

## Annex II

### SURVEY INSTRUMENT

#### NATIONAL NCD RISK FACTOR SURVEY ZANZIBAR 2011

For Chronic Disease risk factor surveillance using an modified version of the surveillance tool STEPS (WHO) and including Mental Health and Injuries

### Survey Information

Location and Date		Response	Code
1	Shehia ID _____	_____	11
2	Shehia Name _____	_____	12
3	Interviewer ID _____	_____	13
4	Date of completion of the instrument _____	<div style="text-align: center;">             _____              dd          mm          year           </div>	14



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Participant Id Number \_\_\_\_\_

Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	15
6	Interview Language <i>[Insert Language]</i>	English 1 Kiswahili 2	16
7	Time of interview (24 hour clock)	<div style="text-align: right;">                   :                    hrs            mins         </div>	17
8	Family Surname	_____	18
9	First Name	_____	19
<b>Additional Information that may be helpful</b>			
10	Contact phone number where possible		110

Record and file identification information (15 to 110) separately from the completed questionnaire.

## Step 1 Demographic Information

CORE: Demographic Information			
Question		Response	Code
11	Sex ( <i>Record Male / Female as observed</i> )	Male 1 Female 2	C1
12	What is your date of birth? <i>Don't Know 77 77 7777</i>	<div style="text-align: right;">                               <i>If known, Go to C4</i>            dd            mm            year         </div>	C2
13	How old are you?	Years	C3

		┌ ┌ ┌	
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years ┌ ┌ ┌	C4

EXPANDED: Demographic Information			
15	What is the <b>highest level of education</b> you have completed?  [INSERT COUNTRY-SPECIFIC CATEGORIES]	No formal schooling 1 Less than primary school 2 Primary school completed (P7) 3 Secondary school completed (form four) 4 High school completed (form six) 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
16	What is your [insert relevant ethnic group / racial group / cultural subgroup / others] <b>background</b> ?	African Arab Indian Chinese Mixed Do not know Refused 88	C6
17	What is your <b>marital status</b> ?	Never married 1 Currently married (monogamous) 2 Currently married (polygamous) Separated Divorced Widowed Cohabiting Refused 88	C7
18	Which of the following best describes your <b>main work</b> status over the past 12 months?	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4	C8







	as [snuff, chewing tobacco, Tambuu, betel]? (USE SHOWCARD)	No 2 If No, go to T12	
31	Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 If No, go to T12	T10
32	On average, how many <b>times a day</b> do you use ....  (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 77	Snuff, by mouth <input type="text"/>	T11a
		Snuff, by nose <input type="text"/>	T11b
		Chewing tobacco <input type="text"/>	T11c
		Betel, quid <input type="text"/>	T11d
		Tambuu <input type="text"/>	T11e
		Bhangi <input type="text"/>	T11f
		Other <input type="text"/> If Other, go to T11other, else go to T13	T11g
		Other (specify) <input type="text"/> Go to T13	T11other
33	In the <b>past</b> , did you <b>ever use</b> smokeless tobacco such as [snuff, chewing tobacco, Tambuu or betel] <b>daily</b> ?	Yes 1 No 2	T12
34	During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?	Number of days <input type="text"/> Don't know 77	T13
35	During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 <input type="text"/>	T14

CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
36	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, tende, Gongo, Mataputapu, Chibuku, or Mnazi-tembo?  Yes 1 No 2 <i>If No, go to D1</i>	A1a
37	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?  Yes 1 No 2 <i>If No, go to D1</i>	A1b
38	During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink?  (READ RESPONSES, USE SHOWCARD)  Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
39	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?  Yes 1 No 2 <i>If No, go to D1</i>	A3
40	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?  Number Don't know 77 <input type="text"/>	A4
41	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion?  (USE SHOWCARD)  <i>Standards for local drinks have been developed</i>  Number Don't know 77 <input type="text"/>	A5
42	During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?  Largest number Don't Know 77 <input type="text"/>	A6
43	During the past 30 days, how many times did you have  for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?  Number of times 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 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
45	During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day?  <i>(USE SHOWCARD)</i>  Don't Know 77	Monday <input type="text"/>	A9a
		Tuesday <input type="text"/>	A9b
		Wednesday <input type="text"/>	A9c
		Thursday <input type="text"/>	A9d
		Friday <input type="text"/>	A9e
		Saturday <input type="text"/>	A9f
		Sunday <input type="text"/>	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 <b>eat fruit</b> ? <i>(USE SHOWCARD)</i>	Number of days <input type="text"/> Don't Know 77 <input type="text"/> <i>If Zero days, go to D3</i>	D1
47	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? <i>(USE SHOWCARD)</i>	Number of servings <input type="text"/> Don't Know 77 <input type="text"/>	D2
48	In a typical week, on how many days do you <b>eat vegetables</b> ? <i>(USE SHOWCARD)</i>	Number of days <input type="text"/> Don't Know 77 <input type="text"/> <i>If Zero days, go to D5</i>	D3
49	How many <b>servings</b> of vegetables do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings <input type="text"/> Don't know 77 <input type="text"/>	D4

EXPANDED: Diet			
50	<p>What type of <b>oil or fat is most often</b> used for meal preparation in your household?</p> <p>(USE SHOWCARD)</p> <p>(SELECT ONLY ONE)</p> <p><u>Give examples of types of oil by using brand names</u></p>	Vegetable oil 1  Coconut oil/coconut 2  Butter or ghee 3  Margarine 4  Sunflower oil 5  Corn oil 6  Other 7 <i>If Other, go to D5 other</i>  None in particular 8  None used 9  Don't know 77	D5
		Other <input type="text"/>	D5other
51	<p>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.</p>	Number <input type="text"/> Don't know 77 <input type="text"/>	D6

CORE: Physical Activity			
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</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.. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>			
Question		Response	Code
<b>Work</b>			
52	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like	Yes 1	P1

	<i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously?	No 2 <i>If No, go to P 4</i>	
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?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
55	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?	Yes 1  No 2 <i>If No, go to P 7</i>	P4
56	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
57	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
<b>Travel to and from places</b>			
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.			
58	Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?	Yes 1  No 2 <i>If No, go to P 10</i>	P7
59	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
60	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

CORE: Physical Activity, Continued		
Question	Response	Code
<b>Recreational activities</b>		
The next questions exclude the work and transport activities that you have already mentioned.		
Now I would like to ask you about sports, fitness and recreational activities (leisure)].		
61	<p>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?</p> <p>Yes 1</p> <p>No 2 <i>If No, go to P 13</i></p>	P10
62	<p>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?</p> <p>Number of days <input type="text"/></p>	P11
63	<p>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?</p> <p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P12 (a-b)
64	<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?</p> <p>Yes 1</p> <p>No 2 <i>If No, go to P16</i></p>	P13
65	<p>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?</p> <p>Number of days <input type="text"/></p>	P14
66	<p>How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?</p> <p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P15 (a-b)

EXPANDED: Physical Activity
<b>Sedentary behaviour</b>
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.
(USE SHOWCARD)

67	How much time do you usually spend sitting or reclining on a typical day?	<div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> </div> <span style="font-size: 24px;">:</span> <div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> </div> </div> Hours : minutes hrs mins	P16 (a-b)
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<b>CORE: History of Raised Blood Pressure</b>			
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	

<b>EXPANDED: History of Raised Blood Pressure</b>			
Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?			
71	Drugs (medication) that you have taken in the past two weeks	Yes 1	H3a
		No 2	
	Advice to reduce salt intake	Yes 1	H3b
		No 2	
	Advice or treatment to lose weight	Yes 1	H3c
		No 2	
Advice or treatment to stop smoking	Yes 1	H3d	
	No 2		
Advice to start or do more exercise	Yes 1	H3e	
	No 2		
72	Have you ever seen a traditional healer or sorcerer 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			
Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?			
77	Insulin	Yes 1	H8a
		No 2	
77	Drugs (medication) that you have taken in the past two weeks	Yes 1	H8b
		No 2	
77	Special prescribed diet	Yes 1	H8c
		No 2	
77	Advice or treatment to lose weight	Yes 1	H8d
		No 2	
77	Advice or treatment to stop smoking	Yes 1	H8e
		No 2	
77	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	

## Injury

### CORE: Injury

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

Question	Response	Code
80 In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	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	V1
81 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 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	V2
82 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 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to V5</i> Don't know 77 <i>If don't know, go to V5</i> Refused 88 <i>If Refused, go to V5</i>	V3
83 Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V4

The next questions ask about the most serious accidental injury you have had in the past 12 months.

84	In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	<p style="text-align: center;">Yes 1</p> <p style="text-align: center;">No 2 <i>If No, go to V8</i></p> <p style="text-align: center;">Don't know 77 <i>If don't know, go to V8</i></p> <p style="text-align: center;">Refused 88 <i>If Refused, go to V8</i></p>	V5
85	Please indicate which of the following was the cause of this injury.	<p style="text-align: center;">Fall 1</p> <p style="text-align: center;">Burn 2</p> <p style="text-align: center;">Poisoning 3</p> <p style="text-align: center;">Cut 4</p> <p style="text-align: center;">Near-drowning 5</p> <p style="text-align: center;">Animal bite 6</p> <p style="text-align: center;">Other (specify) 7</p> <p style="text-align: center;">Don't know 77</p> <p style="text-align: center;">Refused 88</p>	V6
		Other (please specify) <input type="checkbox"/>	V6other

<b>CORE: Injury, Continued</b>				
<b>Question</b>		<b>Response</b>		<b>Code</b>
86	Where were you when you had this injury?	<p style="text-align: center;">Home 1</p> <p style="text-align: center;">School 2</p> <p style="text-align: center;">Workplace 3</p> <p style="text-align: center;">Road/Street/Highway 4</p> <p style="text-align: center;">Farm 5</p> <p style="text-align: center;">Sports/athletic area 6</p> <p style="text-align: center;">Other (specify) 7</p> <p style="text-align: center;">Don't know 77</p> <p style="text-align: center;">Refused 88</p>	V7	
		Other (please specify) <input type="checkbox"/>	V7other	

<b>EXPANDED: Unintentional Injury</b>				
The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.				
<b>Question</b>		<b>Response</b>		<b>Code</b>
87	In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	<p style="text-align: center;">Always 1</p> <p style="text-align: center;">Sometimes 2</p> <p style="text-align: center;">Never 3</p> <p style="text-align: center;">Did not ride in the past 30 days 4</p> <p style="text-align: center;">Don't Know 77</p>	V8	

		Refused	88	
88	In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? <i>(USE SHOWCARDS)</i>	Number of times	┌ ┌ ┌ ┌	V9
		Don't Know	77	
		Refused	88	
89	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>(USE SHOWCARDS)</i>	Number of times	┌ ┌ ┌ ┌	V10
		Don't Know	77	
		Refused	88	

## Mental Health

I should like to know if you have had any medical complaints and how your health has been in general over the past few weeks. Please answer ALL the questions on the following pages simply by underlining the answer you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you answer ALL the questions.

90	Have you ever been told by a health professional that you suffer from a mental or neurological disorder?	Yes 1 No 2 (skip Q1) Do not remember 3 (skip Q1) Refuses 4 (skip Q1)	G1
91	If so, which disease?	Depression 1 Bipolar Disorder 2 Schizophrenia 3 Anxiety disorder 4 Alcohol/drug misuse 5 Acute Psychosis 6 Mental Retardation 7 Epilepsy 8 None of the above mentioned 9 do not remember 77 Refuses 88	Q1
92	Have you recently been able to concentrate on whatever you're doing	Better than usual 1 Same as usual 2 Less 3 Much less than usual 4	G2

93	Have you recently lost much sleep over worry?	Not at all 1 No more than usual 2 Rather more than usual 3 Much more than usual 4	G3
94	Have you recently felt that you are playing a useful part in things?	More so than usual 1 Same as usual 2 Less useful than usual 3 Much less than usual 4	G4
95	Have you recently felt capable of making decisions about things?	More so than usual 1 Same as usual 2 Less so than usual 3 Much less than usual 4	G5
96	Have you recently felt constantly under strain?	Not at all 1 No more than usual 2 Rather more than usual 3 Much more than usual 4	G6
97	Have you recently felt you couldn't overcome your difficulties?	Not at all 1 No more than usual 2 Rather more than usual 3 Much more than usual 4	G7
98	Have you recently been able to enjoy your normal day-to-day activities?	More so than usual 1 Same as usual 2 Less so than usual 3 Much less than usual 4	G8
99	Have you recently been able to face up to your problems?	More so than usual 1 Same as usual 2 Less so than usual 3 Much less than usual 4	G9
100	Have you recently been feeling unhappy and depressed?	Not at all 1 No more than usual 2 Rather more than usual 3 Much more than usual 4	G10
101	Have you recently been losing confidence in yourself?	Not at all 1 No more than usual 2 Rather more than usual 3 Much more than usual 4	G11
102	Have you recently been thinking of yourself as a worthless person?	Not at all 1 No more than usual 2 Rather more than usual 3 Much more than usual 4	G12
103	Been feeling reasonably happy, all things considered?	More so than usual 1 About same as usual 2 Less so than usual 3 Much less than usual 4	G13

## Step 2 Physical Measurements

<b>CORE: Height and Weight</b>			
Question		Response	Code
104	Interviewer ID	_ _ _ _	M1
105	<b>For women:</b> Are you pregnant?	Yes 1 No 2 <i>If No, go to M2a</i>	M5
106	In which trimester are you?	First 1 Second 2 Third 3	X1
107	Device IDs for height and weight	Height           _ _ _ Weight            _ _ _	M2a M2b
108	Height	in Centimetres (cm)           _ _ _ _ . _ _	M3
109	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)           _ _ _ _ . _ _	M4
<b>CORE: Waist</b>			
110	Device ID for waist	_ _ _	M6
111	Waist circumference	in Centimetres (cm)           _ _ _ _ _ . _ _	M7
<b>CORE: Blood Pressure</b>			
112	Interviewer ID	_ _ _ _	M8
113	Device ID for blood pressure	_ _ _	M9
114	Cuff size used	Small 1 Medium 2 Large 3	M10
115	Reading 1 (left arm)	Systolic ( mmHg)   _ _ _ _	M11a
		Diastolic (mmHg)   _ _ _ _	M11b
116	Reading 2	Systolic ( mmHg)   _ _ _ _	M12a

		Diastolic (mmHg) <input type="text"/>	M12b
117	Reading 3	Systolic ( mmHg) <input type="text"/>	M13a
		Diastolic (mmHg) <input type="text"/>	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 No 2	M14

EXPANDED: Hip Circumference and Heart Rate			
119	Hip circumference	in Centimeters (cm) <input type="text"/>	M15
120	Heart Rate		
	Reading 1	Beats per minute <input type="text"/>	M16a
	Reading 2	Beats per minute <input type="text"/>	M16b
	Reading 3	Beats per minute <input type="text"/>	M16c

## Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question		Response	Code
121	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
122	Technician ID	<input type="text"/>	B2
123	Device ID	<input type="text"/>	B3
124	Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
125	Fasting blood glucose	mmol/l <input type="text"/>	B5
126	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or	Yes 1	B6

	other health worker for raised blood glucose?	No 2	
<b>CORE: Blood Lipids</b>			
127	Device ID	□ □ □	B7
128	Total cholesterol	mmol/l □ □ □ . □ □ □	B8
129	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	

<b>EXPANDED: Triglycerides and HDL Cholesterol</b>			
130	Triglycerides	mmol/l □ □ □ . □ □ □	B10