural car/ Motor boat				
o. Computer					
p. Internet (wire, wireless, 3G, 4G)					
					X1

Behavioural Measurements

Tobacco Use				
Now I am going to ask you some questions about tobacco use (including tobacco, pipe, cigar). Please mention only smoke tobacco, while other types of tobacco such as e-cigarettes, such as betel, chewing tobacco will be asked in the following section.				
Question	Response			Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes	1		T1
	No	2 → go to T8		
	Refused	9 → go to T8		
Do you currently smoke tobacco products daily ?	Yes	1		T2
	No	2		
	Refused	9		
How old were you when you first started smoking?	Age (years)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		T3
	Don't know	88		
	Refused	99		
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 88		DAILY	WEEKLY	
	Manufactured cigarettes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5a/T5aw
	Hand-rolled cigarettes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5b/T5bw
	Pipes full of tobacco	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5c/T5cw
	Cigars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5d/T5dw
	Hubble-bubble Bowl	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5e/T5ew
	Shisha	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T5f/T5fw
	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"/> <input type="checkbox"/> <input type="checkbox"/>	T5g/T5gw
If Other, go to T5other, else go to T6				

	Other (please specify):	_____	_____	T5other/T5ot herw
	Don't know	8888		
	Refused	9999		
During the past 12 months, have you tried to stop smoking ?	Yes	1		T6
	No	2		
	Refused	9		
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 T8)		T7
	No	2 (If T2=Yes, go to T12; if T2=No, go to T8)		
	No visit during the past 12 months	3 (If T2=Yes, go to T12; if T2=No, go to T8)		
	Refused	9 (If T2=Yes, go to T12; if T2=No, go to T8)		
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes	1		T8
	No	2 → go to T12		
	Refused	9 → go to T12		
In the past, did you ever smoke daily ?	Yes	1		T9
	No	2		
	Refused	9		
How old were you when you stopped smoking?	Age (years)	_____		T10
	Don't know	88		
	Refused	99		
Do you currently use any smokeless tobacco products such as <i>chewing tobacco, betel</i> ? (USE SHOWCARD)	Yes	1		T12
	No	2 → go to HTP1		
	Refused	9 → go to HTP1		
Do you currently use smokeless tobacco products such as <i>chewing tobacco, betel</i> daily ?	Yes	1		T13
	No	2		
	Refused	9		
Heated tobacco products				
Now I am going to ask you some questions about heated tobacco products. Heated tobacco products heating products that generate gases that contain nicotine and other chemicals, such as iQOS, Ploom TECH, Glo and PAX. (USE SHOWCARD)				
Do you currently use heated tobacco products? Example: iQOS, Ploom TECH, Glo and PAX.	Yes	1		HTP1
	No	2 → go to EC1		
	Refused	9 → go to EC1		
Do you currently use heated tobacco products daily?	Yes	1		HTP2
	No	2		
	Refused	9		
How old were you when you first started using heated tobacco products?	Age (years)	_____ If Known, go to EC1		HTP3
	Don't know	88		
	Refused	99		

Electronic cigarettes

Now I am going to ask you some questions about electronic cigarettes/vape. These devices heat a liquid that contains or does not contain nicotine. Electronic cigarettes or vape, vape pens, vaporizers, mods; not include heated tobacco products (HTP).

(USE SHOWCARD)

<p>Do you currently use electronic cigarettes or any other vaping device?</p> <p>(USE SHOWCARD)</p>	<p>Yes 1 No 2 → go to X2 Refused 9 → go to X2</p>	<p>EC1</p>
<p>Do you currently use electronic cigarettes or any other vaping device daily?</p>	<p>Yes 1 No 2 Refused 9</p>	<p>EC2</p>
<p>How old were you when you first started using electronic cigarettes or any other vaping device?</p>	<p>Age (years) <input type="text"/> , If Known, go to X2 Don't know 88 Refused 99</p>	<p>EC3</p>
<p>How often does anyone smoke inside your home (with a roof and at least one wall)? Would you say daily, weekly, monthly, less than monthly, or never?</p>	<p>Daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 Don't know 8 Refused 9</p>	<p>X2</p>
<p>Alcohol Consumption</p>		
<p>The next questions ask about the consumption of alcohol.</p>		
<p>Question</p>	<p>Response</p>	<p>Code</p>
<p>Have you ever consumed any alcohol?</p> <p>(USE SHOWCARD OR SHOW EXAMPLES) At least one drink of alcohol or beer of any degree even just a sip</p>	<p>Yes 1 No 2 → go to A16 Refused 9 → go to A16</p>	<p>A1</p>
<p>Have you consumed any alcohol within the past 12 months?</p>	<p>Yes 1 → go to A4 No 2 Refused 9</p>	<p>A2</p>
<p>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?</p>	<p>Yes 1 → go to A16 No 2 → go to A16 Refused 9 → go to A16</p>	<p>A3</p>
<p>During the past 12 months, how frequently have you had at least one standard alcoholic drink?</p> <p>(USE SHOWCARD) Explain what is one standard drink in different serves of beer, wine or liquor</p>	<p>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 Never 7 Don't know 8</p>	<p>A4</p>

	Refused 9	
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 → go to A13 Refused 9 → go to A13	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink? <i>Only ask people within the past 30 days (a month) about occasions when drink more than 1 standard drinks. Apply rounding rule.</i>	Number <input type="text"/> "000" go to A13 Don't know 888 Refused 999	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? <i>Explain what is one standard drink in different serves of beer, wine or liquor. Use showcard to calculate number of standard drinks</i>	Number of standard drinks/ each time <input type="text"/> Don't know 88 Refused 99	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? <i>Ask each beverage (beer, wine or spirits), use SHOWCARD to calculate the number of alcohol unit for each beverage and add up the total units.</i>	Largest number <input type="text"/> <i>(put 00 if less than one occasion)</i> Don't know 88 Refused 99	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion? <i>(USE SHOWCARD)</i>	Number of times <input type="text"/> Don't know 88 Refused 99	A9
During the past 30 days, have you ever driven motor vehicle (car, motorbike...) within 2 hours after drinking alcohol or beer?	Yes 1 No 2 Don't know 88 Refused 99	V9
During each of the past 7 days , how many standard drinks did you have each day? <i>(USE SHOWCARD)</i> Asking for information each day as follows: 1) Did you drink alcohol that day?	Monday <input type="text"/>	A10a
	Tuesday <input type="text"/>	A10b
	Wednesday <input type="text"/>	A10c
	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f

2) If yes, drink beer, wine or spirits? Use SHOWCARD to calculate number of standard drinks for each beverage then add the total number of alcohol units.	Sunday <input type="text"/>	A10g
	Don't know 88	
	Refused 99	

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
In total how many standard drinks of home brewed spirits (rice spirit, casava spirit, herbal medicine alcohol) did you consume during the past 7 days ? [USE SHOWCARD]	Number of Standard Drinks <input type="text"/> Don't know 88 Refused 99	A12a
In total how many standard drinks of beer did you consume during the past 7 days ? [USE SHOWCARD]	Number of Standard Drinks: <input type="text"/> Don't know 88 Refused 99	XA12b
In total how many standard drinks of factory produced spirits (vodka, whisky) did you consume during the past 7 days ? [USE SHOWCARD]	Number of Standard Drinks: <input type="text"/> Don't know 88 Refused 99	XA12c
In total how many standard drinks of factory produced wine (including Champaign and fruit wine) did you consume during the past 7 days ? [USE SHOWCARD]	Number of Standard Drinks: <input type="text"/> Don't know 88 Refused 99	XA12d
During the past 12 months , how often have you found that you were not able to stop drinking once you had started? (That means when you are drinking, you always want to drink more even though no one forces you)	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 Don't know 8 Refused 9	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	A14

<p>Example of normal daily jobs such as sitting at work, doing housework, gardening, farming...</p>	<p>Never 5 Don't know 8 Refused 9</p>	
<p>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?</p>	<p>Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 Don't know 8 Refused 9</p>	<p>A15</p>
<p>During the past 12 months, have you had family problems or problems with your partner due to someone else's drinking? <i>Because your family member or other person drinks alcohol causes problems with you or your relatives such as quarreling, insults or beting or other forms of violence...</i></p>	<p>Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice a year 4 No 5 Don't know 8 Refused 9</p>	<p>A16</p>

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
<p>In a typical week, on how many days do you eat fruit? <i>(USE SHOWCARD)</i></p>	<p>Number of days: <input type="text" value="___"/> <i>If zero days, fill 00 and go to D3</i> <i>Don't know: 88</i> <i>Refused 99</i></p>	<p>D1</p>
<p>How many servings of fruit do you eat on one of those days? <i>Ask participant to think of one day he/she can recall easily. Ask and use showcard to calculate number of servings as follow:</i> 1) <i>Number of meals/ occasions eating fruits in a day,</i> 2) <i>What fruits did he/she usually eat in that day?</i> 3) <i>Ask how much he/she did eat for each type of fruit, use showcard to calculate servings and sum total of servings for all types of fruit and in whole day. Apply rounding rule.</i></p>	<p>Number of servings: <input type="text" value="___"/> Don't know 88 Refused 99</p>	<p>D2</p>
<p>In a typical week, on how many days do you eat vegetables?</p>	<p>Number of days: <input type="text" value="___"/> <i>If zero days, fill 00 and go to D5</i></p>	<p>D3</p>

<p>food prepared at a fast food restaurant, cheese, bacon and processed meat (sausage, hams...)</p> <p>[GIVE EXAMPLES]</p> <p>(USE SHOWCARD)</p>	<p>Don't know 8</p> <p>Refused 9</p>	
<p>How much salt or salty sauce do you think you consume?</p>	<p>Far too much 1</p> <p>Too much 2</p> <p>Just the right amount 3</p> <p>Too little 4</p> <p>Far too little 5</p> <p>Don't know 8</p> <p>Refused 9</p>	<p>D8</p>
<p>How important to you is lowering the salt in your diet?</p>	<p>Very important 1</p> <p>Somewhat important 2</p> <p>Not at all important 3</p> <p>Don't know 8</p> <p>Refused 9</p>	<p>D9</p>
<p>Do you think that too much salt or salty sauce in your diet could cause a health problem?</p>	<p>Yes 1</p> <p>No 2 → go to D11a</p> <p>Don't know 8 → go to D11a</p> <p>Refused 9 → go to D11a</p>	<p>D10</p>
<p>Do you think that too much salt or salty sauce in your diet can cause the following diseases?</p>		
<p>Hypertension</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p> <p>Refused 9</p>	<p>XD10a</p>
<p>Strokes</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p> <p>Refused 9</p>	<p>XD10b</p>
<p>Heart attack</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p> <p>Refused 9</p>	<p>XD10c</p>
<p>Stomach cancer</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p> <p>Refused 9</p>	<p>XD10d</p>
<p>Do you do any of the following on a regular basis to control your salt intake?</p>		
<p>Limit consumption of processed foods</p>	<p>Yes 1</p> <p>No 2</p> <p>Refused 9</p>	<p>D11a</p>

Look at the salt or sodium content on food labels	Yes 1 No 2 Refused 9	D11b
Buy low salt/sodium alternatives	Yes 1 No 2 Refused 9	D11c
Use spices other than salt when cooking	Yes 1 No 2 Refused 9	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
	Refused 9	
Use spices other than salt when cooking	Yes 1 No 2 Refused 9	XD11eX1
Restrict adding salt on the table (dipping food to salt and/or adding salt to food)	Yes 1 No 2 Refused 9	XD11eX2
Restrict eating of salty foods as stew, fry	Yes 1 No 2 Refused 9	XD11eX3
Do other things specifically to control your salt intake	Yes 1 No 2 Chuyển XD11f Refused 9 Chuyển XD11f	D11f
Other (please specify)	D11other
Have you ever heard or seen the advice "less salt, eat less salt, reduce salt" on TV, Facebook, radio... or from someone?	Yes 1 No 2 Refused 9	XD11f

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. *[Insert other examples if needed]*. 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
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Work		
<p>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?</p> <p>Note:</p> <ul style="list-style-type: none"> - <i>Vigorous-intensity activity: requires a large amount of effort and causes rapid breathing, a substantial increase in heart rate and break a sweat after 1 minute.</i> - <i>For example: carrying or lifting heavy loads, digging or construction work ... [USE SHOWCARD]</i> - <i>For each activity, done for at least 10 minutes continuously</i> 	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p> <hr/> <p>Don't know 8 → <i>Go to P4</i></p> <p>Refused 9 → <i>Go to P4</i></p>	<p>P1</p>
<p>In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</p>	<p>Number of days: <input type="text"/></p> <p>Don't remember 8</p> <p>Refused 9</p>	<p>P2</p>
<p>How much time do you spend doing vigorous-intensity activities at work on a typical day?</p>	<p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p> <p>Don't know 88</p> <p>Refused 99</p>	<p>P3 (a-b)</p>
<p>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?</p> <p>Note:</p> <ul style="list-style-type: none"> - <i>Moderate-intensity activity: requires a moderate amount of effort and noticeably accelerates the heart rate and break a sweat after 10 minutes.</i> - <i>For example: walking 4km/h, carrying light loads... (USE SHOWCARD)</i> - <i>For each activity, done for at least 10 minutes continuously</i> 	<p>Yes 1</p> <p>No 2 → <i>If No, go to P7</i></p> <hr/> <p>Don't remember 8 → <i>go to P7</i></p> <p>Refused 9 → <i>go to P7</i></p>	<p>P4</p>
<p>In a typical week, on how many days do you do moderate-intensity activities as part of your work?</p>	<p>Number of days: <input type="text"/></p> <p>Don't remember 8</p>	<p>P5</p>

	Refused 9	
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 Don't remember 88 Refused 99	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 church, to place of worship
Does not include time when cycling or walking for training

Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places? <i>Does not include time when cycling or walking for training</i>	Yes 1 No 2 → go to P10 Don't remember 8 → go to P10 Refused 9 → go to P10	P7
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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? <i>Only counted if walk or bike at least 10 minutes each time</i>	Number of days: <input type="text"/> Don't remember 8 Refused 9	P8
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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 Don't remember 88 Refused 99	P9 (a-b)
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Recreational activities

Now I would like to ask you about sports, fitness and recreational activities (*leisure*). The next questions exclude the work and transport activities that you have already mentioned.

Do you do any VIGOROUS-INTENSITY sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like running, football, stair climbing, tennis, cycling with high speed, tennis or running for at least 10 minutes continuously? [USE SHOWCARD]	Yes 1 No 2 → If No, go to P 13 Refused 9 → Go to P 13	P10
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In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days: <input type="text"/>	P11
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	Don't remember 8 Refused 9	
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins Don't remember 88 Refused 99	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming... for at least 10 minutes continuously? [USE SHOWCARD]	Yes 1 No 2 → If No, go to P16 Refused 9 → Go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/> Don't remember 8 Refused 9	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins Don't remember 88 Refused 99	P15 (a-b)
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? (do not include time spent sleeping)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P16 (a-b)
	Don't remember 88	
	Refused 99	
History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker? (including health worker in private or state health facilities)	Yes 1 No 2 → go to H6 Don't remember/ Don't know 8 → go to H6 Refused 9 → go to H6	H1
	Within the last 12 months 1	XH1

When was the last time you had your blood pressure measured by a doctor or other health worker?	<p>Longer than 12 months 2</p> <p>Refused 9</p>	
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	<p>Yes 1</p> <p>No 2 → go to H6</p> <p>Refused 9 → go to H6</p>	H2a
Were you been first told that you have raised blood pressure in the past 12 months?	<p>Yes, within the last 12 months 1</p> <p>Longer than 12 months 2</p> <p>Don't remember 8</p> <p>Refused 9</p>	H2b
Do you have regular hypertension check-ups?	<p>Yes 1</p> <p>No 2</p> <p>Refused 9</p>	XH2c
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	<p>Yes 1</p> <p>No 2 → go to H4</p> <p>Refused 9 → go to H4</p>	H3
Currently, do you take any antihypertensive medication regularly?	<p>Yes 1</p> <p>No 2 → go to H4</p> <p>Refused 9 → go to H4</p>	XH3a
If yes, where do you go to have routine checkups or take medicine?	<p>Commune health station 1</p> <p>District health facilities 2</p> <p>Provincial health facilities 3</p> <p>Central hospital 4</p> <p>Private health facility 5</p> <p>Others (Specify)</p> <p>Refused 9</p>	XH3b
		XH3b1
How often do you visit your doctors for a routine checkup or take medicine?	<p>Weekly 1</p> <p>Every 2-3 weeks 2</p> <p>Monthly 3</p> <p>Every 2-3 months or more 4</p> <p>Others (Specify)</p> <p>Refused 9</p>	XH3c
		XH3c1
Have you ever seen a traditional healer for raised blood pressure or hypertension?	<p>Yes 1</p> <p>No 2</p> <p>Refused 9</p>	H4
	<p>Yes 1</p>	H5

Are you currently taking any herbal or traditional remedy for your raised blood pressure?	No 2 Refused 9	
History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker? <i>(including health worker in private or state health facilities)</i>	Yes 1 No 2 → go to H12 Don't remember/ Don't know 8 → go to H12 Refused 9 → go to H12	H6
When was the last time you had your blood sugar measured by a doctor or other health worker?	Within the last 12 months 1 Longer than 12 months 2 Don't remember 8 Refused 9	XH6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 → go to H12 Refused 9 → go to H12	H7a
Were you been first told that you have blood sugar in the past 12 months?	Yes 1 No 2 Don't remember 8 Refused 9	H7b
Do you have routine checkups with your doctor?	Yes 1 No 2 Refused 9	XH7c
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2 → go to H10 Refused 9 → go to H10	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2 Refused 9	H9
Do you take medicine to treat diabetes regularly?	Yes 1 No 2 → go to H10 Refused 9 → go to H10	XH9a
If yes, where do you go to have routine checkups or take medicine?	Commune health station 1	XH9b
	District health facilities 2	
	Provincial health facilities 3	
	Central hospital 4	
	Private health facility 5	
	Buy medicines from pharmacies 6 → go to H10	
	Others (Specify)	XH9b1
	Refused 9 → go to H10	

How often do you visit your doctors for a routine checkup or take medicine for your diabetes?	Weekly 1 Every 2-3 weeks 2 Monthly 3 Every 2-3 months or more 4 Others (Specify) Refused 9	XH9c XH9c1
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2 Refused 9	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2 Refused 9	H11
Does anyone of a relative including natural parents, siblings or your natural child have diabetes?	Yes 1 No 2 Don't know 8 Refused 9	XH11
History of Raised Total Cholesterol		
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker? <i>(including health worker in private or state health facilities)</i>	Yes 1 No 2 → go to H17 Don't remember 8 → go to H17 Refused 9 → go to H17	H12
When was the last time you had your raised total cholesterol measured by a doctor or other health worker?	Within the last 12 months 1 Longer than 12 months 2 Don't remember 8 Refused 99	XH12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 → go to H17 Refused 9 → go to H17	H13a
Were you first told in the past 12 months?	Yes 1 No 2 Refused 9	H13b

Do you have routine checkups with your doctor?	<p>Yes 1</p> <p>No 2</p> <p>Refused 9</p>	XH13c
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	<p>Yes 1</p> <p>No 2</p> <p>Refused 9</p>	H14
Do you take medicine to treat raised total cholesterol regularly?	<p>Yes 1</p> <p>No 2 → go to H15</p> <p>Refused 9 → go to H15</p>	XH14a
If yes, where do you go to have routine checkups or take medicine?	<p>Commune health station 1</p> <p>District health facilities 2</p> <p>Provincial health facilities 3</p> <p>Central hospital 4</p> <p>Private health facility 5</p> <p>By medicines from pharmacies 6 → go to H15</p>	XH14b
	<p>Others (Specify)</p>	XH14b1
	<p>Refused 9</p>	
How often do you visit your doctors for a routine checkup or take medicine for your raised total cholesterol?	<p>Weekly 1</p> <p>Every 2-3 weeks 2</p> <p>Monthly 3</p> <p>Every 2-3 months or more 4</p>	XH14c
	<p>Others (Specify)</p>	XH14c1
	<p>Refused 9</p>	
Have you ever seen a traditional healer for raised cholesterol?	<p>Yes 1</p> <p>No 2</p> <p>Refused 9</p>	H15

Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2 Refused 9	H16
History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2 Refused 9	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2 Refused 9	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2 Refused 9	H19
History of chronic respiratory disease		
Have you ever told that you have COPD/asthma by a doctor or other health worker? <i>(including health worker in private or state health facilities)</i>	Yes 1 No 2 → go to H20a Refused 9 → go to H20a	XH19a
Were you first time you had your COPD/asthma measured by a doctor or other health worker in the past 12 months?	Yes 1 No 2 Don't remember 8 Refused 9	XH19b
In the past two weeks, have you taken any oral treatment (medication) for COPD/asthma prescribed by a doctor or other health worker?	Yes 1 No 2 → go to H20a Refused 9	XH19c
Do you have routine checkups or take medicine to treat COPD/asthma?	Yes 1 No 2 → go to H20a Refused 9 → go to H20a	XH19d
If yes, where do you go to have routine checkups or take medicine for COPD/asthma?	Commune health station 1 District health facilities 2 Provincial health facilities 3	XH19e

	<p>Central hospital 4</p> <p>Private health facility 5</p> <p>By medicines from pharmacies 6</p> <p>Refused 9</p> <p>Others (Specify)</p>	XH19e1
How often do you visit your doctors for a routine checkup or take medicine for your COPD/asthma?	<p>Weekly 1</p> <p>Every 2-3 weeks 2</p> <p>Monthly 3</p> <p>Every 2-3 months or more 4</p> <p>Refused 9</p> <p>Others (Specify)</p>	XH19f
Lifestyle Advice		
During the past 12 months, have you visited a doctor or other health worker?	<p>Yes 1</p> <p>No 2 → go to XCX0</p> <p>Refused 9 → go to XCX0</p>	H20
.During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	<p>Yes 1</p> <p>No 2</p> <p>Don't remember 8</p>	H20a
Reduce salt in your diet	<p>Yes 1</p> <p>No 2</p> <p>Don't remember 8</p>	H20b
Eat at least five servings of fruit and/or vegetables each day (USE SHOWCARD)	<p>Yes 1</p> <p>No 2</p> <p>Don't remember 8</p>	H20c
Reduce fat in your diet	<p>Yes 1</p> <p>No 2</p> <p>Don't remember 8</p>	H20d
Start or do more physical activity	<p>Yes 1</p> <p>No 2</p> <p>Don't remember 8</p>	H20e
Maintain a healthy body weight or lose weight	<p>Yes 1</p> <p>No 2</p>	H20f

	Don't remember 8	
Reduce sugary beverages in your diet	Yes 1 No 2 Don't remember 8	H20g
Cancer Screening		
The next question asks about colorectal cancer prevention. Screening tests for colorectal cancer can be done in different ways including: <ul style="list-style-type: none"> - Fecal occult blood test (FOBT): look for blood in the stool - Sigmoidoscopy: use a thin, flexible tube with a camera to look at the colon 		
Have you ever had a screening test for colorectal cancer, using any of these methods described above?	Yes 1 <i>If C1=1 → go to M1</i> No 2 <i>If C1=1 → go to M1</i> Don't remember 8 <i>If C1=1 → go to M1</i> Refused 9 <i>If C1=1 → go to M1</i>	XCX0
Sàng lọc ung thư cổ tử cung và ung thư vú (Chỉ áp dụng cho nữ giới)		
The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including: <ul style="list-style-type: none"> - Pap smear use a device to take a sample of cervical cells for find any abnormalities. - Visual Inspection with Acetic Acid/vinegar (VIA), VILI. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) or iodine has been applied to it. - Human Papillomavirus (HPV) test: Use a device to take a sample of cervical cells for HPV. - Colposcopy: use colposcope to closely examine women's cervix 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.		
Have you ever had a screening to test for cervical cancer, using any of the methods described above (VIA, VILI, PAP smear, HPV)?	Yes 1 No 2 → go to XCX3 Don't know 8 → go to XCX3 Refused 9 → go to XCX3	CX1
When was the last time you had screening test?	Within the last 12 months 1 Longer than 12 months 2 Don't remember/ Don't know 8 Refused 9	XCX2
The next question I will ask is a history of vaccination against cervical cancer and diseases caused by HPV (Human Papilloma Virus)		
Have you been vaccinated against HPV?	Yes 1 No 2 Don't know 8 Refused 9	XCX3

The next question asks about breast cancer prevention. Screening tests for breast cancer prevention can be done in different ways, including breast self-exam, clinical breast exam, ultrasound or having an X-ray (mammography). Breast self-exam is a check -up a woman does at home about 5 days after their periods. Clinical breast exam, ultrasound or mamography are done by doctors in screening programmes or hospitals.

Have you ever had a screening test for breast cancer, using any of these methods described above (self-exam, X-ray or clinical breast exam)?

Yes 1
No 2
Don't know 8
Refused 9

XCX4

Biochemical and Physical Measurements

Urinary sodium and creatinine		
Had you been fasting prior to the urine collection?	Yes 1 No 2 Don't remember 8 Refused 9	B10
Time of day urine sample taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B13
Urinary sodium	mmol/l <input type="text"/> . <input type="text"/>	B14
Urinary creatinine	mmol/l <input type="text"/> . <input type="text"/>	B15
Urine Cotinine test		
Test results for Cotinine in the urine	COT10 Positive 1 → go to B18b	B18
	Negative 2 → go to B1	
	COT 200 Positive 1	B18b
	Negative 2	
Blood		
In the past 12 hours, have you eaten or drank anything other than regular drinks (water, mineral water, cold water)?	Yes 1 No 2 Don't remember 8 Refused 9	B1
What time did you eat your last meal? (in 24 hours clock)	Hours: minutes <input type="text"/> : <input type="text"/> hrs mins	XB1
Technician ID	<input type="text"/>	B2
Device ID	<input type="text"/>	B3
Time of day blood specimen taken (24 hours clock)	Hours: minutes <input type="text"/> : <input type="text"/> hrs mins	B4
	No 2	
Blood Lipids		
Total cholesterol	mmol/l <input type="text"/> . <input type="text"/>	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 Don't know/Don't remember 2	B9

	Refused 8 9	
HDL Cholesterol [mmol/l] or [mg/dl]	mmol/l <input type="text"/> . <input type="text"/>	B17
	mg/dl <input type="text"/> . <input type="text"/>	
Blood Glucose		
Fasting blood glucose [mmol/l]	mmol/l <input type="text"/> . <input type="text"/>	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1	B6
	No 2	
	Don't know/Don't remember 8	
	Refused 9	

Blood pressure and Heart rate		
Technician ID	<input type="text"/>	M1
Device ID	<input type="text"/>	M2
Reading 1	Systolic (mmHg) <input type="text"/>	M4a
	Diastolic (mmHg) <input type="text"/>	M4b
	Beats per minute <input type="text"/>	M16a
Reading 2	Systolic (mmHg) <input type="text"/>	M5a
	Diastolic (mmHg) <input type="text"/>	M5b
	Beats per minute <input type="text"/>	M16b
Reading 3	Systolic (mmHg) <input type="text"/>	M6a
	Diastolic (mmHg) <input type="text"/>	M6b
	Beats per minute <input type="text"/>	M16c
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	M7
	Don't know/Don't remember 2	
	8	
	Refused 9	
Height and Weight		
For women: Are you pregnant?	Yes 1	M8
	No 2	
	Don't know 8	
	Refused 9	
Technician ID	<input type="text"/>	M9
Device ID	Height <input type="text"/>	M10a

	Weight	□□□	M10b
Height	in Centimetres (cm)	□□□□.□	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)	□□□□.□	M12
Waist/Hip			
Device ID for waist/hip		□□□□□	M13
Waist circumference	in Centimetres (cm)	□□□□.□	M14
Hip circumference	in Centimetres (cm)	□□□□.□	M15