

## Annex III. Survey Instruments



### WHO STEPS Instrument for Non Communicable Diseases Risk Factor Surveillance

Nepal

#### Survey information

Location and date		Response	Code
1	Ward ID	_____	I1
2	Ward Number	_____	I2
3	Interviewer ID	_____	I3
4	Date of completion of the instrument	<div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>dd mm year</div>	I4



Participant Id number		_____	
Consent, interview language and name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5
6	Interview language	English 1 Nepali 2	I6
7	Time of interview (24 hour clock)	<div> <div>_____</div> <div>:</div> <div>_____</div> </div> <div>hrs mins</div>	I7
8	Family surname	_____	I8
9	First name	_____	I9
<b>Additional information that may be helpful</b>			
10	Contact phone number where possible	_____	I10

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

## STEP I. Demographic information

### Demographic information

Question		Response	Code
11	Sex ( <i>record male female as observed</i> )	Male 1 Female 2	C1
12	What is your date of birth?  <i>Don't know 77 77 7777</i>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> </div> <div style="text-align: right; margin-top: -20px;"><i>If known, Go to C4</i></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>dd</span> <span>mm</span> <span>year</span> </div>	C2
13	How old are you?	Years <div style="border-bottom: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	C3
14	In total, how many years have you spent in school or full-time study (excluding pre-school)?	Years <div style="border-bottom: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	C4
15	What is the <b>highest level of education</b> you have completed?	<div style="margin-bottom: 10px;">No formal schooling 1</div> <div style="margin-bottom: 10px;">Less than primary school 2</div> <div style="margin-bottom: 10px;">Primary school completed 3</div> <div style="margin-bottom: 10px;">Secondary school completed 4</div> <div style="margin-bottom: 10px;">Higher secondary (10+2)/ PCL completed 5</div> <div style="margin-bottom: 10px;">Bachelor degree completed 6</div> <div style="margin-bottom: 10px;">Post graduate degree 7</div> <div style="margin-bottom: 10px;">Refused 88</div>	C5
16	What is your <b>ethnic background</b> ?  (USE CASTE CLASSIFICATION CARD)	<div style="margin-bottom: 10px;">Dalit 1</div> <div style="margin-bottom: 10px;">Disadvantaged Janajatis 2</div> <div style="margin-bottom: 10px;">Disadvantaged non-Dalit Terai caste groups 3</div> <div style="margin-bottom: 10px;">Religious minorities 4</div> <div style="margin-bottom: 10px;">Relatively advantaged Janajatis 5</div> <div style="margin-bottom: 10px;">Upper caste groups 6</div> <div style="margin-bottom: 10px;">Refused 88</div>	C6

Demographic information continued			
Question		Response	Code
17	What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	Which of the following best describes your <b>main work</b> status over the past 12 months?	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
19	How many people older than 15 years, including yourself, live in your household?	Number of people <div> <div></div> <div></div> <div></div> </div>	C9

## STEP I. Behavioural measurements

Tobacco use			
Now I am going to ask you some questions about tobacco use.			
Question	Response	Code	
20	Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars, pipes, bidis, hukahs or tamakhus?  (USE SHOWCARD)	Yes 1  No 2 <i>If No, go to T8</i>	T1
21	Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
22	How old were you when you <b>first started</b> smoking?	Age (years) <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to T5a/T5aw</i> Don't know 77	T3
23	Do you remember how long ago it was?(RECORD ONLY 1, NOT ALL 3)  <i>Don't know 77</i>	In Years <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to T5a/T5aw</i> OR in months <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to T5a/T5aw</i> OR in weeks <input type="text"/> <input type="text"/> <input type="text"/>	T4a T4b T4c
24	On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ?  (IF LESS THAN DAILY, RECORD WEEKLY)  (RECORD FOR EACH TYPE, USE SHOWCARD)  <i>Don't know 7777</i>	<div style="display: flex; justify-content: space-around;"> <span>DAILY↓</span> <span>WEEKLY↓</span> </div> <div style="display: flex; justify-content: space-between;"> <div>                     Manufactured cigarettes Hand-rolled cigarettes Pipes full of tobacco Cigars, cheroots, cigarillos  Other  Other (please specify):                 </div> <div> <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"/> <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"/> <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"/>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>                     T5a/T5aw T5b/T5bw T5c/T5cw T5d/T5dw  T5e/T5ew T5other/ T5otherw                 </div> </div>	
25	During the past 12 months, have you tried to <b>stop smoking</b> ?	Yes 1 No 2	T6
26	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
27	In the past, did you <b>ever smoke</b> any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8
28	In the past, did you <b>ever smoke daily</b> ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

Tobacco use continued					
Question	Response		Code		
29	How old were you when you <b>stopped</b> smoking?	Age (years) <input type="text"/> <input type="text"/> <i>If known, go to T12</i> Don't know 77	T10		
30	How <b>long ago</b> did you stop smoking?  (RECORD ONLY 1, NOT ALL 3)  <i>Don't know 77</i>	Years ago <input type="text"/> <input type="text"/> <i>If known, go to T12</i>	T11a		
		OR Months ago <input type="text"/> <input type="text"/> <i>If known, go to T12</i>	T11b		
		OR Weeks ago <input type="text"/> <input type="text"/>	T11c		
31	Do you <b>currently use</b> any <b>smoke-less tobacco</b> products such as [ <i>snuff, chewing tobacco, nasal snuff, khaini, surti, gutka</i> ]? (USE SHOWCARD)	Yes 1  No 2 <i>If no, go to T15</i>	T12		
32	Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1  No 2 <i>If no, go to T14aw</i>	T13		
33	On average, how many <b>times a day/ week</b> do you use ....  (IF LESS THAN DAILY, RECORD WEEKLY)  (RECORD FOR EACH TYPE, USE SHOWCARD)  <i>Don't know 7777</i>	DAILY↓	WEEKLY↓		
		Snuff, by mouth	<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"/>	T14a/T14aw
		Snuff, by nose	<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"/>	T14b/T14bw
		Chewing tobacco	<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"/>	T14c/T14cw
		Betel	<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"/>	T14d/ T14dw
		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"/> <input type="text"/> <input type="text"/>	T14e/T14ew
Other (please specify):		<i>If other, go to T14other, if T13=No, go to T16, else go to T17</i> <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"/>		T14other/ T14 otherw	
34	In the <b>past</b> , did you <b>ever use</b> smoke-less tobacco products such as [ <i>snuff, chewing tobacco, nasal snuff, khaini, surti, gutka</i> ]?	Yes 1  No 2 <i>If no, go to T17</i>	T15		
35	In the <b>past</b> , did you <b>ever use</b> smoke-less tobacco products such as [ <i>snuff, chewing tobacco, nasal snuff, khaini, surti, gutka</i> ] <b>daily</b> ?	Yes 1  No 2	T16		
36	During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?	Number of days <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	T17		
37	During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present?	Number of days <input type="text"/> <input type="text"/> <input type="text"/> Don't know or don't work in a closed area 77	T18		

Alcohol consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
38	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[jaad, raksi, tungba]</i> ? (USE SHOWCARD)	Yes 1 No 2 <i>If no, go to D1</i>	A1a
39	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 <i>If no, go to D1</i>	A1b
40	During the past 12 months, <b>how frequently</b> 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
41	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 <i>If no, go to D1</i>	A3
42	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number <input type="text"/> Don't know 77	A4
43	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion?  (USE SHOWCARD)	Number <input type="text"/> Don't know 77	A5
44	During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number <input type="text"/> Don't Know 77	A6
45	During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times <input type="text"/> Don't know 77	A7
46	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
47	During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day?  (USE SHOWCARD)  <i>Don't know 77</i>	Monday <input type="text"/> Tuesday <input type="text"/> Wednesday <input type="text"/> Thursday <input type="text"/> Friday <input type="text"/> Saturday <input type="text"/> Sunday <input type="text"/>	A9a A9b A9c A9d A9e A9f A9g

## Diet

The next questions ask about the fruit and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruit 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
48	In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> If Zero days, go to D3 Don't know 77	D1
49	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> Don't know 77	D2
50	In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> If Zero days, go to D5 Don't know 77	D3
51	How many <b>servings</b> 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
52	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Mustard oil 1 Refined vegetable oil 2 Lard or suet 3 Butter or ghee 4 Noodles oil 5 Other 6 If other, go to D5 other None in particular 7 None used 8 Don't know 77 Other (Please Specify) .....	D5          D5 other
53	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"/> <input type="text"/> Don't know 77	D6
54	How much of the oil/ghee identified in D5 does your household consume?(Fill only one option)  1 deuwa (1 chauthai) = 125ml; 5 muthi = 250ml,  1 mana = 500ml      1 litre = 1000 ml	millilitres in a day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> millilitres in a week <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> millilitres in a month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	X1
55	How many people of following age groups live in your household?  (Record for all the options applicable)	Less than 3 years <input type="text"/> <input type="text"/> <input type="text"/> 3 to 5 year <input type="text"/> <input type="text"/> <input type="text"/> 5 to 7 year <input type="text"/> <input type="text"/> <input type="text"/> 7 to 9 years <input type="text"/> <input type="text"/> <input type="text"/> 9 to 12 years <input type="text"/> <input type="text"/> <input type="text"/> 12 to 21 years <input type="text"/> <input type="text"/> <input type="text"/> More than 21 years <input type="text"/> <input type="text"/> <input type="text"/>	X2a X2b X2c X2d X2e X2f X2g

Dietary salt			
<p>The next questions ask about your knowledge, attitudes and behaviour towards dietary salt. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodised salt and salty sauces such as soya sauce or fish sauce. The following questions are on adding salt to food right before you eat it, how food is prepared in your home, eating processed foods that are high in salt such as <i>chau chau</i>, <i>Lays chips</i>, <i>Kurkure</i>, salty biscuits, canned fish, dry meat, <i>titauro</i>, preserved pickle, <i>bhujia</i>, mixtures, <i>papad</i> etc. and on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.</p>			
Question		Response	Code
56	<p>How often do you <b>add salt</b> to your food before you eat it or as you are eating it?</p> <p>(SELECT ONLY ONE)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	DS1
57	<p>How often is <b>salt added</b> in cooking or preparing foods in your household?</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	DS2
58	<p>How often do you eat <b>processed food high in salt</b>, such as <i>chau chau</i>, <i>Lays</i>, <i>Kurkure</i>, <i>salty biscuits</i>, <i>canned fish</i>, <i>dry meat</i>, <i>titauro</i>, <i>preserved pickle</i>, <i>bhujia</i>, <i>mixtures</i>, <i>papad</i> etc.?</p> <p>(USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	DS3
59	<p><b>How much salt</b> 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 77</p>	DS4
60	<p>Do you think that too much salt in your diet could cause a serious <b>health problem</b>?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	DS5
61	<p>How important to you is <b>lowering the salt</b> 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 77</p>	DS6

Dietary salt continued			
Question	Response		Code
62	Do you do any of the following on a regular basis to <b>control your salt intake?</b> (RECORD FOR EACH)		
	Avoid/minimise consumption of processed foods	Yes 1 No 2	DS7a
	Look at the salt or sodium labels on food	Yes 1 No 2	DS7b
	Eat meals without adding salt at the table	Yes 1 No 2	DS7c
	Buy low salt/sodium alternatives	Yes 1 No 2	DS7d
	Cook meals without adding salt	Yes 1 No 2	DS7e
	Use spices other than salt when cooking	Yes 1 No 2	DS7f
	Avoid eating out	Yes 1 No 2	DS7g
	Other	Yes 1 <i>If Yes, go to DS7other</i> No 2	DS7h
	Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DS7other
63	Which type of salt do you use?	Crystal Salt 1 Powdered Salt without logo 2 Powdered salt with two children logo 3 Others 4 (If others go to X3 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"/> Others (Please Specify)	X3 X3 Other
64	How much salt does your family consume?(Fill only one option) 1 pathi crystal salt = 3,000 mg 1 mana crystal salt = 375 mg 1packet powdered salt = 1,000 mg	milligrams in a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> milligrams in a week <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> milligrams in a month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Don't know 77	X4

Oral health			
The next questions ask about your oral health status and related behaviours.			
Question		Response	Code
65	How many <b>natural teeth</b> do you have?	No natural teeth 1 <i>If no natural teeth, go to O4</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	O1
66	How would you describe the <b>state of your teeth</b> ?	Excellent 1 Very good 2 Good 3 Average 4 Poor 5 Very poor 6 Don't know 77	O2
67	How would you describe the <b>state of your gums</b> ?	Excellent 1 Very good 2 Good 3 Average 4 Poor 5 Very poor 6 Don't know 77	O3
68	Do you have any <b>removable dentures</b> ?	Yes 1 No 2 <i>If no, go to O6</i>	O4
69	Which of the following removable dentures do you have? (RECORD FOR EACH)		
	An upper jaw denture	Yes 1 No 2	O5a
	A lower jaw denture	Yes 1 No 2	O5b
70	During the past 12 months, did your teeth or mouth cause any <b>pain or discomfort</b> ?	Yes 1 No 2	O6
71	How long has it been since you last <b>saw a dentist</b> ?	Less than 6 months 1 6–12 months 2 More than 1 year, but less than 2 years 3 2 or more years, but less than 5 years 4 5 or more years 5 Never received dental care 6 <i>If never, go to O9</i>	O7

72	What was the <b>main reason for your last visit</b> to the dentist?	Consultation/advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 <i>If other, go to O8other</i> Other (please specify) <input type="text"/>	O8
			O8other
73	How <b>often do you clean</b> your teeth?	Never 1 <i>If Never, go to O13a</i> Once a month 2 2–3 times a month 3 Once a week 4 2–6 times a week 5 Once a day 6 Twice or more a day 7	O9

Oral health continued			
Question		Response	Code
74	Do you use <b>toothpaste</b> to clean your teeth?	Yes 1	O10
		No 2 <i>If no, go to O12a</i>	
75	Do you use <b>toothpaste</b> containing <b>fluoride</b> ?	Yes 1	O11
		No 2	
		Don't know 77	
76	Do you use any of the following to <b>clean your teeth</b> ? (RECORD FOR EACH)		
	Toothbrush	Yes 1 No 2	O12a
	Wooden toothpick	Yes 1 No 2	O12b
	Plastic toothpick	Yes 1 No 2	O12c
	Thread (dental floss)	Yes 1 No 2	O12d
	Charcoal	Yes 1 No 2	O12e
	Chewstick/miswak	Yes 1 No 2	O12f
	Other	Yes 1 <i>If Yes, go to O12other</i> No 2	O12g
	Other (please specify)	<input type="text"/>	O12 other
77	Have you <b>experienced any of the following problems</b> during the past 12 months because of the <b>state of your teeth</b> ? (RECORD FOR EACH)		
	Difficulty in chewing foods	Yes 1 No 2	O13a
	Difficulty with speech/trouble pronouncing words	Yes 1 No 2	O13b
	Felt tense because of problems with teeth or mouth	Yes 1 No 2	O13c
	Embarrassed about appearance of teeth	Yes 1 No 2	O13d

	Avoided smiling because of teeth	Yes 1 No 2	O13e
	Sleep is often interrupted	Yes 1 No 2	O13f
	Days not at work because of teeth or mouth	Yes 1 No 2	O13g
	Difficulty doing usual activities	Yes 1 No 2	O13h
	Less tolerant of spouse or people close to you	Yes 1 No 2	O13i
	Reduced participation in social activities	Yes 1 No 2	O13j
78	Are you currently suffering from dental caries?	Yes 1 No 2	O14

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 or training, household chores, harvesting food and crops, fishing or hunting for food, seeking employment, walking uphill or downhill for routine work. 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
<b>Work</b>		
79	<p>Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate [<i>carrying or lifting heavy loads, digging or construction work</i>] for at least 10 minutes continuously? (USE SHOWCARD)</p> <p>Yes 1</p> <p>No 2 If no, go to P4</p>	P1
80	<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>	P2
81	<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>	P3 (a-b)
82	<p>Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate [<i>brisk walking, carrying light loads, manual washing clothes, mopping of floor, gardening at home</i>] for at least 10 minutes continuously?</p> <p>[INSERT EXAMPLES] (USE SHOWCARD)</p> <p>Yes 1</p> <p>No 2 If no, go to P 7</p>	P4
83	<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>	P5
84	<p>How much time do you spend doing moderate-intensity activities at work on a typical day?</p> <p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
<b>Travel to and from places</b>		
<p>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 place of worship.</p>		
85	<p>Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?</p> <p>Yes 1</p> <p>No 2 If no, go to P 10</p>	P7
86	<p>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?</p> <p>Number of days <input type="text"/></p>	P8
87	<p>How much time do you spend walking or bicycling for travel on a typical day?</p> <p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)

Physical activity continued			
Question		Response	Code
<b>Recreational activity</b>			
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 (leisure) like cycling, swimming, volleyball, badminton, yoga.			
88	Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate <i>[running or football]</i> for at least 10 minutes continuously?  (USE SHOWCARD)	Yes 1  No 2 <i>If no, go to P 13</i>	P10
89	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P11
90	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	P12 (a-b)
91	Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate <i>[brisk walking, cycling, swimming, volleyball, badminton, yoga]</i> for at least 10 minutes continuously?  <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If no, go to P16</i>	P13
92	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"/>	P14
93	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	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, travelling in car or bus, reading, playing cards or watching television, but does not include time spent sleeping.				
<i>[INSERT EXAMPLES] (USE SHOWCARD)</i>				
94	How much time do you usually spend sitting or reclining on a typical day?	Hours: minutes	<input type="text"/> : <input type="text"/> hrs mins	P16 (a-b)

Housing and energy (Indoor air pollution)				
The next questions ask about housing and energy.				
Question		Response		Code
95	Observe the roof material of house  (Don't ask the participants, just observe yourself)	Grass/leaves/reeds/thatch/wood/ mud/bamboo or mixed  Stone  Concrete  Tiles, slate, shingles  Bricks, stones and lime  Corrugated iron, zinc or other metal sheets  Others  Others (Please specify)	1 2 3 4 5 6 7 (If others go to X5 other) <div><div></div><div></div><div></div><div></div><div></div></div>	X5       X5 Other
96	Observe the wall materials of house	Grass/leaves/reeds/bamboos /thatch or mixed  Mud/dirt  Unfired bricks  Wood  Fired bricks  Stone  Cement concrete  Others  Others (please specify)	1 2 3 4 5 6 7 8 (If others go to X6 other) <div><div></div><div></div><div></div><div></div><div></div></div>	X6       X6 Other
97	Observe the floor materials of house	Mud/dirt  Wood/planks  Bamboo or logs  Cement  Bricks, stones and lime  Others  Others (please specify)	1 2 3 4 5 6 (If others go to X7 other) <div><div></div><div></div><div></div><div></div><div></div></div>	X7       X7 Other
98	Do you have a separate room that is used as a kitchen?	Yes  No	1 2	X8
99	What is the main fuel for cooking in your house?	Wood/timber  Kerosene  LPG  Cow dung  Bio-gas  Straw and thatch  Others  Others (please specify)	1 2 3 4 5 6 9 (If others go to X9 other) <div><div></div><div></div><div></div><div></div><div></div></div>	X9       X9 Other

Housing and energy continued		
Question		Code
100	What type of stove do you use in house	<div> Open fire 1  Mud stove 2  Smokeless stove 3  Kerosene stove 4  Gas stove 5  Others 6 (If others go to X10 other)  Others (please specify) <input type="text"/> </div> <div> X10  X10 Other </div>
101	What is the main source of lighting for your house?	<div> Kerosene 1  Pine wood fuel 2  Solar 3  Candle 4  Electricity 5  Others 6 (If others go to X11 other)  Others (please specify) <input type="text"/> </div> <div> X11  X11 Other </div>

History of raised blood pressure			
Question		Response	Code
102	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>	
103	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>	
104	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

105	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	
106	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
107	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

History of diabetes			
Question		Response	Code
108	Have you ever had your blood glucose measured by a doctor or other health worker?	Yes 1	H6
		No 2 If no, go to M1	
109	Have you ever been told by a doctor or other health worker that you have raised blood glucose or diabetes?	Yes 1	H7a
		No 2 If no, go to M1	
110	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	
111	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		
112	Have you ever seen a traditional healer for diabetes or raised blood glucose?	Yes 1	H9
		No 2	
113	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	

## STEP II. Physical measurements

CORE: Height and weight			
Question	Response		Code
114 Interviewer ID	_____		M1
115 Device IDs for height and weight	Height _____		M2a
	Weight _____		M2b
116 Height	in centimetres (cm) _____		M3
117 Weight <i>If too large for scale 666.6</i>	in kilograms (kg) _____		M4
118 <b>For women:</b> Are you pregnant?	Yes 1 <i>If yes, go to M 8</i> No 2		M5
CORE: Waist			
119 Device ID for waist	_____		M6
120 Waist circumference	in Centimetres (cm) _____		M7
CORE: Blood pressure			
121 Interviewer ID	_____		M8
122 Device ID for blood pressure	_____		M9
123 Cuff size used	Small 1 Medium 2 Large 3		M10
124 Reading 1	Systolic ( mmHg) _____ Diastolic (mmHg) _____		M11a M11b
125 Reading 2	Systolic ( mmHg) _____ Diastolic (mmHg) _____		M12a M12b
126 Reading 3	Systolic ( mmHg) _____ Diastolic (mmHg) _____		M13a M13b
127 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
Hip circumference and heart rate			
128 Hip circumference	in centimetres (cm) _____		M15
129 Heart rate			
Reading 1	Beats per minute _____		M16a
Reading 2	Beats per minute _____		M16b
Reading 3	Beats per minute _____		M16c

### STEP III Biochemical measurements

Blood glucose			
Question		Response	Code
130	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
131	Technician ID	_____	B2
132	Device ID	_____	B3
133	Time of day blood specimen taken (24 hour clock)	Hours: minutes _____ : _____ hrs mins	B4
134	Fasting blood glucose	mg/dl _____ . _____	B5
135	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
Blood lipids			
136	Device ID	_____	B7
137	Total cholesterol	mg/dl _____ . _____	B8
138	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
Triglycerides and HDL cholesterol			
139	Triglycerides	mg/dl _____ . _____	B10
140	HDL Cholesterol	mg/dl _____ . _____	B11

## Annex IV. Caste Classification Card

### 1. Dalit

Hill: Kami, Damai, Sarkii, Gaine, Badi

Terai: Chamar, Mushar, Dusah, Paswan, Tatma, Khatway, Bantar, Dom, Chiadimar, Dhobi, Halkhor

### 2. Disadvantaged janajati

Hill: Magar, Tamang, Rai, Limbu, Sherpa, Bhote, Walung, Byansi, Hyolomo, Garrti/Bhujel, Kuumal, Sunar, Baramu, Pahari, Yakkah, Chhantal, Jirel, Darai, Dura, Majhi, Danuwar, Thami, Lepcha, Chaepang, Bote, Raji, Hayu, Raute, Kusunda

Terai: Tharu, Dhanuk, Rajbansi, Tajpuria, Gangai, Dhimar, Meche, Kisan, Munda, Santhal/Satar, Dhangad/Jhangad, Koche, Pattarkatta/Kusbadiy

### 3. Disadvantaged non-Dalit Terai caste groups

Yadav, Teli, Kalwar, Sudhi, Sonar, Lohar, Koiri, Kurmi, Kanu, Haluwai, Hajam/Thakur, Badhe, Bahae, Rajba, Kewat, Mallah, Nuniya, Kumhar, Kahar, Lodhar, Bing/Banda, Bhediyar, Mali, Kumar, Dhunia

### 4. Religious minorities

Muslims, Churoute

### 5. Relatively advantaged janajatis

Newar, Thakali, Gurung

### 6. Upper caste groups

Brahman (hill), Chhetri, Thakuri, Sanyasi, Brahman (Terai), Rajput, Kayastha, Baniya, Marwadi, Jaine, Nuraang, Bengali

## Annex V. Show Cards

### A. Tobacco products



**Cigerrates**



**Hookah**



**Bidi**



**Betel leaf**



**Cigar**



**Chewing tobacco**



**Pipe**



**Snuff  
available  
in wet  
and dry  
form**

## B. Alcohol

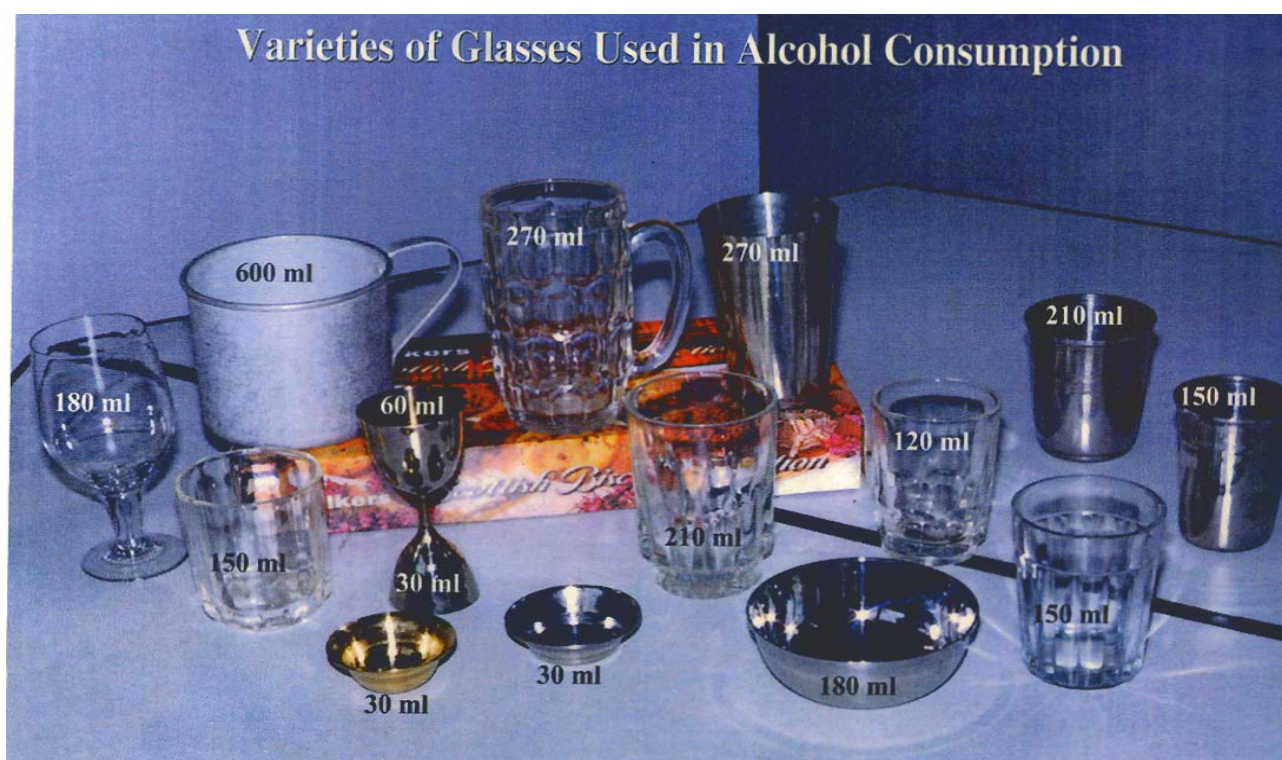
### Calculation of standard drink

Types of alcohol	Concentration of alcohol	1 standard drink
Beer, jaand and tongba	5%	250 ml
Local raksi	27%	45 ml
Whisky, vodka (spirits), rum	40%	30 ml
Wine (red and white)	12%	105 ml

**Standard drink:** One standard drink = 10 grams alcohol




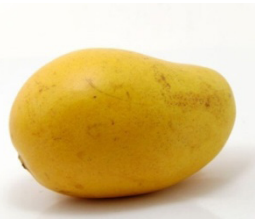

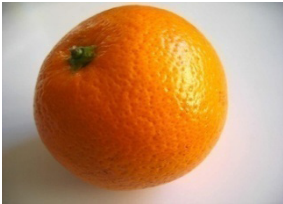

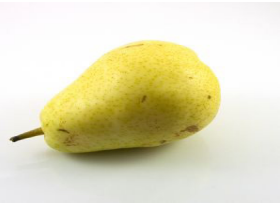

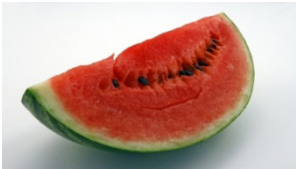






Calculation formula = Volume of alcohol\*percentage of alcohol\*specific gravity of ethyl alcohol (0.789)

The following varieties of glasses were showed to respondents for calculation of standard drink.



### C. Diet (a typical fruit and vegetable and serving size)

#### Fruit

<b>JACK FRUIT</b> 	<b>BANANA</b> 	 <b>GRAPES</b>	<b>MANGO</b> 
<b>APPLE</b> 	<b>ORANGE</b> 	<b>PEACH</b> 	<b>PEAR</b> 
<b>STRAWBERRIES</b> 	<b>WATERMELON</b> 	<b>PINEAPPLE</b> 	<b>LYCHEES</b> 
<b>POMELO</b> 	<b>PLUM</b> 	<b>GRAPEFRUIT</b> 	<b>GUAVA</b> 

**Serving size:** One standard serving = 80 grams

Fruit		1 Serving size
Apple, banana, orange		1 medium size piece
Chopped, cooked or canned fruit		½ cup
Fruit juice		½ cup juice from fruit, not artificially flavoured
Vegetables		
Raw green leafy vegetables		1 cup
Other vegetables cooked/chopped		½ cup
Vegetable juice		½ cup

## D. Typical physical activities

### Vigorous activities



Ploughing field



Carrying heavy load



Digging ditch



Cycle rickshaw driving

### Moderate activities



Housework and domestic chores



Kitchen Work



Gardening



Weaving

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