

STEPS Q-by-Q Guide for Chronic Disease Risk Factor Surveillance

Guyana

Survey Information

Location and Date	Response	Code
Enumeration District Number <i>Record Cluster, Centre or Village ID from list provided</i>	<div style="border-bottom: 1px solid black; width: 100px; margin-left: auto;"></div>	I1
Village Number <i>Insert Cluster, Centre or Village name as appropriate</i>		I2
Interviewer ID <i>Record interviewer's identification</i>	<div style="border-bottom: 1px solid black; width: 100px; margin-left: auto;"></div>	I3
Date of completion of the instrument <i>Record date when instrument actually completed</i>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">dd</div> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">mm</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">year</div> </div>	I4

Participant Id Number <div style="border-bottom: 1px solid black; width: 100px; margin-left: auto;"></div>		
Consent, Interview Language and Name	Response	Code
Consent has been read and obtained <i>Circle relevant response.</i>	Yes 1 No 2 If NO, END	I5
Interview Language [English] <i>Circle relevant response.</i>	English 1	I6
Time of interview (24 hour clock) <i>Record time interview started.</i>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">hrs</div> <div style="font-size: 20px;">:</div> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">mins</div> </div>	I7
Family/Surname <i>Write family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>		I8
First Name <i>Write first name of respondent.</i>		I9
Additional Information that may be helpful		
Contact phone number where possible <i>Record phone number.</i>		I10

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

Step 1 Demographic Information

CORE: Demographic Information

Question	Response	Code
Sex (Record Male / Female as observed) <i>Circle Male / Female as observed.</i>	Male 1 Female 2	C1
What is your date of birth? Don't Know 77 77 7777 <i>Record date of birth of participant.</i>	<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</div> <div>mm</div> <div>year</div> </div> </div>	C2
How old are you? <i>Help participant estimate their age by interviewing them about their recollection of widely known major events.</i>	Years <div> <div></div> <div></div> </div>	C3
In total, how many years have you spent at school or in full-time study (excluding pre-school)? <i>Record total number of years of education (excluding pre-school and kindergarten).</i>	Years <div> <div></div> <div></div> </div>	C4

EXPANDED: Demographic Information

<p>What is the highest level of education you have completed?</p> <p><i>If a person attended a few months of the first year of secondary school but did not complete the year, record "primary school completed". If a person only attended a few years of primary school, record "less than primary school".</i></p> <p><i>Circle appropriate response.</i></p>	<table><tr><td>No formal schooling</td><td>1</td></tr><tr><td>Less than primary school</td><td>2</td></tr><tr><td>Primary school completed</td><td>3</td></tr><tr><td>Secondary school completed</td><td>4</td></tr><tr><td>Tertiary/Technical completed</td><td>5</td></tr><tr><td>College/University completed</td><td>6</td></tr><tr><td>Post graduate degree</td><td>7</td></tr><tr><td>Refused</td><td>88</td></tr></table>	No formal schooling	1	Less than primary school	2	Primary school completed	3	Secondary school completed	4	Tertiary/Technical completed	5	College/University completed	6	Post graduate degree	7	Refused	88	C5
No formal schooling	1																	
Less than primary school	2																	
Primary school completed	3																	
Secondary school completed	4																	
Tertiary/Technical completed	5																	
College/University completed	6																	
Post graduate degree	7																	
Refused	88																	
<p>What is your <i>ethnic group</i>?</p> <p><i>Record the relevant ethnic/cultural group to which the participant belongs.</i></p>	<table><tr><td>East Indian</td><td>1</td></tr><tr><td><i>African/Black</i></td><td>2</td></tr><tr><td>Amerindian</td><td>3</td></tr><tr><td>Chinese</td><td>4</td></tr><tr><td>Portuguese</td><td>5</td></tr><tr><td>Mixed</td><td>6</td></tr><tr><td>White</td><td>7</td></tr><tr><td>Refused</td><td>88</td></tr></table>	East Indian	1	<i>African/Black</i>	2	Amerindian	3	Chinese	4	Portuguese	5	Mixed	6	White	7	Refused	88	C6
East Indian	1																	
<i>African/Black</i>	2																	
Amerindian	3																	
Chinese	4																	
Portuguese	5																	
Mixed	6																	
White	7																	
Refused	88																	
<p>What is your marital status?</p> <p><i>Record the appropriate response.</i></p>	<table><tr><td>Never married</td><td>1</td></tr><tr><td>Currently married</td><td>2</td></tr><tr><td>Separated</td><td>3</td></tr><tr><td>Divorced</td><td>4</td></tr><tr><td>Widowed</td><td>5</td></tr><tr><td>Cohabiting</td><td>6</td></tr><tr><td>Refused</td><td>88</td></tr></table>	Never married	1	Currently married	2	Separated	3	Divorced	4	Widowed	5	Cohabiting	6	Refused	88	C7		
Never married	1																	
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	<table><tr><td>Government employee</td><td>1</td></tr></table>	Government employee	1	C8														
Government employee	1																	

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about tobacco use.

Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD) <i>Ask the participant to think of any tobacco products he/she is smoking currently.</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily ? <i>This question is only for current smokers of tobacco products.</i>	Yes 1 No 2	T2
How old were you when you first started smoking? <i>For current smokers only. Ask the participant to think of the time when he/she started to smoke any tobacco products.</i>	Age (years) Don't know 77 <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77 <i>If the participant doesn't remember his/her age when started smoking, then record the time in years, months or weeks as appropriate.</i>	In Years <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks <input type="text"/>	T4c
On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777 <i>For current smokers only. Specify zero if no products were used in each category instead of leaving categories blank. Record daily consumption for daily smokers. If products are smoked less than daily by daily smokers, enter weekly consumption. Also enter weekly consumption for current, non-daily smokers.</i>	DAILY↓ WEEKLY↓ Manufactured cigarettes <input type="text"/> <input type="text"/> Hand-rolled cigarettes <input type="text"/> <input type="text"/> Pipes full of tobacco <input type="text"/> <input type="text"/> Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> Number of Shisha sessions <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i> Other (please specify): <input type="text"/>	T5a/T5aw T5b/T5bw T5c/T5cw T5d/T5dw T5e/T5ew T5f/T5fw T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ? <i>For current smokers only. Ask the participant to think of any quit attempt during the past 12 months.</i>	Yes 1 No 2	T6
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>Go to next section</i> No 2 <i>Go to next section</i>	T7

For current smokers only. Ask the participant to think of visits to a doctor or other health worker during the past 12 months. If no visit, select "no visit during the past 12 months".	No visit during the past 12 months	3	Go to next section	
In the past, did you ever smoke any tobacco products? (USE SHOWCARD) Ask the participant to think of the time when he/she may have been smoking tobacco products.	Yes	1		T8
	No	2	If No, go to next section	
In the past, did you ever smoke daily ? Ask the participant to think of the time when he/she may have been smoking tobacco products on a daily basis.	Yes	1		T9
	No	2		

CORE: Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question	Response			Code
Have you ever consumed any alcohol such as beer, wine, spirits or fermented cider? (USE SHOWCARD OR SHOW EXAMPLES) Ask the participant to think of any drinks that contain alcohol, with the exception of alcohol-based medication that is taken due to health reasons.	Yes	1		A1
	No	2	If No, go to A16	
Have you consumed any alcohol within the past 12 months ? Ask the participant to think of any drinks that contain alcohol, with the exception of alcohol-based medication that is taken due to health reasons.	Yes	1	If Yes, go to A4	A2
	No	2		
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker? This question is for those participants that did not drink during the past 12 months, but that have drunk in their lifetime.	Yes	1	If Yes, go to A16	A3
	No	2	If No, go to A16	
During the past 12 months, how frequently have you had at least one standard alcoholic drink ? (READ RESPONSES, USE SHOWCARD) For those that have consumed alcohol in the past 12 months. A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits. Depending on the country, these amounts will vary between 8 and 13 grams of ethanol. See showcard.	Daily	1		A4
	5-6 days per week	2		
	3-4 days per week	3		
	1-2 days per week	4		
	1-3 days per month	5		
	Less than once a month	6		
Have you consumed any alcohol within the past 30 days ? Select the appropriate response.	Yes	1		A5
	No	2	If No, go to A13	
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink? Ask the participant to think of the past 30 days only. Record the number of occasions. Note that there can be more than one occasion in which alcohol is consumed in a given day.	Number			A6
	Don't know	77	<input type="text"/>	
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number			A7
	Don't know	77	<input type="text"/>	

Help the participant to average out the total number of drinks by using the showcard that shows standard alcoholic drinks.		
<p>During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?</p> <p><i>Ask the participant to think of the past 30 days only. This question is about the largest number of drinks that the participant had on one single occasion.</i></p>	<p>Largest number</p> <p>Don't Know 77</p> <p> <u> </u></p>	A8
<p>During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?</p> <p><i>Ask the participant to think of the past 30 days only, and to report the number of occasions when he/she had six or more standard drinks.</i></p>	<p>Number of times</p> <p>Don't Know 77</p> <p> <u> </u></p>	A9
<p>During each of the past 7 days, how many standard drinks did you have each day?</p> <p>(USE SHOWCARD)</p> <p>Don't Know 77</p> <p><i>Ask the participant to think of each of the past 7 days. Use the showcard that shows standard alcoholic drinks to help the participant report the number of standard drinks for each of the past 7 days.</i></p> <p><i>Record for each day the number of standard drinks. If no drinks record 0.</i></p>	Monday <u> </u>	A10a
	Tuesday <u> </u>	A10b
	Wednesday <u> </u>	A10c
	Thursday <u> </u>	A10d
	Friday <u> </u>	A10e
	Saturday <u> </u>	A10f
	Sunday <u> </u>	A10g
CORE: Alcohol Consumption, continued		
<p>I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.</p>		
<p>During the past 7 days, did you consume any homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol?</p> <p>(USE SHOWCARD)</p> <p><i>Ask the participant to only think of homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol.</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to A13</i></p>	A11
<p>On average, how many standard drinks of the following did you consume during the past 7 days?</p> <p>(USE SHOWCARD)</p> <p>Don't Know 77</p> <p><i>Ask the participant to think of the past 7 days. Use the showcard that specifies what standard drinks are for each type of alcohol. Alcohol not intended for drinking should be treated like spirits.</i></p> <p><i>Record for each type of alcohol the number of standard drinks. If no drinks record 0.</i></p>	Homebrewed spirits, e.g. moonshine <u> </u>	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <u> </u>	A12b
	Alcohol brought over the border/from another country <u> </u>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <u> </u>	A12d
	Other untaxed alcohol in the country <u> </u>	A12e

CORE: Diet		
<p>The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.</p>		
Question	Response	Code
<p>In a typical week, on how many days do you eat fruit? (USE SHOWCARD)</p> <p><i>Think of any fruit on the show card. A typical week means a "normal" week when your diet is not affected by cultural, religious, or other events. Do not report an average over a period.</i></p>	<p>Number of days Don't Know 77</p> <p> <u> </u> If Zero days, go to D3</p>	D1
<p>How many servings of fruit do you eat on one of those days? (USE SHOWCARD)</p> <p><i>Think of one day the participant can recall easily.</i></p>	<p>Number of servings Don't Know 77</p> <p> <u> </u></p>	D2
<p>In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)</p> <p><i>Think of any vegetable on the show card. A typical week means a "normal" week when your diet is not affected by cultural, religious, or other events. Do not report an average over a period.</i></p>	<p>Number of days Don't Know 77</p> <p> <u> </u> If Zero days, go to D5</p>	D3
<p>How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)</p> <p><i>Think of one day the participant can recall easily.</i></p>	<p>Number of servings Don't know 77</p> <p> <u> </u></p>	D4

CORE: 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, iodized salt and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>[insert country specific examples]</i>, and questions 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
<p>How often do you add salt to your food before you eat it or as you are eating it?</p> <p>(SELECT ONLY ONE)</p> <p>(USE SHOWCARD)</p> <p><i>Record the appropriate response</i></p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D5
<p>How often is salt added in cooking or preparing foods in your household?</p> <p><i>Record the appropriate response</i></p>	<p>Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77</p>	D6

How often do you eat processed food high in salt , such as corn beef, sausages, and chips, salted, cured or smoked meats? <i>Record the appropriate response</i> (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
How much salt do you think you consume? <i>Record the appropriate response</i>	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8
How important to you is lowering the salt in your diet? <i>Record the appropriate response</i>	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9
Do you think that too much salt in your diet could cause a serious health problem ? <i>Record the appropriate response</i>	Yes 1 No 2 Don't know 77	D10

CORE: Dietary salt, Continued		
Question	Response	Code
Do you do anything of the following on a regular basis to control your salt intake ? (RECORD FOR EACH) <i>Record the appropriate response for each of the following.</i>		
Limit consumption of processed foods	Yes 1 No 2	D11a
Look at the salt or sodium labels on food	Yes 1 No 2	D11b
Buy low salt/sodium alternatives	Yes 1 No 2	D11c
Use spices other than salt when cooking	Yes 1 No 2	D11d
Avoid eating foods processed outside of home	Yes 1 No 2	D11e
Do other things specifically to reduce salt intake	Yes 1 <i>If Yes, go to S7other</i> No 2	D11f
Other (please specify)	<div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	D11other

EXPANDED: Diet		
What type of oil or fat is most often used for meal preparation in your household?	Vegetable oil 1 Lard or suet 2	D12

(USE SHOWCARD) (SELECT ONLY ONE) <i>Record the appropriate response.</i>	Butter or ghee 3 Margarine 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77		
	Other <input type="text"/>	D12other	
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. <i>Record the number of meals.</i>	Number Don't know 77 <input type="text"/>	D13	
In a typical week, on how many days do you eat fried foods and/or fast foods, such as (fried chicken, chips, fish and chips, Chinese food, pizza, burgers)? <i>Record the number of days</i>	Number Don't know 77 <input type="text"/> <i>If Zero days, go to X3</i>	X1	
How many times on one of those days do you eat fried foods and/or fast foods? <i>Record the number of times</i>	Number of days Don't Know 77 <input type="text"/> <i>If Zero days, go to X3</i>	X2	
Do you eat more red meats, such as (beef, pork, lamb, wild meats) and organ meats, such as (liver, giblets, and kidney) than white meats such as (fish, chicken, turkey). <i>Record the appropriate response.</i>	Yes 1 No 2	X3	
In a typical week, how often you consume sugar-containing snacks, such as (cookies, candies, chocolate, pastries, cakes, fruits canned with sugar) or other servings of at least one <u>tablespoon</u> of sugar or honey (in cereal, porridge, coffee, juices and drinks)? <i>Record the appropriate response.</i>	Almost daily	1	X4
	About 2-3 times a week	2	
	About once a week	3	
	More than once per day	4	
	Never/rarely	5	
In a typical week, how often do you consume soft drinks that contain sugar (not artificially-sweetened)? <i>Record the appropriate response.</i>	More than 4 drinks each day	1	X5
	1-4 drinks each day	2	
	2-6 drinks each week	3	
	About 1 drink a week	4	
	Never/ rarely	5	

ACCESS TO INFORMATION: Diet			
Were you ever provided with information on healthy eating habits and meal preparation? <i>Record the appropriate response.</i>	Yes	1	X6
	No	2 <i>If No, go to P1</i>	
	Health centre	1	X7

Where were you provided with information of healthy eating and meal preparation <i>Record the appropriate response.</i>	Health post	2
	Hospital	3
	Health fair	4
	Workplace talk	5
	Community/village talk	6
	Television	7
	Radion	8
	other	9
	Refused	88

CORE: Physical Activity

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.

Read this opening statement out loud. It should not be omitted. The respondent will have to think first about the time he/she spends doing work (paid or unpaid work, household chores, harvesting food, fishing or hunting for food, seeking employment [Insert other examples if needed]), then about the time he/she travels from place to place, and finally about the time spent in vigorous as well as moderate physical activity during leisure time. Remind the respondent when he/she answers the following questions that '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. Don't forget to use the showcard which will help the respondent when answering to the questions.

Question	Response	Code
Work		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously? (USE SHOWCARD) <i>Activities are regarded as vigorous intensity if they cause a large increase in breathing and/or heart rate</i>	Yes 1 No 2 If No, go to P 4	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work? <i>"Typical week" means a week when a person is doing vigorous intensity activities and not an average over a period. Valid responses range from 1-7.</i>	Number of days □	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day? <i>Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i>	Hours : minutes □ : □ hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as	Yes 1	P4

brisk walking [for carrying light loads] for at least 10 minutes continuously? <i>USE SHOWCARD)</i> <i>Activities are regarded as moderate intensity if they cause a small increase in breathing and/or heart rate.</i>	No 2 If No, go to P 7		
In a typical week, on how many days do you do moderate-intensity activities as part of your work? <i>Valid responses range from 1-7</i>	Number of days	<input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day? <i>Think of one day you can recall easily. Consider only those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i>	Hours : minutes	<input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
Travel to and from places			
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship, social events.</p> <p><i>The introductory statement to the following questions on transport-related physical activity is very important. It asks and helps the participant to now think about how they travel around getting from place-to-place. This statement should not be omitted.</i></p>			
Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? <i>Record the appropriate response</i>	Yes 1 No 2 If No, go to P 10		P7
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places? <i>Valid responses range from 1-7</i>	Number of days	<input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day? <i>Think of one day you can recall easily. Consider the total amount of time walking or bicycling for trips of 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i>	Hours : minutes	<input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

CORE: Physical Activity, Continued		
Question	Response	Code
Recreational activities		
<p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational activities (leisure),</p> <p><i>This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time. It includes sports and exercise but is not limited to participation competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned. This statement should not be omitted.</i></p>		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football, cricket, lawn tennis, table tennis, rugby] for at least 10 minutes continuously? <i>(USE SHOWCARD)</i> <i>Activities are regarded as vigorous intensity if they cause a</i>	Yes 1 No 2 If No, go to P 13	P10

	<p>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?</p> <p><i>Valid responses range from 1-7.</i></p>	<p>Number of days <input type="text"/></p>	P11
	<p>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?</p> <p><i>Think of one day you can recall easily. Consider the total amount of time doing vigorous recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).</i></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P12 (a-b)
	<p>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? (USE SHOWCARD)</p> <p><i>Activities are regarded as moderate intensity if they cause a small increase in breathing and/or heart rate.</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P16</i></p>	P13
	<p>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?</p> <p><i>Valid responses range from 1-7</i></p>	<p>Number of days <input type="text"/></p>	P14
	<p>How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?</p> <p><i>Think of one day you can recall easily. Consider the total amount of time doing moderate recreational activities for periods of 10 minutes or more. Probe very high responses (over 4 hrs).</i></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/></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, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)				
74	How much time do you usually spend sitting or reclining on a typical day? <i>Consider total time spent at work sitting, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. Do not include time spent sleeping.</i>	Hours : minutes	<div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div>hrs</div> <div>:</div> <div>mins</div>	P16 (a-b)

ACCESS TO INFORMATION: Physical Activity				
75	Were you ever provided with information on physical activity/ exercise? <i>Record the appropriate response.</i>	Yes	1	X8
		No	2 If No, go to H1	
76	Where were you provided with information physical activity/ exercise? <i>Record the appropriate response.</i>	Health centre	1	X9
		Health post	2	
		Hospital	3	
		Health fair	4	
		Workplace talk	5	
		Community/village talk	6	
		Television	7	
		Radion	8	
		other	9	
			Refused	

CORE: History of Raised Blood Pressure			
Question	Response		Code
Have you ever had your blood pressure measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes	1	H1
	No	2 If No, go to H6	
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes	1	H2a
	No	2 If No, go to H6	
Have you been told in the past 12 months? <i>Only for those that have previously been diagnosed with raised blood pressure.</i>	Yes	1	H2b
	No	2	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for raised blood pressure prescribed by a doctor or other health worker.</i>	Yes	1	H3
	No	2	
Have you ever seen a traditional healer for raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes	1	H4
	No	2	

Are you currently taking any herbal or traditional remedy for your raised blood pressure? <i>Select the appropriate response.</i>	Yes	1	H5
	No	2	

ACCESS TO INFORMATION: Raised Blood Pressure			
Were you ever provided with information on prevention of raised blood pressure? <i>Record the appropriate response.</i>	Yes	1	X10
	No	2 If No, go to H6	
Where were you provided with information prevention of raised blood pressure? <i>Record the appropriate response.</i>	Health centre	1	X11
	Health post	2	
	Hospital	3	
	Health fair	4	
	Workplace talk	5	
	Community/village talk	6	
	Television	7	
	Radion	8	
	other	9	
	Refused	88	

CORE: History of Diabetes		
Question	Response	Code
Have you ever had your blood sugar measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes 1	H6
	No 2 If No, go to H12	
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? <i>Select the appropriate response.</i>	Yes 1	H7a
	No 2 If No, go to H12	
Have you been told in the past 12 months? <i>Only for those that have previously been diagnosed with diabetes.</i>	Yes 1	H7b
	No 2	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for diabetes prescribed by a doctor or other health worker.</i>	Yes 1	H8
	No 2	
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider insulin that was prescribed by a doctor or other health worker.</i>	Yes 1	H9
	No 2	
Have you ever seen a traditional healer for diabetes or raised blood sugar? <i>Select the appropriate response.</i>	Yes 1	H10
	No 2	
Are you currently taking any herbal or traditional remedy for your diabetes? <i>Select the appropriate response.</i>	Yes 1	H11
	No 2	

ACCESS TO INFORMATION: Raised Blood Sugar				
	Were you ever provided with information on prevention of raised blood sugar? <i>Record the appropriate response.</i>	Yes	1	X12
		No	2 If No, go to L1a	
	Where were you provided with information prevention of raised blood sugar? <i>Record the appropriate response.</i>	Health centre	1	X13
		Health post	2	
		Hospital	3	
		Health fair	4	
		Workplace talk	5	
		Community/village talk	6	
		Television	7	
		Radion	8	
		other	9	
		Refused	88	

CORE: History of Raised Total Cholesterol		
Questions	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes 1 No 2 If No, go to H17	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2 If No, go to H17	H13a
Have you been told in the past 12 months? <i>Only for those that have previously been diagnosed with raised total cholesterol.</i>	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for raised total cholesterol prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases		
Question	Response	Code
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)? <i>Select the appropriate response.</i>	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</i>	Yes 1 No 2	H18

Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</i>	Yes 1 No 2	H19
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ACCESS TO INFORMATION: Raised Total Cholesterol

101	Were you ever provided with information on prevention of raised total cholesterol? <i>Record the appropriate response.</i>	Yes	1	X14
		No	2 If No, go to F1a	
102	Where were you provided with information prevention of raised total cholesterol? <i>Record the appropriate response.</i>	Health centre	1	X15
		Health post	2	
		Hospital	3	
		Health fair	4	
		Workplace talk	5	
		Community/village talk	6	
		Television	7	
		Radion	8	
		other	9	
		Refused	88	

CORE: Lifestyle Advice

Questions	Response	Code
During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH) <i>Select the appropriate response. Ask the participant to only consider advice from a doctor or other health worker.</i>		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 If C1=1 go to M1 No 2 If C1=1 go to M1	H20f

CORE (for women only): Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the

surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

Read this opening statement out loud. It should not be omitted.

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above? <i>Select the appropriate response.</i>	Yes 1 No 2 Don't know 77	CX1

Step 1 Optional modules

Section: Health Screening	Response	Code
Have you ever had your feces examined to look for hidden blood? <i>Record the appropriate response</i>	Yes 1 No 2	S1
Have you ever had a colonoscopy? <i>Record the appropriate response</i>	Yes 1 No 2	S2
<u>This question is for men only:</u> Have you ever had an examination of your prostate? <i>Record the appropriate response</i>	Yes 1 No 2	S3
<u>The following questions are for women only:</u> Have you been shown how to examine your breasts? <i>Record the appropriate response</i>	Yes 1 No 2	S4
When was the last time you had an examination of your breasts? <i>Record the appropriate response</i>	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S5
When was the last time you had a mammogram? <i>Record the appropriate response</i>	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S6
When was the last time you had a Pap test or VIA? <i>Record the appropriate response</i>	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S7

Violence and Injury

The next questions are about different experiences and behaviours that are related to road traffic injuries.

Core Questions		Response	Code
	<p>In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?</p> <p><i>Record the appropriate response</i></p>	<p>All of the time 1</p> <p>Sometimes 2</p> <p>Never 3</p> <p>Have not been in a vehicle in past 30 days 4</p> <p>No seat belt in the car I usually drive 5</p> <p>Don't Know 7</p> <p>Refused 8</p>	V1
	<p>In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?</p> <p><i>Record the appropriate response</i></p>	<p>All of the time 1</p> <p>Sometimes 2</p> <p>Never 3</p> <p>Have not been on a motorcycle or motor-scooter in past 30 days 4</p> <p>Do not have a helmet 5</p> <p>Don't Know 7</p> <p>Refused 8</p>	V2
	<p>In the past 12 months, have you been involved in a road traffic crash as a passenger, driver or pedestrian?</p> <p><i>Record the appropriate response</i></p>	<p>Yes (as driver) 1</p> <p>Yes (as passenger) 2</p> <p>Yes (as pedestrian) 3</p> <p>No 4 Go to V5</p> <p>Don't know 7 Go to V5</p> <p>Refused 8 Go to V5</p>	V3
	<p>Did you have any injuries in this road traffic crash which required medical attention?</p> <p><i>Record the appropriate response</i></p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 7</p> <p>Refused 8</p>	V4
The next questions ask about the most serious accidental injury you have had in the last twelve months			
	<p>In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?</p> <p><i>Record the appropriate response</i></p>	<p>Yes 1</p> <p>No 2 Go to V8</p> <p>Don't know 7 Go to V8</p> <p>Refused 8 Go to V8</p>	V5
	<p>Please indicate which of the following was the cause of this injury?</p> <p><i>Record the appropriate response</i></p>	<p>Fall 1</p> <p>Burn 2</p> <p>Poisoning 3</p> <p>Near-drowning 4</p> <p>Animal bite 5</p>	V6

		Other (specify) 6	
		Don't know 7	
		Refused 8	
		Other (please specify) <input type="text"/>	V6other
Core Questions		Response	Code
	Where were you when you had this injury? <i>Record the appropriate response</i>	Home 1 School 2 Workplace 3 Road/Street/Highway 4 Farm 5 Sports/athletic area 6 Other (specify) 66 Don't know 77 Refused 88	V7
		Other (please specify) <input type="text"/>	V7other
EXPANDED: Unintentional Injury			
The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.			
	In the past 30 days how often did you wear a helmet when you rode a bicycle or pedal cycle? <i>Record the appropriate response</i>	Always 1 Sometimes 2 Never 3 Did not ride in the past 30 days 4 Don't Know 7 Refused 8	V8
	In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? <i>Record the number of times</i> USE SHOW CARDS	Number of times <input type="text"/> Don't Know 77 Refused 88	V9
	In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? <i>Record the number of times</i> USE SHOW CARDS	Number of times <input type="text"/> Don't Know 77 Refused 88	V10

The following questions are about different experiences and behaviours that are related to violence.

Core Questions	Response	Code
<p>In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?</p> <p><i>Record the appropriate response</i></p>	<p>Never 1 <i>Go to V14</i></p> <p>Rarely (1-2 times) 2</p> <p>Sometimes (3 – 5 times) 3</p> <p>Often (6 or more times) 4</p> <p>Don't know 7 <i>Go to V14</i></p> <p>Refused 8 <i>Go to V14</i></p>	V11
<p>The next questions ask about the most serious violent incidence you have had in the last twelve months.</p>		
<p>Please indicate which of the following caused your most serious injury in the last 12 months?</p> <p>USE SHOW CARDS</p> <p><i>Record the appropriate response</i></p>	<p>Being shot with a firearm 1</p> <p>A weapon (other than a firearm) was used by the person who injured me. 2</p> <p>Being injured without any weapon (slapped, pushed...) 3</p> <p>Don't know 7</p> <p>Refused 8</p>	V12
<p>Please indicate the relationship between yourself and the person(s) who caused your injury.</p> <p><i>Record the appropriate response</i></p>	<p>Intimate partner 1</p> <p>Parent 2</p> <p>Child, sibling, or other relative 3</p> <p>Friend or acquaintance 4</p> <p>Unrelated caregiver 5</p> <p>Stranger 6</p> <p>Official or legal authorities 7</p> <p>Other (specify) 66</p> <p>Refused 8</p>	V13
	<p>Other (please specify) <input type="text"/></p>	V13other
<p>Looking back on your childhood (before age 18 years), did a parent or adult in the household ever push, grab, shove, slap, hit, burn, or throw something at you?</p> <p><i>Record the appropriate response</i></p>	<p>Never 1</p> <p>Very rarely 2</p> <p>Once a month 3</p> <p>Once a week 4</p> <p>Almost daily 5</p> <p>Don't know 7</p> <p>Refused 8</p>	V14

<p>Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex?</p>	<p>Yes 1</p> <p>No 2</p> <p>Refused 88</p>	V15
<p>Since your 18th birthday, have you ever experienced a sex act involving either vaginal, oral, or anal penetration against your will?</p>	<p>Never 1</p> <p>Once 2</p> <p>A few times (2 to 3 times) 3</p>	V16

	Many times (4 or more times)	4	
	Don't know	77	
	Refused	88	

EXPANDED: Violence		
The next questions ask about behaviours related to your safety.		
Question	Response	Code
In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)?	Yes 1 No 2 <i>If no, go to V19</i> Refused 88 <i>If refused, go to V19</i>	V17
Please specify of whom you were most often frightened.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authority 7 Other (specify) 8 Refused 88	V18
	Other (please specify) <input type="text"/>	V18other
Have you carried a loaded firearm on your person outside the home in the last 30 days?	No 1 Yes, for protection 2 Yes, for work 3 Yes, for sport (e.g. hunting target practice) 4 Refused 88	V19

Mental health / Suicide

Mental health / Suicide			
The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.			
Question	Response		Code
During the past 12 months , have you seriously considered attempting suicide?	Yes	1	MH1
	No	2 <i>If No, go to MH3</i>	
	Refused	88	
Did you seek professional help for these thoughts?	Yes	1	MH2
	No	2	
	Refused	88	
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes	1	MH3
	No	2	
	Refused	88	
Have you ever attempted suicide ?	Yes	1	MH4
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
During the past 12 months , have you attempted suicide	Yes	1	MH5
	No	2	
	Refused	88	
What was the main method you used the last time you attempted suicide? (SELECT ONLY ONE)	Razor, knife or other sharp instrument	1	MH6
	Overdose of medication (e. g. prescribed, over-the-counter)	2	
	Overdose of other substance (e.g. heroin, crack, alcohol)	3	
	Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer)	4	
	Other poisoning (e.g. plant/seed, household product)	5	
	Poisonous gases from charcoal	6	
	Other	7 <i>If Other, go to MH6other</i>	
		Refused	88
	Other (specify)	<input type="text"/>	MH6other
Did you seek medical care for this attempt?	Yes	1	MH7
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
Were you admitted to hospital overnight because of this attempt?	Yes	1	MH8
	No	2	
	Refused	88	
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes	1	MH9
	No	2	

		Refused	88	
	Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?	Yes	1	MH10
		No	2	
		Refused	88	

Step 2 Physical Measurements

CORE: Blood Pressure			
Interviewer ID		<input type="text"/>	M1
Device ID for blood pressure		<input type="text"/>	M2
Cuff size used	Small	1	M3
	Medium	2	
	Large	3	
Reading 1	Systolic (mmHg)	<input type="text"/>	M4a
	Diastolic (mmHg)	<input type="text"/>	M4b
Reading 2	Systolic (mmHg)	<input type="text"/>	M5a
	Diastolic (mmHg)	<input type="text"/>	M5b
Reading 3	Systolic (mmHg)	<input type="text"/>	M6a
	Diastolic (mmHg)	<input type="text"/>	M6b
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes	1	M7
	No	2	
CORE: Height and Weight			
Question	Response		Code
For women: Are you pregnant?	Yes	1 <i>If Yes, go to M 16</i>	M8
	No	2	
Interviewer ID		<input type="text"/>	M9
Device IDs for height and weight	Height	<input type="text"/>	M10a
	Weight	<input type="text"/>	M10b
Height	in Centimetres (cm)	<input type="text"/>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)	<input type="text"/>	M12

CORE: Waist		
Device ID for waist	<input type="text"/>	M13
Waist circumference	in Centimetres (cm) <input type="text"/>	M14

Step 3 Biochemical Measurements

CORE: Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water? <i>It is essential that the participant has fasted.</i>	Yes 1 No 2	B1
Technician ID <i>Record ID of the person taking the measurement.</i>	<input type="text"/>	B2
Device ID <i>Record device ID.</i>	<input type="text"/>	B3
Time of day blood specimen taken (24 hour clock) <i>Enter time measurement started.</i>	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
Fasting blood glucose <i>Double check that the participant has fasted.</i>	mg/dl <input type="text"/>	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose? <i>Select appropriate response.</i>	Yes 1 No 2	B6
CORE: Blood Lipids		
Device ID <i>Record device ID.</i>	<input type="text"/>	B7
Total cholesterol <i>Record value for total cholesterol.</i>	mg/dl <input type="text"/>	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker? <i>Select appropriate response.</i>	Yes 1 No 2	B9

EXPANDED: Triglycerides and HDL Cholesterol		
Triglycerides <i>Record value for triglycerides.</i>	mg/dl <input type="text"/>	B16

HDL Cholesterol <i>Record value for HDL cholesterol.</i>	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	B17
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COUNTRY-SPECIFIC: LDL and VLDL		
LDL <i>Record value for LDL.</i>	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	LDL
VLDL <i>Record value for HDL cholesterol.</i>	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	VLDL