

PARTICIPANT IDENTIFICATION NUMBER

**National Survey on NCD Risk Factors
Bangladesh**

Bangladesh Society of Medicine & WHO, Bangladesh

Survey Information

| Location and Date | | Response | Code |
|-------------------|---|---|------|
| 1 | PSU ID | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | I1 |
| 2 | PSU name | | I2 |
| 3 | Interviewer ID | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | I3 |
| 4 | Date of completion of the questionnaire | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm year | I4 |

| Consent, Interview Language and Name | | Response | Code |
|---|--------------------------------------|--|------|
| Participant Id Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| 5 | Whether Consent has been obtained? | Yes 1 No 2 If NO, END | I5 |
| 6 | Interview Language | English 1 Bangla 2 | I6 |
| 7 | Time of interview (24 hour clock) | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins | I7 |
| 8 | Name of Interviewee | | I8 |
| Additional Information that may be helpful | | | |
| 10 | Telephone/ Mobile number | | I10 |

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

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Household Information

Time of Household interview
(24 hour clock)

____ : ____
Hour Minute

[For Interviewer: The household screening respondent must be 18 years of age or older and you must be confident that this person can provide accurate information about all members of the household]

[if needed, verify the age of the household screening respondent to make sure He/she is 18 years of age or older]

Introduction: National Survey on Non Communicable Diseases Risk Factors is an important survey being conducted by the Ministry of Health and Family Welfare throughout Bangladesh and your household has been selected to participate. All houses selected were chosen from a scientific sample and it is very important to the success of this project that each participates in the survey. All information gathered will be kept strictly confidential. I have a few questions to find out who in your household is eligible to participate.

HH1. First, I'd like to ask you a few questions about your household. In total, how many persons live in this household, anyone who considers this household their primary place of residence last night?

| | |
|--|--|
| | |
|--|--|

 Persons

HH2. How many of these household members are 25 years of age or older?

| | |
|--|--|
| | |
|--|--|

 Persons

HH3. How many (male/female) household members are 25 years of age or older?

| | |
|--|--|
| | |
|--|--|

 Persons

HH4. I now would like to collect information about the (males/females) that live in this household who are 15 years of age or older. Let's start listing the (males/females) from oldest to youngest.

[Ask the following questions and record answers in table below]

- What is this person's full name?
- What is this person's age? [If respondent doesn't know, probe for an estimate]
- Record gender

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|--|--|--|--|--|--|--|--|

| | | | | |
|---|---------|--------------|-------------------------------|-------------------------------|
| Male designate HH..... <input type="checkbox"/> 1 | | | | |
| Female designated HH... <input type="checkbox"/> 2 | | | | |
| | a. Name | b. Age | c. Gender | |
| | | | Male | Female |
| 1 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 7 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 8 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 9 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 10 | _____ | ____ ____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

HH5. Household roster number of the selected eligible (male/female)

HH6. Fill in questionnaire ID number

Questionnaire ID number: _____ - _____

Step 1 Demographic Information

| CORE: Demographic Information | | |
|-------------------------------|---|------|
| Question | Response | Code |
| 11 | Sex Male 1 Female 2 | C1 |
| 12 | What is your date of birth? (Don't Know 77 77 7777) _ _ _ _ _ _ _ _ If known, Go to C4 dd mm year | C2 |
| 13 | How old are you? Years _ _ _ _ | C3 |
| 14 | In total, how many years have you spent at school or in full-time study (excluding less than Class 1 and pre-school)? Years _ _ | C4 |

| EXPANDED: Demographic Information | | | |
|-----------------------------------|---|--|----|
| 15 | What is the highest level of education you have completed? | No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 Higher Secondary school completed 5 College/University completed 6 Post graduate degree completed 7 Refused 88 | C5 |
| 16 | What is your religion ? | Islam 1 Hinduism 2 Christianity 3 Buddhism 4 Others 5 Refused 88 | C6 |
| 17 | What is your marital status ? | Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Refused 88 | C7 |
| 18 | Which of the following best describes your main work status over the past 12 months? | Government employee 1 Non-government employee 2 Business (small) 3 Business (large) 4 | C8 |

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| | | | | |
|--|--|-------------------------------|----|--|
| | | Farming (Land owner & farmer) | 5 | |
| | | Agricultural worker | 6 | |
| | | Industrial worker | 7 | |
| | | Daily laborer | 8 | |
| | | Other self-employed | 9 | |
| | | Student | 10 | |
| | | Homemaker/ Housework | 11 | |
| | | Retired | 12 | |
| | | Unemployed, able to work | 13 | |
| | | Unemployed, unable to work | 14 | |
| | | Other (specify) | 15 | |
| | | Refused | 88 | |

| EXPANDED: Demographic Information, Continued | | |
|--|---|-------------------------------|
| Question | Response | Code |
| 20 | Please tell me whether this household or any person who lives in the household has the following items: | |
| a. [Electricity?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10a |
| b. [Flush toilet?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10b |
| c. [Land phone?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10c |
| d. [Mobile?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10d |
| e. [Television?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10e |
| f. [Radio?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10f |
| g. [Refrigerator?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10g |
| h. [Private car?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10h |
| i. [Motor cycle?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10i |
| j. [Washing machine?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10j |
| k. [Bicycle?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10k |
| l. [Sewing machine?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10l |
| m.[Almirah/ wardrobe?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> C10m |

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| | | | | |
|----|---|--|---|------|
| | n. [Table?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> | C10n |
| | o. [Bed or cot?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> | C10o |
| | p. [Chair or Bench?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> | C10p |
| | q. [Watch or Clock?] | yes 1 no 2 Don't know 77 Refused 88 | <input type="checkbox"/> | C10q |
| 21 | a. What is the main material of the roof of main house? (record observation) Katcha (bamboo/straw).....1 Tin.....2 Cement/concrete/tiles.....3 Other.....4 Don't know/can't tell77 | | <input type="checkbox"/> <input type="checkbox"/> | C11a |
| | b. What is the main material of the wall of main house? (record observation) Jutestick/bamboo/clay.....1 Wood.....2 Brick/Cement.....3 Tin.....4 Other.....5 Don't know.....77 | | <input type="checkbox"/> <input type="checkbox"/> | C11b |
| | c. What is the main material of the floor of main house? (record observation) Soil/bamboo/clay.....1 wood.....2 Cement/concrete.....3 Other.....4 Don't know.....77 | | <input type="checkbox"/> <input type="checkbox"/> | C11c |

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.

| Question | | Response | Code |
|---|--|---|------|
| 22 | Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i> | Yes 1 _ No 2 <i>If No, go to T6</i> | T1 |
| 23 | Do you currently smoke tobacco products daily ? | Yes 1 _ No 2 <i>If No, go to T6</i> | T2 |
| 24 | How old were you when you first started smoking daily? | Age (years) Don't know 77 _ _ <i>If Known, go to T5a</i> | T3 |
| 25 | Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i> | In Years _ _ <i>If Known, go to T5a</i> | T4a |
| | | OR in Months _ _ <i>If Known, go to T5a</i> | T4b |
| | | OR in Weeks _ _ | T4c |
| 26 | On average, how many of the following do you smoke each day? <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 77</i> | Manufactured cigarettes _ _ | T5a |
| | | Biris _ _ | T5b |
| | | Hukkah/Dhaba _ _ | T5c |
| | | Pipes full of tobacco _ _ | T5d |
| | | Hand-rolled cigarettes _ _ | T5e |
| | | Cigars, cheroots, cigarillos _ _ | T5f |
| | | Other (If Other, go to T5other, else go to T9) _ _ | T5g |
| Other (please specify and go to T9): _ _ _ _ _ _ _ _ | T5other | | |

| CORE: Alcohol Consumption | | | |
|--|--|---|-------------|
| The next questions ask about the consumption of alcohol. | | | |
| Question | | Response | Code |
| 36 | Have you ever consumed an alcoholic drink such as local wine, beer, wine, spirit? | Yes 1 No 2 <i>If No, go to D1</i> | A1a |
| 37 | Have you consumed an alcoholic drink within the past 12 months ? | Yes 1 No 2 <i>If No, go to D1</i> | A1b |
| 38 | During the past 12 months, how frequently have you had at least one alcoholic drink? <i>(READ RESPONSES, USE SHOWCARD)</i> | Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5 | A2 |
| 39 | Have you consumed an alcoholic drink within the past 30 days ? | Yes 1 No 2 <i>If No, go to D1</i> | A3 |
| 40 | During the past 30 days, on how many occasions did you have at least one alcoholic drink? | Number Don't know 77 | _ _ A4 |
| 41 | During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? <i>(USE SHOWCARD)</i> | Number Don't know 77 | _ _ A5 |
| 42 | During the past 30 days, what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together? | Largest number Don't Know 77 | _ _ A6 |
| 43 | During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion? | Number of times Don't Know 77 | _ _ A7 |

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 |
|----------|--|---|------|
| 46 | In a typical week, on how many days do you eat fruit ? (USE SHOWCARD) | Number of days <input type="text"/> <input type="text"/> Don't Know 77 | D1 |
| 47 | How many servings of fruit do you eat on one of those days? (USE SHOWCARD) | Number of servings <input type="text"/> Don't Know 77 | D2 |
| 48 | In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD) | Number of days <input type="text"/> <input type="text"/> Don't Know 77 | D3 |
| 49 | How many servings of vegetables do you eat on one of those days? (USE SHOWCARD) | Number of servings <input type="text"/> Don't know 77 | D4 |

EXPANDED: Diet

| | | | |
|---------------|--|---|---------|
| 50 | What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE) | Vegetable oil 1 | D5 |
| | | Lard 2 | |
| | | Butter or ghee 3 | |
| | | Palm oil 4 | |
| | | Other 5 <i>If Other, go to D5 other</i> | |
| | | None in particular 6 | |
| | | None used 7 | |
| | | Sunflower oil 8 | |
| | | Mustard oil 9 | |
| | | Dalda 10 | |
| Don't know 77 | | | |
| | | Other (Specify) <input type="text"/> | D5other |
| 51 | On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner. | Number <input type="text"/> Don't know 77 | D6 |

| CORE: 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. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p> | | | |
| Question | Response | | Code |
| Work | | | |
| 52 | 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, harvesting for at least 10 minutes continuously? | Yes 1 No 2 <i>If No, go to P 4</i> | P1 |
| 53 | In a typical week, on how many days do you do vigorous-intensity activities as part of your work? | Number of days _ | P2 |
| 54 | How much time do you spend doing vigorous-intensity activities at work on a typical day? | Hours : minutes _ _ : _ _ hrs mins | P3 (a-b) |
| Now I would like to ask you about the time you spend doing moderate-intensity activity | | | |
| 55 | Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously? (USE SHOWCARD) | Yes 1 No 2 <i>If No, go to P 7</i> | P4 |
| 56 | In a typical week, on how many days do you do moderate-intensity activities as part of your work? | Number of days _ | P5 |
| 57 | How much time do you spend doing moderate-intensity activities at work on a typical day? | Hours : minutes _ _ : _ _ hrs mins | P6 (a-b) |
| Travel to and from places | | | |
| 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. | | | |
| 58 | Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places? | Yes 1 No 2 <i>If No, go to P 10</i> | P7 |
| 59 | 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 _ | P8 |
| 60 | How much time do you spend walking or bicycling for travel on a typical day? | Hours : minutes _ _ : _ _ hrs mins | P9 (a-b) |

| CORE: Physical Activity, Continued | | | |
|--|---|---------------------------------------|--------------|
| Question | Response | Code | |
| Recreational activities | | | |
| Now I would like to ask you about sports, fitness and recreational activities (leisure), | | | |
| 61 | 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, playing ha-du-du or football for at least 10 minutes continuously? (USE SHOWCARD) | Yes 1 No 2 If No, go to P 13 | P10 |
| 62 | 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 |
| 63 | 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) |
| Now I would like to ask you about the time you spend doing moderate-intensity activity outside your work | | | |
| 64 | Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, playing volleyball and dariabandha for at least 10 minutes continuously? (USE SHOWCARD) | Yes 1 No 2 If No, go to P16 | P13 |
| 65 | 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 |
| 66 | 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) |

| EXPANDED: Physical Activity | | | |
|---|---|---------------------------------------|--------------|
| Sedentary behaviour | | | |
| The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. | | | |
| 67 | How much time do you usually spend sitting or reclining on a typical day? | Hours : minutes hrs mins | P16 (a-b) |

| CORE: History of Raised Blood Pressure | | | | |
|---|---|-----------------|--------------------------|-------------|
| Question | | Response | | Code |
| 68 | 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> | |
| 69 | 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> | |
| 70 | Have you been told in the past 12 months? | Yes | 1 | H2b |
| | | No | 2 | |

| EXPANDED: History of Raised Blood Pressure | | | | |
|---|---|--|-----|-----|
| 71 | Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker? | | | |
| | Drugs (medication) that you have taken in the past two weeks | Yes | 1 | H3a |
| | | No | 2 | |
| | Advice to reduce salt intake | Yes | 1 | H3b |
| | | No | 2 | |
| | Advice or treatment to lose weight | Yes | 1 | H3c |
| | | No | 2 | |
| | Advice or treatment to stop smoking | Yes | 1 | H3d |
| | | No | 2 | |
| | Advice to start or do more exercise | Yes | 1 | H3e |
| | | No | 2 | |
| | 72 | Have you ever seen a healer other than allopathic such as homeopathic, ayurvedic, herbalist, traditional healers and others for raised blood pressure or hypertension? | Yes | 1 |
| No | | | 2 | |
| 73 | Are you currently taking any herbal or traditional remedy for your raised blood pressure? | Yes | 1 | H5 |
| | | No | 2 | |

| CORE: History of Diabetes | | | | |
|----------------------------------|--|-----------------|--------------------------|-------------|
| Question | | Response | | Code |
| 74 | 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 M1</i> | |
| 75 | 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 M1</i> | |
| 76 | Have you been told in the past 12 months? | Yes | 1 | H7b |
| | | No | 2 | |

| EXPANDED: History of Diabetes | | | | |
|--------------------------------------|--|---|-----|-----|
| 77 | Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker? | | | |
| | Insulin | Yes | 1 | H8a |
| | | No | 2 | |
| | Drugs (medication) that you have taken in the past two weeks | Yes | 1 | H8b |
| | | No | 2 | |
| | Special prescribed diet | Yes | 1 | H8c |
| | | No | 2 | |
| | Advice or treatment to lose weight | Yes | 1 | H8d |
| | | No | 2 | |
| | Advice or treatment to stop smoking | Yes | 1 | H8e |
| | | No | 2 | |
| | Advice to start or do more exercise | Yes | 1 | H8f |
| | | No | 2 | |
| | 78 | Have you ever seen a healer other than allopathic such as homeopathic, ayurvedic, herbalist, traditional healers and others for diabetes or raised blood sugar? | Yes | 1 |
| No | | | 2 | |
| 79 | Are you currently taking any herbal or traditional remedy for your diabetes? | Yes | 1 | H10 |
| | | No | 2 | |

Step 2 Physical Measurements

CORE: Height and Weight

Now I am going to measure your height and weight (in erect posture)

| Question | Response | Code |
|----------|---|------------|
| 80 | Interviewer ID <div style="text-align: right;"> _ _ _ </div> | M1 |
| 81 | Device IDs for height and weight Height _ _ Weight _ _ | M2a M2b |
| 82 | Height in Centimetres (cm) _ _ _ _ _ _ _ | M3 |
| 83 | Weight <i>If too large for scale 666.6</i> in Kilograms (kg) _ _ _ _ _ _ _ | M4 |
| 84 | For women: Are you pregnant? Yes 1 <i>If Yes, go to M 8</i> No 2 | M5 |

CORE: Waist

Now I am going to measure your waist (in erect posture)

| | | |
|----|--|----|
| 85 | Device ID for waist <div style="text-align: right;"> _ _ </div> | M6 |
| 86 | Waist circumference in Centimetres (cm) _ _ _ _ _ _ _ | M7 |

CORE: Blood Pressure

Now I am going to measure your blood pressure (in sitting posture, in right arm with two legs paralleled)

| | | | |
|----|---|-------------------------|------|
| 87 | Interviewer ID <div style="text-align: right;"> _ _ _ </div> | M8 | |
| 88 | Device ID for blood pressure <div style="text-align: right;"> _ _ </div> | M9 | |
| 89 | Cuff size used Small 1 Medium 2 Large 3 | M10 | |
| 90 | Reading 1 (Take the first reading. Let the person at rest for 3 minutes before taking second reading) | Systolic (mmHg) _ _ _ | M11a |
| | | Diastolic (mmHg) _ _ _ | M11b |
| 91 | Reading 2 (Take the second reading. Let the person at rest for 3 minutes before taking third reading) | Systolic (mmHg) _ _ _ | M12a |
| | | Diastolic (mmHg) _ _ _ | M12b |
| 92 | Reading 3 (Take the third reading) | Systolic (mmHg) _ _ _ | M13a |
| | | Diastolic (mmHg) _ _ _ | M13b |

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|----|---|---------------|-----|
| 93 | During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker? | Yes 1 No 2 | M14 |
|----|---|---------------|-----|

EXPANDED: Hip Circumference and Heart Rate

Now I am going to measure your hip circumference and Pulse (hip and waist circumference should be measured at a time and pulse during measuring blood pressure)

| | | | |
|-----------|--------------------------|---------------------------------|------|
| 94 | Hip circumference | in Centimeters (cm) □ □ □ □ . □ | M15 |
| 95 | Pulse | | M16a |
| | Reading 1 | Beats per minute □ □ □ □ | |
| | Reading 2 | Beats per minute □ □ □ □ | |
| Reading 3 | Beats per minute □ □ □ □ | M16c | |

Show Cards

A. Tobacco Products

Examples

The following picture show a few selected examples pf tobacco products. Sites are to develop show cards including specific examples of local tobacco products.

| Step | Section | Items |
|---------------------|---------|--------|
| Step 1, tobacco use | T | T1-T14 |



Manufactured Cigarettes



Roll-your-own (RYO) cigarettes



Pipe



Cigars, e.g., cigarillos, double coronas, cheroots, stumphen, chutts



Bidi



Snuff, available in wet and dry form



Betel nut



Chewing tobacco, e.g., plug, loose-leaf, chimo, toombak, guthha or twist.



Betel leaf



Water pipe, also known as shisha, hookah or hubble-bubble

B. Alcohol Consumption

For use with This show card relates to:

| Step | Section | Items |
|-----------------------------|---------|-------|
| Step 1, alcohol consumption | A | A1-A7 |

1 standard drink =



1 standard bottle
of **regular beer**
(285ml)



1 single measure
of **spirits** (30ml)



1 medium size
glass of **wine**
(120ml)



1 measure of
aperitif (60ml)

Note: net alcohol content of a standard drink is approximately 10g of ethanol. However, standard drinks in different countries can contain different amounts of ethanol. Therefore, countries may have to adapt this measure according to their own standards and will report it measure if different from the standard mentioned above.

C. Diet (Typical fruit and vegetables and serving sizes)

For use with This show card relates to:

| Step | Section | Items |
|--------------|---------|----------|
| Step 1, diet | D | D1 to D6 |

VEGETABLES



Serving size

One standard serving=80 grams (translated into different units of cups Depending on type of vegetable ad standard cup measures available in the country).

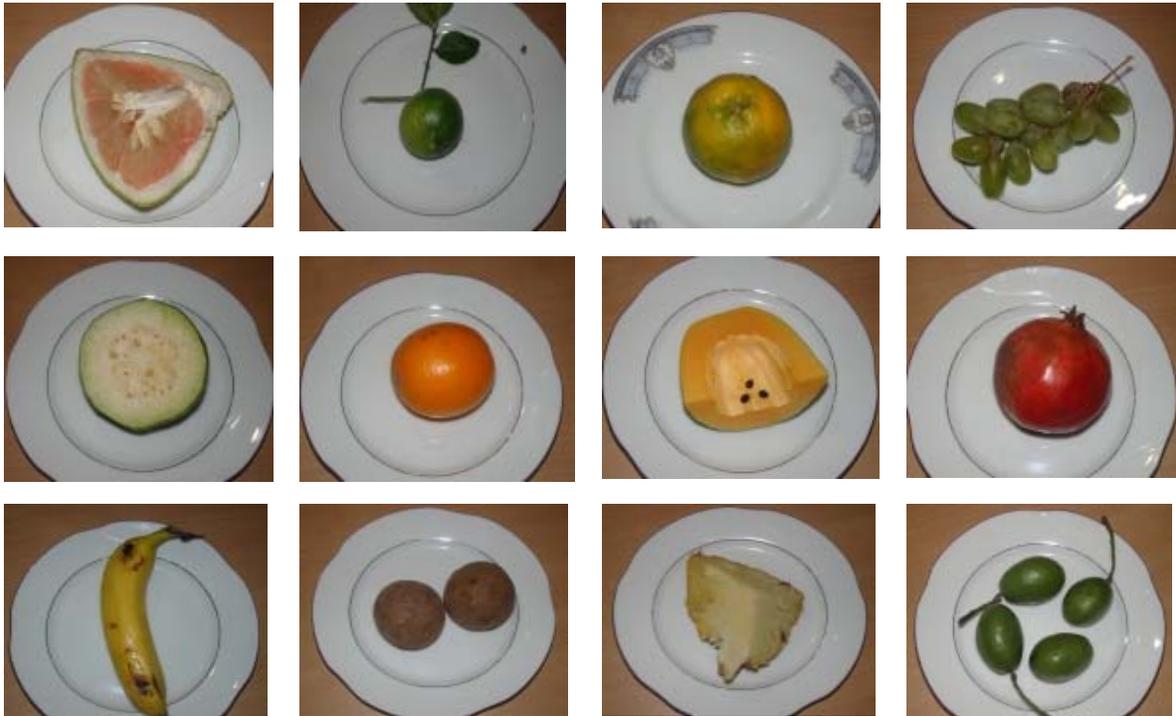
| Vegetables | 1 Serving size |
|---------------------------------|----------------|
| Raw green leafy vegetables | 1 cup |
| Other vegetables cocked chopped | ½ cup |
| Vegetable Juice | ½ cup |

For use with

This show card relates to:

| Step | Section | Items |
|--------------|---------|----------|
| Step 1, diet | D | D1 to D6 |

FRUITS



Serving size

One standard serving=80 grams (translated into different units of cups Depending on type of vegetable ad standard cup measures available in the country).

| | |
|--------------------------------|---------------------------------|
| Fruits | 1 Serving size |
| Apple, Banana, Orange | 1 medium size piece |
| Chopped, Cooked or caned fruit | ½ cup |
| Fruit Juice | ½ cup Not artificially flavored |

D. Typical Physical Activities

Examples: The following pictures show a few selected examples of physical activity show cards that have been developed and used by different countries.

This show cards relate to:

| Step | Section | Item |
|---------------------------|---------|------------|
| Step 1. physical activity | P | P1 to P16b |

| WORK RELATED PHYSICAL ACTIVITY | | LEISURE SPARE TIME RELATED PHYSICAL ACTIVITY | |
|--|---|--|--|
| MODERATE Intensity Activities Makes you breathe somewhat harder than normal | VIGOROUS Intensity Activities Makes you breathe somewhat harder than normal | MODERATE Intensity Activities Makes you breathe somewhat harder than normal | VIGOROUS Intensity Activities Makes you breathe somewhat harder than normal |
| <p>Examples:</p> <ul style="list-style-type: none"> • Cleaning (vacuuming, mopping, polishing, scrubbing, sweeping, ironing) • Washing (beating and brushing carpets, wringing clothes (by hand) • Gardening • Milking cows (by hand) • planting and harvesting crops • Digging dry soil (with spade) • Weaving • Woodwork (chiselling, sawing softwood) • Mixing cement (with shovel) • Labouring (pushing loaded wheelbarrow, operating jackhammer) • Walking with load on head • Drawing water • Tending animals | <p>Examples:</p> <ul style="list-style-type: none"> • Forestry (cutting, chopping, carrying wood) • Sawing hardwood • Ploughing • Cutting crops (sugar cane) • Gardening (digging) • Grinding (with pestle) • Labouring (shovelling sand) • Loading furniture (stoves, fridge) • Instructing sports aerobics • Sorting postal parcels (fast pace) • Cycle rickshaw driving | <p>Examples:</p> <ul style="list-style-type: none"> • Cycling • Jogging • Dancing • Horse-riding • Tai chi • Yoga • Pilates • Low-impact aerobics • Cricket | <p>Examples:</p> <ul style="list-style-type: none"> • Soccer • Rugby • Tennis • High-impact aerobics • Aqua aerobics • Ballet dancing • Fast swimming |

Examples of Typical Physical Activities

Examples for moderate activities



Examples of vigorous activities during leisure time



Examples of vigorous activities at work

