

WHO STEPS INSTRUMENT FOR CHRONIC DISEASE RISK FACTOR SURVEILLANCE

MONGOLIA

Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	<input type="text"/>	I1
2	Cluster/Centre/Village name	<input type="text"/>	I2
3	Interviewer ID	<input type="text"/>	I3
4	Date of completion of the instrument	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm year	I4

Participant Id Number

Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1	I5
		No 2 If NO, END	
6	Interview Language	Mongolian 1	I6
		Khazakh 2	
		Other 3	
7	Time of interview (24 hour clock)	<input type="text"/> : <input type="text"/> hrs mins	I7
8	Family Surname	<input type="text"/>	I8
9	First Name	<input type="text"/>	I9
Additional Information that may be helpful			
10	Contact phone number where possible	<input type="text"/>	I10

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

Step 1 Demographic Information

CORE: Demographic Information			
Question		Response	Code
11	Sex (Record Male / Female as observed)	Male 1	C1
		Female 2	
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> <div></div> </div> </div> If known, Go to C4 dd mm year	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			
15	What is the highest level of education you have completed?	No formal schooling 1	C5
		Less than primary school 2	
		Primary school completed 3	
		Secondary school completed 4	
		High school completed 5	
		College completed 6	
		University completed 7	
		Post graduate degree 8	
		Refused 88	
16	What is your ethnic background?	Khalkh 1	C6
		Khazakh 2	
		Other 3	
		Refused 88	
17	What is your marital status?	Never married 1	C7
		Currently married 2	
		Separated 3	
		Divorced 4	
		Widowed 5	
		Cohabiting 6	
		Refused 88	
18	Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	Government employee 1	C8
		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	
19	How many people, including yourself, live in your household?	Number of people	X1
		Don't know 77	
		Refused 88	
20	How many people older than 18 years, including yourself, live in your household?	Number of people	C9
		Don't know 77	
		Refused 88	

EXPANDED: Demographic Information, Continued				
Question		Response		Code
21	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"/>	Go to T1
		OR per month	<input type="text"/>	Go to T1
		OR per year	<input type="text"/>	Go to T1
		Refused	88	C10d
22	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)	£ 113,056	1	C11
		113,057-282,640	2	
		282,641 - 410,140	3	
		410,141 - 452,640	4	
		452,641-495,140	5	
		≥ 495,141	6	
		Don't Know	77	
		Refused	88	

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

EXPANDED: Tobacco Use				
Question		Response		Code
28	In the past, did you ever smoke daily?	Yes	1	T6
		No	2 If No, go to T9	
29	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes	1	T9
		No	2 If No, go to T12	
30	Do you currently use smokeless tobacco products daily?	Yes	1	T10
		No	2 If No, go to T12	

31	On average, how many times a day do you use (RECORD FOR EACH TYPE, USE SHOWCARD)	Snuff, by mouth		T11a
		Snuff, by nose		T11b
		Chewing tobacco		T11c
		Betel, quid		T11d
		Other	If Other, go to T11other,  else go to T13	T11e
	Don't Know 77	Other (specify)	 Go to T13	T11other
32	In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily?	Yes	1	T12
		No	2	
33	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days		T13
		Don't know 77		
34	During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present?	Number of days		T14
		Don't know or don't work in a closed area 77		
35	During the past 7 days, on how many days did someone smoke in an enclosed public area (inside a store, bus, etc.) when you were present?	Number of days		X2
		Don't know 77		

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, fermented cider or [add other local examples]? (USE SHOWCARD OR SHOW EXAMPLES)	Yes	1
	No	2 If No, go to D1
37 Have you consumed an alcoholic drink within the past 12 months ?	Yes	1
	No	2 If No, go to D1
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
39 Have you consumed an alcoholic drink within the past 30 days ?	Yes	1
	No	2 If No, go to D1
40 During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number	<input type="text"/>
	Don't know ??	
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	<input type="text"/>
	Don't know ??	

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	<input type="text"/>	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	<input type="text"/>	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	A8
		Sometimes with meals	2	
		Rarely with meals	3	
		Never with meals	4	

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
45 In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> If Zero days, go to D3	D1
46 How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/>	D2
47 In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> If Zero days, go to D5	D3
48 How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/>	D4

EXPANDED: Diet

49	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Olive oil	1	D5
		Corn oil	2	
		Sunflower oil	3	
		Animal fat	4	
		Dairy oil	5	
		Margarine	6	
		Other	7 If Other, go to D5 other	
		None in particular	8	
		None used	9	
		Don't know	77	
		Other	<input type="text"/>	D5other

141

141

141

141

58	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes	<u> </u> : <u> </u> hrs mins	P6 (a-b)
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Travel to and from places

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. [Insert other examples if needed]

59	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	Yes	1	P7
		No	2 If No, go to P 10	
60	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days	<u> </u>	P8
61	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes	<u> </u> : <u> </u> hrs mins	P9 (a-b)

CORE: Physical Activity, Continued

Question	Response		Code
Recreational activities			
<i>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), [Insert relevant terms].</i>			
62	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/carry water by bucket from river or well, pull water by gutter, carry stone & coal, heavy work related to dwelling] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes <hr/> No	1 2 If No, go to P 13
63	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days	<u> </u>
64	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes	<u> </u> : <u> </u> hrs mins
65	Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball, dancing, jogging, carry heavy things of traditional dwelling, berrying or nutting] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes <hr/> No	1 2 If No, go to P16
66	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days	<u> </u>
67	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes	<u> </u> : <u> </u> hrs mins

EXPANDED: Physical Activity

Sedentary behaviour

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.

[INSERT EXAMPLES] (USE SHOWCARD)

68	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	<u> </u> : <u> </u> hrs mins	P16 (a-b)
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CORE: History of Raised Blood Pressure

Question	Response	Code
69 Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
	No 2 If No, go to H6	
70 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 If No, go to H6	
71 Have you been told in the past 12 months?	Yes 1	H2b
	No 2	

EXPANDED: History of Raised Blood Pressure

Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?				
72	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		
73	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4	
		No 2		
74	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
75 Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
	No 2 If No, go to M1	
76 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 If No, go to M1	

77	Have you been told in the past 12 months?	Yes	1	H7b
		No	2	

EXPANDED: History of Diabetes

Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?

78	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	
79	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H9
		No	2	
80	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10
		No	2	

Breast and Cervical Cancer

Question		Response		Code
81	Do you have a family history of cancer in a first-degree blood relative? (e.g. mother, father, sister, brother, son, daughter)	Yes	1	X5
		No	2	
82	Have you ever had a cervical cancer examination?	Yes	1	X6
		No	2 If No, go to X11	
83	Have you ever had VIA test? (visual inspection of uterine cervix with acidic acid)	1 year or less	1	X6a
		Between 1 and 2 years	2	
		More than 2 years	3	
		Never	4	
		Don't know	77	
Breast and Cervical Cancer, continued				
Question		Response		Code
84	Have you ever had a Pap smear test?	1 year or less	1	X6b
		Between 1 and 2 years	2	
		More than 2 years	3	
		Never	4	
		Don't know	77	

85	Have you ever had a breast cancer examination by a health care provider?	Yes	1	X7
		No	2 If No, go to X8	
86	Have you ever had a physical exam of the breasts?	1 year or less	1	X7a
		Between 1 and 2 years	2	
		More than 2 years	3	
		Never	4	
		Don't know	77	
87	Have you ever had a mammogram?	1 year or less	1	X7b
		Between 1 and 2 years	2	
		More than 2 years	3	
		Never	4	
		Don't know	77	
88	How often do you perform breast self-exams?	1 year or less	1	X8
		Between 1 and 2 years	2	
		More than 2 years	3	
		Never	4	
		Don't know	77	

Violence and Injury

CORE: Injury

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

Question	Response	Code
89	All of the time	1
	Sometimes	2
	Never	3
	Have not been in a vehicle in past 30 days	4
	No seat belt in the car I usually am in	5
	Don't Know	77
	Refused	88

90	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?	All of the time	1	V2
		Sometimes	2	
		Never	3	
		Have not been on a motorcycle or motor-scooter in past 30 days	4	
		Do not have a helmet	5	
		Don't Know	77	
		Refused	88	

91	In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver)	1	V3
		Yes (as passenger)	2	
		Yes (as pedestrian)	3	
		Yes (as a cyclist)	4	
		No	5 If No, go to X7	
		Don't know	77 If don't know, go to X7	
		Refused	88 If Refused, go to X7	
92	Please indicate which of the following was the main reason for this road traffic crash?	Alcoholic drink	1	X9
		Recreational medicine	2	
		Fatigue / Illness	3	
		Excess speed	4	
		Pedestrian passed through wrong route / Failed to go by pedestrian route	5	
		External factor (e.g. poor signage, poor road quality, poor lighting)	6	
		Other (specify)	7	
		Don't Know	77	
		Refused	88	
		Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px;"></div>	X9other
93	On average, how many hours do you drive a motor vehicle per day?	1 - 2 hours	1	X10
		3 - 6 hours	2	
		6 - 12 hours	3	
		12 hours or more	4	
		Don't know	77	
The next questions ask about the most serious accidental injury you have had in the past 12 months.				
94	In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes	1	V5
		No	2 If No, go to V10	
		Don't know	77 If don't know, go to V10	
		Refused	88 If Refused, go to V10	
95	Please indicate which of the following was the cause of this injury.	Fall	1	V6
		Burn	2	
		Poisoning	3	
		Cut	4	
		Near-drowning	5	
		Animal bite	6	
		Frostbite	7	
		Hit by object / object fell on me	8	
		Other (specify)	9	
		Don't know	77	
		Refused	88	
		Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px;"></div>	V6other

CORE: Injury, Continued			
Question	Response		Code
96 Where were you when you had this injury?	Home	1	V7
	School	2	
	Workplace / Construction Site	3	
	Road / Street / Highway / Tunnel (Transheine)	4	
	Farm	5	
	Sports / athletic area	6	
	Public show / event	7	
	River	8	
	Other (specify)	9	
	Don't know	77	
	Refused	88	V7other
	Other (please specify)	_____	

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.

97	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? (USE SHOWCARDS)	Number of times	_____	V10
		Don't Know	77	
		Refused	88	

CORE: Violence

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

Question	Response	Code
98 In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never	1 If never, go to V14
	Rarely (1- 2 times)	2
	Sometimes (3 – 5 times)	3
	Often (6 or more times)	4
	Don't know	77 If don't know, go to V14
	Refused	88 If Refused, go to V14
The next questions ask about the most serious violent incidence you have had in the past 12 months.		
99 Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS)	Being shot with a firearm	1
	A weapon (other than a firearm) was used by the person who injured me	2
	Being injured without any weapon (slapped, pushed...)	3
	Don't know	77
	Refused	88
		V12

100	Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner	1	V13
		Parent	2	
		Child, sibling, or other relative	3	
		Friend or acquaintance	4	
		Unrelated caregiver	5	
		Stranger	6	
		Official or legal authorities	7	
		Other (specify)	8	
		Refused	88	
		Other (please specify)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	V13other

101	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?	Never	1	V14
		Very rarely	2	
		Once a month	3	
		Once a week	4	
		Almost daily	5	
		Don't know	77	
		Refused	88	

EXPANDED: Violence				
The next questions ask about behaviours related to your safety.				
Question		Response		Code
102	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	V17
		No	2 If no, go to X8	
		Refused	88 If refused, go to X8	
103	Please specify of whom you were most often frightened.	Intimate partner	1	V18
		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	
		Other (please specify)	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

104	Who would you directly contact if you were frightened for the safety of yourself or your family?	Police	1	X11
		Public administration staff	2	
		Doctor or other health worker	3	
		Family	4	
		Friends	5	
		Teacher	6	
		Strangers	7	
		Don't know	77	
		Refused	88	

Step 2 Physical Measurements

CORE: Height and Weight				
Question		Response		Code
105	Interviewer ID		<div><div></div><div></div><div></div><div></div></div>	M1
106	Device IDs for height and weight	Height	<div><div></div><div></div><div></div></div>	M2a
		Weight	<div><div></div><div></div><div></div></div>	M2b
107	Height	in Centimetres (cm)	<div><div></div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	M3
108	Weight If too large for scale 666.6	in Kilograms (kg)	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	M4
109	For women: Are you pregnant?	Yes	1 If Yes, go to M 8	M5
		No	2	
CORE: Waist				
110	Device ID for waist		<div><div></div><div></div><div></div></div>	M6
111	Waist circumference	in Centimetres (cm)	<div><div></div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	M7
CORE: Blood Pressure				
112	Interviewer ID		<div><div></div><div></div><div></div><div></div></div>	M8
113	Device ID for blood pressure		<div><div></div><div></div><div></div></div>	M9
114	Cuff size used	Small	1	M10
		Medium	2	
		Large	3	
115	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
116	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
117	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
118	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	M14
		No	2	

EXPANDED: Hip Circumference and Heart Rate

119	Heart Rate			
	Reading 1	Beats per minute	<u> </u>	M16a
	Reading 2	Beats per minute	<u> </u>	M16b
	Reading 3	Beats per minute	<u> </u>	M16c
120	Body Fat			X13

Physical Fitness Test

121	Has participant agreed to participate in fitness test? yes -1 no - 2, If no go to STEP2 END			X14
	Measure	Test	Result	Code
122	Power	Push up	Number of attempts in 1 minute <u> </u>	X15
123	Speed	Running in place	Number of attempts within 15 seconds <u> </u>	X16
124	Flexibility	Upward from sitting position (record only the highest number from two attempts)	Number <u> </u>	X17
125	Balance	Standing on one leg	Duration <u> </u> seconds	X18
126	Tolerability	Deep breath in and out	Duration of breathing <u> </u> seconds	X19

Step 3 Biochemical Measurements

CORE: Blood Glucose

Question		Response		Code
127	During the past 12 hours have you had anything to eat or drink, other than water?	Yes	1	B1
		No	2	
128	Technician ID	<u> </u>		B2
129	Device ID	<u> </u>		B3
130	Time of day blood specimen taken (24 hour clock)	Hours : minutes	<u> </u> : <u> </u> hrs mins	B4
131	Fasting blood glucose Choose accordingly: mmol/l or mg/dl	mmol/l	<u> </u> . <u> </u>	B5
		mg/dl	<u> </u> . <u> </u>	
132	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	B6
		No	2	
CORE: Blood Lipids, Cholesterol				
133	Device ID	<u> </u>		B7
134	Total cholesterol Choose accordingly: mmol/l or mg/dl	mmol/l	<u> </u> . <u> </u>	B8
		mg/dl	<u> </u> . <u> </u>	
135	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	B9
		No	2	

EXPANDED: Triglycerides and HDL Cholesterol				
136	Device ID	<input type="text"/>		
137	Triglycerides Choose accordingly: mmol/l or mg/dl	mmol/l	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	B10
		mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
138	HDL Cholesterol Choose accordingly: mmol/l or mg/dl	mmol/l	<input type="text"/> . <input type="text"/> <input type="text"/>	B11
		mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
139	LDL Cholesterol Choose accordingly: mmol/l or mg/dl	mmol/l	<input type="text"/> . <input type="text"/> <input type="text"/>	X20
		mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	