

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	_____	I1
2	PSU name		I2
3	Interviewer ID	_____	I3
4	Date of completion of the questionnaire	_____ dd mm year	I4

Participant Id Number _____			
Consent, Interview Language and Name		Response	Code
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)	_____ : _____ 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?

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 Persons

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

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 Persons

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

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 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)

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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)	<div> </div> <div>ddmmyear</div> <div>If known, Go to C4</div>		C2
13	How old are you?	Years <div> </div>		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 <div> </div>		C4

EXPANDED: Demographic Information			
15	What is the highest level of education you have completed?	<div>No formal schooling1</div> <div>Less than primary school2</div> <div>Primary school completed3</div> <div>Secondary school completed4</div> <div>Higher Secondary school completed5</div> <div>College/University completed6</div> <div>Post graduate degree completed7</div> <div>Refused88</div>	C5
16	What is your religion ?	<div>Islam1</div> <div>Hinduism2</div> <div>Christianity3</div> <div>Buddhism4</div> <div>Others5</div> <div>Refused88</div>	C6
17	What is your marital status ?	<div>Never married1</div> <div>Currently married2</div> <div>Separated3</div> <div>Divorced4</div> <div>Widowed5</div> <div>Refused88</div>	C7
18	Which of the following best describes your main work status over the past 12 months?	<div>Government employee1</div> <div>Non-government employee2</div> <div>Business (small)3</div> <div>Business (large)4</div>	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"/>	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"/>	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"/>	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 <input type="checkbox"/> No 2 <i>If No, go to T6</i>	T1
23	Do you currently smoke tobacco products daily ?	Yes 1 <input type="checkbox"/> 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 <input type="text"/> <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 <input type="text"/> <i>If Known, go to T5a</i>	T4a
		OR in Months <input type="text"/> <i>If Known, go to T5a</i>	T4b
		OR in Weeks <input type="text"/>	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 <input type="text"/>	T5a
		Biris <input type="text"/>	T5b
		Hukkah/Dhaba <input type="text"/>	T5c
		Pipes full of tobacco <input type="text"/>	T5d
		Hand-rolled cigarettes <input type="text"/>	T5e
		Cigars, cheroots, cigarillos <input type="text"/>	T5f
		Other (If Other, go to T5other, else go to T9) <input type="text"/>	T5g
		Other (please specify and go to T9): <input type="text"/>	T5other

EXPANDED: Tobacco Use												
Question		Response		Code								
27	In the past, did you ever smoke daily ?	Yes	1	T6								
		No	2 <i>If No, go to T9</i>									
28	How old were you when you stopped smoking daily ?	Age (years)		T7								
		Don't Know 77	<table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T9</i>									
29	How long ago did you stop smoking daily?	Years ago	<table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T9</i>			T8a						
	(RECORD ONLY 1, NOT ALL 3)	OR Months ago	<table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T9</i>			T8b						
Don't Know 77	OR Weeks ago	<table border="1"><tr><td></td><td></td></tr></table>			T8c							
30	Do you currently use any smokeless tobacco such as zarda, sadapata, gul, snuff? (USE SHOWCARD)	Yes	1	T9								
		No	2 <i>If No, go to T12</i>									
31	Do you currently use smokeless tobacco products such as zarda, sadapata, gul, snuff daily ?	Yes	1	T10								
		No	2 <i>If No, go to T12</i>									
32	On average, how many times a day do you use (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Snuff, by mouth	<table border="1"><tr><td></td><td></td></tr></table>			T11a						
		Snuff, by nose	<table border="1"><tr><td></td><td></td></tr></table>			T11b						
		Chewing tobacco	<table border="1"><tr><td></td><td></td></tr></table>			T11c						
Betel, quid	<table border="1"><tr><td></td><td></td></tr></table>			T11d								
Other	<table border="1"><tr><td></td><td></td></tr></table> <i>If Other, go to T11other, else go to T13</i>			T11e								
Other (specify)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T13											T11other
33	In the past , did you ever use smokeless tobacco such as zarda, sadapata, gul, snuff daily ?	Yes	1	T12								
		No	2									
34	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days		T13								
		Don't know 77	<table border="1"><tr><td></td><td></td></tr></table>									
35	During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present?	Number of days		T14								
		Don't know or don't work in a closed area 77	<table border="1"><tr><td></td><td></td></tr></table>									

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? (READ RESPONSES, USE SHOWCARD)	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 <table border="1"><tr><td></td><td></td><td></td></tr></table> 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? (USE SHOWCARD)	Number <table border="1"><tr><td></td><td></td><td></td></tr></table> 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 <table border="1"><tr><td></td><td></td><td></td></tr></table> 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 <table border="1"><tr><td></td><td></td><td></td></tr></table> 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"/> <i>If Zero days, go to D3</i> 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"/> <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"/> <i>If Zero days, go to D5</i> 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"/> <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 Don't know 77 <input type="text"/>	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 <table border="1"><tr><td></td></tr></table>		P2			
54	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div>					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 <table border="1"><tr><td></td></tr></table>		P5			
57	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div>					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 <table border="1"><tr><td></td></tr></table>		P8			
60	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div>					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)	<p>Yes 1</p> <p>No 2 If No, go to P 13</p>	P10
62	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	<p>Number of days</p> <p>_____</p>	P11
63	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	<p>Hours : minutes</p> <p>_____ : _____</p> <p>hrs mins</p>	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)	<p>Yes 1</p> <p>No 2 If No, go to P16</p>	P13
65	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	<p>Number of days</p> <p>_____</p>	P14
66	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	<p>Hours : minutes</p> <p>_____ : _____</p> <p>hrs mins</p>	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?	<p>Hours : minutes</p> <p>_____ : _____</p> <p>hrs mins</p>	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	H4
		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	H9
		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	_ _ _ _	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	_ _	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	_ _ _ _	M8
88	Device ID for blood pressure	_ _	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
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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)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M15
95	Pulse			
	Reading 1	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M16a
	Reading 2	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M16b
	Reading 3	Beats per minute	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	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, stumpen, 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).

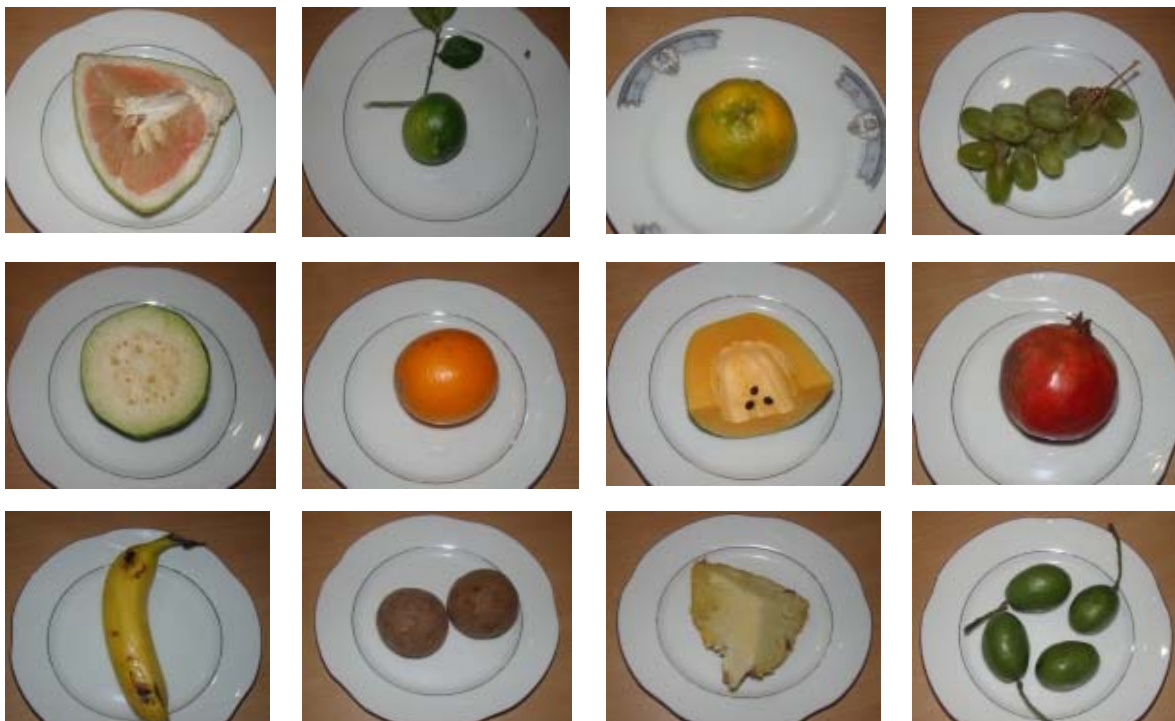
Vegetables	1 Serving size
Raw green leafy vegetables	1 cup
Other vegetables cocked chopped	½ cup
Vegetable Juice	½ cup

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 and standard cup measures available in the country).

Fruits	1 Serving size
Apple, Banana, Orange	1 medium size piece
Chopped, Cooked or canned fruit	$\frac{1}{2}$ cup
Fruit Juice	$\frac{1}{2}$ 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**

