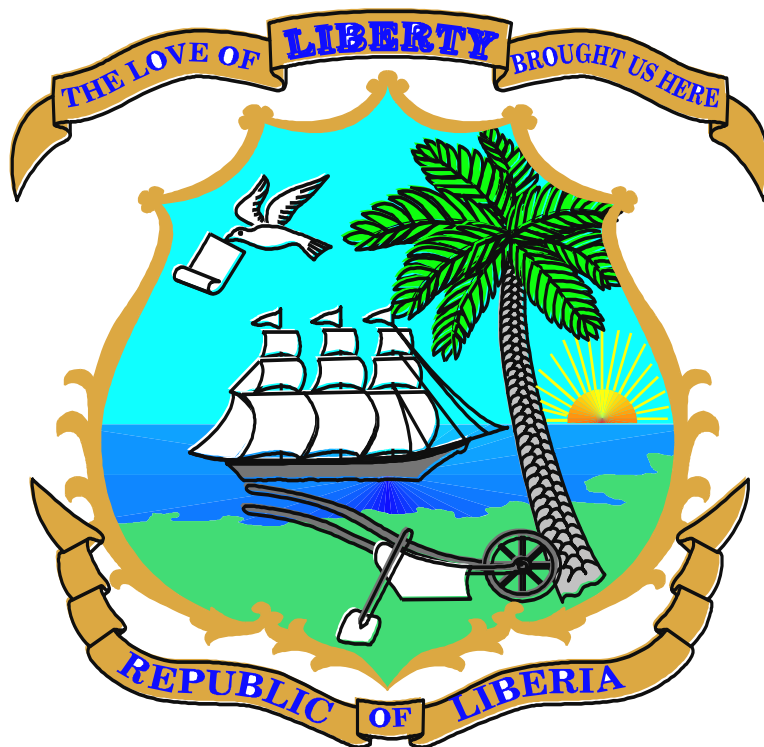


Ministry of Health & Social Welfare

Republic of Liberia



NCDs Survey Questionnaires

August 2010

Survey Information

Location and Date		Response	Code						
1	County/Cluster	<table border="1" style="display: inline-table; width: 100px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					I1		
2	District/Clan		I2						
3	Interviewer ID	<table border="1" style="display: inline-table; width: 100px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					I3		
4	Date of completion of the instrument	<table border="1" style="display: inline-table; width: 150px;"> <tr> <td style="width: 25px; text-align: center;">dd</td> <td style="width: 25px; text-align: center;">mm</td> <td style="width: 100px; text-align: center;">year</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>	dd	mm	year				I4
dd	mm	year							



Consent, Interview Language and Name		Response	Code								
Participant Id Number <table border="1" style="display: inline-table; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	I5								
6	Interview Language <i>[English]</i>	English 1 Other 2	I6								
7	Time of interview (12 hour clock)	<table border="1" style="display: inline-table; width: 100px;"> <tr> <td style="width: 25px; text-align: center;">hrs</td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 50px; text-align: center;">mins</td> </tr> <tr> <td></td><td></td><td></td> </tr> </table>	hrs	:	mins				I7		
hrs	:	mins									
8	Family Surname		I8								
9	First Name		I9								
Additional Information that may be helpful											
10	Contact phone number where possible		I10								

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



Step 1 Demographic Information

CORE: Demographic Information	
1. Name	
2. Age	
3. Gender	
4. Ethnicity	
5. Education Level	
6. Employment Status	
7. Annual Income	
8. Marital Status	
9. Number of Children	
10. Health Insurance	
11. Disability Status	
12. Other Relevant Information	

Question		Response	Code
11	Sex (Record Male / Female as observed)	Male 1 Female 2	C1
12	What is your date of birth? Don't Know 77 77 7777	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div>If known, Go to C4</div></div> <div>dd mm year</div>	C2
13	How old are you?	Years <div><div></div><div></div></div>	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div><div></div><div></div></div>	C4

EXPANDED: Demographic Information			
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15	What is the highest level of education you have completed? [INSERT COUNTRY-SPECIFIC CATEGORIES]	No formal schooling 1 Less than primary school 2 Primary school completed 3 Junior high completed 4 Senior high completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
16	What is your <i>tribe</i> ?	Kissi 1 Mano 2 Kpele 3 Madingo 4 Kru 5 Bassa 6 Gio 7 Sapo 8 Loma 9 Gbandi 10 Vai 11 Grepo 12 Gola 13 Other 14 Refused 88	C6
17	What is your marital status ?	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 main work status over the past 12 months? [INSERT COUNTRY-SPECIFIC CATEGORIES]	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7	C8



EXPANDED: Demographic Information, Continued			
Question		Response	Code
20	Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T1</i>	C10a
		OR per month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T1</i>	C10b
		OR per year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T1</i>	C10c
		Refused 88	C10d
21	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it (READ OPTIONS)	<div>< LD 500 1</div> <div>LD 500 - 999 2</div> <div>LD 1000 - 1999 3</div> <div>LD 2000 - 2999 4</div> <div>More than LD 3000 5</div> <div>Don't Know 77</div> <div>Refused 88</div>	C11

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 <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T3
25	Do you remember how long ago it was?	In Years <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4a
	<i>(RECORD ONLY 1, NOT ALL 3)</i>	OR in Months <input type="text"/> <input type="text"/> <i>If Known, go to T5a</i>	T4b
	<i>Don't know 77</i>	OR in Weeks <input type="text"/> <input type="text"/>	T4c
26	On average, how many of the following do you smoke each day?	Manufactured cigarettes <input type="text"/> <input type="text"/>	T5a
		Hand-rolled cigarettes <input type="text"/> <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/> <input type="text"/>	T5c
	<i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i>	Cigars <input type="text"/> <input type="text"/>	T5d
	<i>Don't Know 77</i>	Other <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T9</i>	T5e



A horizontal number line with 10 equally spaced tick marks. Below the line, the numbers 0, 1, 2, 3, 4, 5, 6, 7, 8, and 9 are written in order from left to right.

		Other (please specify): <input type="text"/>	T5other
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EXPANDED: Tobacco Use			
Question		Response	Code
27	In the past, did you ever smoke daily ?	Yes 1 No 2 <i>If No, go to T9</i>	T6
28	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T7
29	How long ago did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8a
		OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8b
		OR Weeks ago <input type="text"/> <input type="text"/>	T8c
30	Do you currently use any smokeless tobacco such as [snuff,]? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T9
31	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T12</i>	T10
32	On average, how many times a day do you use (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Snuff, by mouth <input type="text"/> <input type="text"/>	T11a
		Snuff, by nose <input type="text"/> <input type="text"/>	T11b
		Chewing tobacco <input type="text"/> <input type="text"/>	T11c
		Betel, quid <input type="text"/> <input type="text"/>	T11d
		Other <input type="text"/> <input type="text"/> <i>If Other, go to T11other, else go to T13</i>	T11e
		Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T13</i>	T11other
33	In the past , did you ever use smokeless tobacco such as [snuff] daily ?	Yes 1 No 2	T12
34	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days Don't know 77 <input type="text"/> <input type="text"/>	T13
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 Don't know or don't work in a closed area 77 <input type="text"/> <input type="text"/>	T14

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 beer, wine, spirits (Cain juice) or (Palm wine) (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to D1	A1a		
37	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 If No, go to D1	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 If No, go to D1	A3		
40	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			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 Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			A7

EXPANDED: Alcohol Consumption					
44	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		
45	During each of the past 7 days , how many standard alcoholic drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <table border="1"><tr><td></td><td></td></tr></table>			A9a
		Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A9b
		Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A9c
		Thursday <table border="1"><tr><td></td><td></td></tr></table>			A9d
Friday <table border="1"><tr><td></td><td></td></tr></table>			A9e		
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A9f		
Sunday <table border="1"><tr><td></td><td></td></tr></table>			A9g		



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 Don't Know 77	<div><div></div><div></div></div> If Zero days, go to D3	D1
47	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77	<div><div></div><div></div></div>	D2
48	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77	<div><div></div><div></div></div> If Zero days, go to D5	D3
49	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77	<div><div></div><div></div></div>	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 Argo oil 1 Palm oil Coconut oil Pakana oil 2 Butter 3 Margarine 4 Other 5 If Other, go to D5 other None in particular 6 None used 7 Don't know 77	D5						
		Other <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
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 <table><tr><td></td><td></td></tr></table>			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.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. <i>[Insert other examples if needed]</i>. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>			
Question	Response		Code
Work			
52	<p>Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work, cutting trees, brushing, cutting rice, scratching farm]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>	P1
53	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
54	How much time do you spend doing vigorous-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
55	<p>Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>	P4
56	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
57	How much time do you spend doing moderate-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
Travel to and from places			
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. <i>[Insert other examples if needed]</i></p>			
58	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p>	P7
59	In a typical week, on how many days do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
60	How much time do you spend walking or bicycling for travel on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)



CORE: Physical Activity, Continued			
Question		Response	Code
Recreational activities			
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure), <i>[Insert relevant terms]</i> .			
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 <i>[running or football]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 13</i></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><input type="text"/></p>	P11
63	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P12 (a-b)
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, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	<p>Yes 1</p> <p>No 2 <i>If No, go to P16</i></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><input type="text"/></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 <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P15 (a-b)

EXPANDED: Physical Activity			
Sedentary behaviour			
<p>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.</p> <p>[INSERT EXAMPLES] (USE SHOWCARD)</p>			
67	How much time do you usually spend sitting or reclining on a typical day?	<p>Hours : minutes</p> <p> <input type="text"/> : <input type="text"/> </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	
	Have you ever seen a traditional healer 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, injection	Yes 1	H8a
		No 2	
	Drugs (medication, tablet) 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 traditional healer 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

Question		Response	Code
80	Interviewer ID	<div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div>	M1
81	Device IDs for height and weight	Height <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div>	M2a
		Weight <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div>	M2b
82	Height	in Centimetres (cm) <div style="display: flex; justify-content: space-around; width: 150px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div>	M3
83	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <div style="display: flex; justify-content: space-around; width: 150px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div>	M4
84	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2 Don't know	M5

CORE: Waist

85	Device ID for waist		M6
86	Waist circumference	in Centimetres (cm)	M7

CORE: Blood Pressure

87	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M8
88	Device ID for blood pressure	<div><div></div><div></div><div></div></div>	M9
89	Cuff size used	<div>Small 1</div> <div>Medium 2</div> <div>Large 3</div>	M10
90	Reading 1	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11b
91	Reading 2	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12b
92	Reading 3	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13b
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?	<div>Yes 1</div> <div>No 2</div>	M14

EXPANDED: Hip Circumference and Heart Rate

94	Hip circumference	in Centimeters (cm) <u> </u> <u> </u> <u> </u> . <u> </u>	M 15
95	Heart Rate		
	Reading 1	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	
	Reading 2	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	
	Reading 3	Beats per minute <u> </u> <u> </u> <u> </u> <u> </u>	



Step 3 Biochemical Measurements

CORE: Blood Glucose

Question		Response	Code
96	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
97	Technician ID	_____	B2
98	Device ID	_____	B3
99	Time of day blood specimen taken (12 hour clock)	Hours : minutes _____ : _____ hrs mins	B4
100	Fasting blood glucose	mmol/l _____ . _____	B5
	Choose accordingly: mmol/l or mg/dl	mg/dl _____ . _____	
101	Today , have you taken insulin or other drugs (medication, tablets) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6

CORE: Blood Lipids

102	Device ID	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	B7
103	Total cholesterol	mmol/l <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	B8
	<i>Choose accordingly: mmol/l or mg/dl</i>	mg/dl <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
104	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	<div style="display: flex; justify-content: space-between;"> Yes 1 </div> <div style="display: flex; justify-content: space-between;"> No 2 </div>	B9

EXPANDED: Triglycerides and HDL Cholesterol

105	Triglycerides <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l <u> </u> <u> </u> . <u> </u> <u> </u>	B10
		mg/dl <u> </u> <u> </u> <u> </u> . <u> </u>	