

STEPS Instrument

Bhutan



The WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS)

World Health Organization
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For further information: www.who.int/chp/steps





STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

Bhutan, 2014

Survey Information

Location and Date	Response	Code
Gewog/EA ID	_____	I1
Gewog/EA name		I2
Interviewer ID	_____	I3
Date of completion of the survey	<div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div> <div>dd</div> <div>mm</div> <div>year</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 <i>[Insert Language]</i>	English 1 Dzongkha 2 Tshanglakha 3 Lhotshamkha 4	I6
Time of interview (24 hour clock)	<div> <div>_____</div> <div>:</div> <div>_____</div> </div> <div> <div>hrs</div> <div>mins</div> </div>	I7
Family Surname		I8
First Name		I9

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	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>If known, Go to C4</div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div>	C2
How old are you?	Years <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>	C4

Demographic Information			
What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Class 10 completed 4 Class 12 completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5	
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? (USE SHOWCARD)	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8	
How many people older than 18 years, including yourself, live in your household?	Number of people <input type="text"/>	C9	
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 <input type="text"/> Go to T1	C10a	
	OR per month <input type="text"/> Go to T1	C10b	
	OR per year <input type="text"/> Go to T1	C10c	
	Refused 88	C10d	

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, cigars or bidis? (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"/> 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"/> If Known, go to T5a/T5aw	T4a
	OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
	OR in Weeks <input type="text"/> <input type="text"/>	T4c
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
	Bidis <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
	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
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> If Known, go to T12	T11a
	OR Months ago <input type="text"/> <input type="text"/> If Known, go to T12	T11b
	OR Weeks ago <input type="text"/> <input type="text"/>	T11c

The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisements, health warnings and cigarette purchase.		
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
Posters or Banners	Yes 1 No 2 Don't know 77	TP1d
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

Participant Identification Number

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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 <i>If "Don't know or don't smoke or purchase manuf. cig.", go to A1</i>						TP6
In total, how much money did you pay for this purchase? (DIGITS TO BE ADAPTED TO COUNTRY NEEDS)	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, hard drinks, ara, changkoe, or Bangchang? (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></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></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></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></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></tr></table>			A10a
Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A10b	
Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A10c	
Thursday <table border="1"><tr><td></td><td></td></tr></table>			A10d	
Friday <table border="1"><tr><td></td><td></td></tr></table>			A10e	
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A10f	
Sunday <table border="1"><tr><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? <i>[AMEND ACCORDING TO LOCAL CONTEXT]</i> <i>(USE SHOWCARD)</i>	<p>Yes 1</p> <p>No 2 <i>If No, go to A13</i></p>	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? <i>[INSERT COUNTRY-SPECIFIC EXAMPLES]</i> <i>(USE SHOWCARD)</i> <i>Don't Know 77</i>	Homebrewed spirits, e.g. ara <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <input type="text"/>	A12b
	Alcohol brought over the border/from another country <input type="text"/>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/>	A12d
	Other untaxed alcohol in the country <input type="text"/>	A12e
During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A13
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	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?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A15
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	<p>Yes, more than monthly 1</p> <p>Yes, monthly 2</p> <p>Yes, several times but less than monthly 3</p> <p>Yes, once or twice 4</p> <p>No 5</p>	A16

Diet		
<p>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.</p>		
Question	Response	Code
<p>In a typical week, on how many days do you eat fruit? (USE SHOWCARD)</p>	<p>Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3</p>	D1
<p>How many servings of fruit do you eat on one of those days? (USE SHOWCARD)</p>	<p>Number of servings Don't Know 77 <input type="text"/> <input type="text"/></p>	D2
<p>In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)</p>	<p>Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5</p>	D3
<p>How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)</p>	<p>Number of servings Don't know 77 <input type="text"/> <input type="text"/></p>	D4
Dietary salt		
<p>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 sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods and other foods that are high in salt such as Ezay and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.</p>		
<p>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)</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D5
<p>How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D6
<p>How often do you eat processed food or other foods 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 and dried fish. Other foods high in salt include Ezay, potato chips, [INSERT EXAMPLES] (USE SHOWCARD)</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D7
<p>How often do you drink Suja?</p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	X1
<p>How much salt or salty sauce do you think you consume?</p>	<p>Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77</p>	D8

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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, seeking employment. <i>[Insert other examples if needed]</i>. 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 carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
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 <i>[or carrying light loads]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES]</i> (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 and health facility</p>		
Do you walk or use a bicycle (pedal cycle) 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, martial arts, badminton, basketball</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 <input type="text"/>		P11
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"/> <div>hrs mins</div>		P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational activities that cause a small increase in breathing or heart rate such as dancing, brisk walking, cycling, swimming, khuru, or degor or archery 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 activities?	Number of days <input type="text"/>		P14
How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> <div>hrs mins</div>		P15 (a-b)

Sedentary behavior			
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)			
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	<input type="text"/> : <input type="text"/> <div>hrs 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 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Have you been told in the past 12 months?	Yes 1 No 2	H2b
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 No 2	H3
Have you ever seen a local healer, drugdsho or sMenpa for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	Yes 1 No 2	H7b
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	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a local healer, drugdsho, or sMenpa for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

History of Raised Total Cholesterol

Question	Response	Code
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 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 local healer, drugsho, or sMenpa 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 or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1	H17
	No 2	
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1	H18
	No 2	
Are you currently taking statins (Atorvastatin) or fibrates (Fenofibrate) regularly to prevent or treat heart disease? (if D/K, interviewer to check medication)	Yes 1	H19
	No 2	

Lifestyle Advice

During the past three years, has a doctor or other health worker advised you to do any of the following?
(RECORD FOR EACH)

RECORD FOR EACH		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 No 2 <i>If C1=1 go to M1</i>	H20f

Family history

Question	Response	Code
Have any of your blood family members (sibling, parent, grandparent, aunt or uncle) been diagnosed with the following diseases?		
Diabetes or raised blood sugar	Yes 1	F1a
	No 2	

Raised Blood pressure	Yes 1 No 2	F1b
Stroke	Yes 1 No 2	F1c
Cancer or malignant tumor	Yes 1 No 2	F1d
Raised Cholesterol	Yes 1 No 2	F1e
Early Heart attack (below age 50 for men and below age 55 for women)	Yes 1 No 2	F1f
Asthma or chronic lung disease (COPD)	Yes 1 No 2	X2
Kidney disease	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	X3

Cervical Cancer Screening (for women only):

The next question asks about cervical cancer prevention. A screening test for cervical cancer prevention is done by a doctor or nurse taking a swab to wipe from inside your vagina. This is sent to a laboratory where they check for abnormal cell changes.

Question	Response	Code
Have you ever had a pap smear screening test for cervical cancer?	Yes 1 No 2 Don't know 77	CX1

Mental health / Suicide

The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.

Question	Response	Code
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? (<i>SELECT ONLY ONE</i>)	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	MH6

Participant Identification Number

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	Poisonous gases from charcoal	6									
	Other	7 <i>If Other, go to MH6other</i>									
	Refused	88									
	Other (specify)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									MH6other
Did you seek medical care for this attempt?	Yes	1	MH7								
	No	2 <i>If No, go to MH9</i>									
	Refused	88									
Were you admitted to hospital overnight because of this attempt?	Yes	1	MH8								
	No	2									
	Refused	88									
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes	1	MH9								
	No	2									
	Refused	88									
Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?	Yes	1	MH10								
	No	2									
	Refused	88									

Step 2 Physical Measurements

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 and hip circumference							
Device ID for waist and hip	<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	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15
Heart Rate		M16a					
Reading 1	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						
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	

Step 3 Biochemical Measurements

Blood Glucose and Total Cholesterol														
Question	Response	Code												
During the past 10 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><td>:</td><td></td><td></td></tr><tr><td>hrs</td><td></td><td></td><td>mins</td><td></td></tr></table>			:			hrs			mins		B4		
		:												
hrs			mins											
Fasting blood glucose	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>mg/dl</td><td></td><td></td><td></td><td></td><td></td></tr></table>							mg/dl						B5
mg/dl														
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												
Total cholesterol	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>mg/dl</td><td></td><td></td><td></td><td></td><td></td></tr></table>							mg/dl						B8
mg/dl														
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												
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								
Time of day urine sample taken (24 hour clock)	Hours : minutes <table border="1"><tr><td></td><td></td><td>:</td><td></td><td></td></tr><tr><td>hrs</td><td></td><td></td><td>mins</td><td></td></tr></table>			:			hrs			mins		B13		
		:												
hrs			mins											
Urinary sodium	mmol/l <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							B14						
Urinary creatinine	mmol/l <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							B15						