

**National Survey on risk factors for  
Non-Communicable Disease  
using WHO STEPS Approach  
in Timor-Leste**

**Study Instrument**

**Ministry of Health, Timor-Leste**

**&**

**World Health Organization**



## Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID	_ _ _ _ _ _ _ _ _ _	11
Cluster/Centre/Village name		12
Interviewer ID	□□□□	13
Date of completion of the instrument	/       / dd   /   mm   /   year	14

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	15
Interview Language	English 1 Tetun 2 Portugese 3 [Others] 4	16
Time of interview (24 hour clock)	_ _  :  _ _  hrs       mins	17
Family Surname		18
First Name		19
Additional Information that may be helpful		
Contact phone number where possible		110

## Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
Sex ( <i>Record Male / Female as observed</i> )	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	dd / mm / year <i>If known, Go to C4</i>	C2
How old are you?	Years  _ _	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years  _ _	C4
What is the <b>highest level of education</b> you have completed?	No formal schooling 1 Less than primary school (grade 6 not completed) 2 Primary school completed (grade 6 completed) 3 Pre Secondary school completed (grade 9 completed) 4 Secondary school completed (grade 12 completed) 5 College Diploma completed (1-3 years) 6  College/University Completed (4-6 years) 7 Post graduate degree 8  Refused 88	C5
What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your <b>main work</b> status over the past 12 months?	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
How many people older than 18 years, including yourself, live in your household?	Number of people  _ _	C9
Taking <b>the past year</b> , can you tell me what the average earnings of the household have been in US\$? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week  _ _ _ _ _ _ _ _ _ _  <i>Go to T1</i>	C10a
	OR per month  _ _ _ _ _ _ _ _ _ _  <i>Go to T1</i>	C10b
	OR per year  _ _ _ _ _ _ _ _ _ _  <i>Go to T1</i>	C10c
	Refused 88	C10d

## Step 1 Behavioural Measurements

CORE: Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, kreteks, tobacco lulun, cigars or pipes? <b>(USE SHOWCARD)</b>	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
How old were you when you <b>first started</b> smoking?	Age (years) Don't know 77  _ _  <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't know 77	In Years  _ _  <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months  _ _  <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks  _ _	T4c
On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes  _ _ _ _ _   _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarette (tobacco lulun)  _ _ _ _ _   _ _ _ _ _	T5b/T5bw
	Pipes full of tobacco  _ _ _ _ _   _ _ _ _ _	T5c/T5cw
	Kretek  _ _ _ _ _   _ _ _ _ _	T5d/T5dw
	Other  _ _ _ _ _   _ _ _ _ _  <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
	Other (please specify):  _ _ _ _ _   _ _ _ _ _	T5other/ T5otherw
During the past 12 months, have you tried to <b>stop smoking</b> ?	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>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you <b>ever smoke</b> any tobacco products? <b>(USE SHOWCARD)</b>	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you <b>ever smoke daily</b> ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9
How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77  _ _  <i>If Known, go to T12</i>	T10
How <b>long ago</b> did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't Know 77	Years ago  _ _  <i>If Known, go to T12</i>	T11a
	OR Months ago  _ _  <i>If Known, go to T12</i>	T11b
	OR Weeks ago  _ _	T11c

**Participant Identification Number**

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Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as <i>songe</i> (chewing tobacco) or <i>mama malus</i> (betel with songe or chewing tobacco)? <b>(USE SHOWCARD)</b>	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T14cw</i>	T13
On average, how many <b>times a day/week</b> do you use .... (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Chewing tobacco/Songe  _   _   _   _   _   _   _   _   _   _	T14c/ T14cw
	Mama Malus/Betel with Songe/chewing tobacco  _   _   _   _   _   _   _   _   _   _	T14d/ T14dw
	Other  _   _   _   _   _   _   _   _   _   _  <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>songe</i> (chewing tobacco) or <i>mama malus</i> (betel with songe or chewing tobacco)?	Yes 1 No 2 <i>If No, go to T17</i>	T15
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>songe</i> (chewing tobacco) or <i>mama malus</i> (betel with songe or chewing tobacco) <b>daily</b> ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke <b>in your home</b> ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18
The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchase.		
During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? (RECORD FOR EACH)		
Newspapers or magazines	Yes 1 No 2 Don't know 77	TP1a
Television	Yes 1 No 2 Don't know 77	TP1b
Radio	Yes 1 No 2 Don't know 77	TP1c
During the past 30 days, have you noticed any <b>advertisements</b> or <b>signs</b> promoting cigarettes in stores where cigarettes are sold?	Yes 1 No 2 Don't know 77	TP2
During the past 30 days, have you noticed any of the following types of cigarette promotions? (RECORD FOR EACH)		
Free samples of cigarettes	Yes 1 No 2 Don't know 77	TP3a
Cigarettes at sale prices	Yes 1 No 2	TP3b

**Participant Identification Number**

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	Don't know 77	
Coupons for cigarettes	Yes 1 No 2 Don't know 77	TP3c
Free gifts or special discount offers on other products when buying cigarettes	Yes 1 No 2 Don't know 77	TP3d
Clothing or other items with a cigarette brand name or logo	Yes 1 No 2 Don't know 77	TP3e
Cigarette promotions in the mail	Yes 1 No 2 Don't know 77	TP3f
During the past 30 days, did you notice any <b>health warnings on cigarette packages</b> ?	Yes 1 No 2 <i>If no, go to TP7</i> Did not see any cigarette packages 3 <i>If "did not see any cigarette packages", go to TP7</i> Don't know 77 <i>If Don't know, go to TP7</i>	TP4
<i>The next questions TP5 - TP8 are administered to current smokers only.</i>		
During the past 30 days, have warning labels on cigarette packages led you to <b>think about quitting</b> ?	Yes 1 No 2 Don't know 77	TP5
The last time you bought manufactured cigarettes for yourself, <b>how many cigarettes</b> did you buy in total?	Number of cigarettes  _ _ _ _  Don't know or Don't smoke or purchase manuf. cigarettes 7777 <i>If "Don't know or don't smoke or purchase manuf. cig.", end section</i>	TP6
In total, <b>how much money</b> did you pay for this purchase? In US\$	Amount  _ _ _ _  Don't know 7777 Refused 8888	TP7

<b>CORE: Alcohol Consumption</b>		
<i>The next questions ask about the consumption of alcohol.</i>		
Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits or <i>Tua Sabu or Tua Mutin</i> ? <b>(USE SHOWCARD OR SHOW EXAMPLES)</b>	Yes 1 No 2 <i>If No, go to D1</i>	A1
Have you consumed any alcohol within the <b>past 12 months</b> ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
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?	Yes 1 <i>If Yes, go to D1</i> No 2 <i>If No, go to D1</i>	A3
During the past 12 months, <b>how frequently</b> have you had at least one standard alcoholic drink?  <i>(READ RESPONSES, USE SHOWCARD)</i>	Daily 1 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	A4
Have you consumed any alcohol within the <b>past 30 days</b> ?	Yes 1	A5

## Participant Identification Number

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	No 2 If No, go to A13	
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?	Number Don't know 77 <input type="text"/>	A6
During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> did you have during one drinking occasion?	Number Don't know 77 <input type="text"/>	A7
During the past 30 days, what was the <b>largest number</b> of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A8
During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A9
During each of the <b>past 7 days</b> , how many standard drinks did you have each day?  (USE SHOWCARD)  Don't Know 77	Monday <input type="text"/>	A10a
	Tuesday <input type="text"/>	A10b
	Wednesday <input type="text"/>	A10c
	Thursday <input type="text"/>	A10d
	Friday <input type="text"/>	A10e
	Saturday <input type="text"/>	A10f
	Sunday <input type="text"/>	A10g
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.		
During the <b>past 7 days</b> , did you consume any <b>homebrewed</b> alcohol (Tua Sabu, Tua Mutin), any alcohol <b>brought over the border/from another country</b> , any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> alcohol? <b>(USE SHOWCARD)</b>	Yes 1  No 2 If No, go to D1	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ?  <b>[Tua Mutin – Standard Drink = 120 ml]</b> <b>[Tua Sabu – Standard Drink = 30 ml]</b> <b>(USE SHOWCARD)</b>  Don't Know 77	Homebrewed spirits, e.g. moonshine, <b>Tua Sabu</b> <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine, <b>Tua Mutin</b> <input type="text"/>	A12b
	Alcohol brought over the border/from another country <input type="text"/>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/>	A12d
	Other untaxed alcohol in the country <input type="text"/>	A12e



**Participant Identification Number**

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<p align="center">How much salt or salty sauce do you think you consume?</p>	<p align="center">Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77</p>	<p align="center">DS4</p>
<p align="center">How important to you is lowering the salt in your diet?</p>	<p align="center">Very important 1 Somewhat important 2 Not at all important 3 Don't know 77</p>	<p align="center">DS5</p>
<p align="center">Do you think that too much salt or salty sauce in your diet could cause a health problem?</p>	<p align="center">Yes 1 No 2 Don't know 77</p>	<p align="center">DS6</p>
<p><b>Do you do anything of the following on a regular basis to <b>control your salt intake?</b></b> <i>(RECORD FOR EACH)</i></p>		
<p align="center">Limit consumption of processed foods</p>	<p align="center">Yes 1 No 2</p>	<p align="center">DS7a</p>
<p align="center">Look at the salt or sodium content on food labels</p>	<p align="center">Yes 1 No 2</p>	<p align="center">DS7b</p>
<p align="center">Buy low salt/sodium alternatives</p>	<p align="center">Yes 1 No 2</p>	<p align="center">DS7c</p>
<p align="center">Use spices other than salt when cooking</p>	<p align="center">Yes 1 No 2</p>	<p align="center">DS7d</p>
<p align="center">Avoid eating foods prepared outside of a home</p>	<p align="center">Yes 1 No 2</p>	<p align="center">DS7e</p>
<p align="center">Do other things specifically to control your salt intake</p>	<p align="center">Yes 1 <i>If Yes, go to S7other</i> No 2</p>	<p align="center">DS7f</p>
<p align="center">Other (please specify)</p>	<p align="center"> _   _   _   _   _   _   _   _   _   _ </p>	<p align="center">DS7other</p>

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>		
Work		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>carrying or lifting heavy loads, digging, ploughing field, cycle rickshaw driving or construction work</i> for at least 10 minutes continuously? <b>(USE SHOWCARD)</b>	Yes 1 No 2 <i>If No, go to P 4</i>	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days  _ _	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	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 brisk walking, housework, gardening, weaving (tais), <i>carrying water and carrying firewood [or carrying light loads]</i> for at least 10 minutes continuously? <b>(USE SHOWCARD)</b>	Yes 1 No 2 <i>If No, go to P 7</i>	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days  _ _	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes  _ _  :  _ _  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.</p>		
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
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  _ _	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P9 (a-b)
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>		
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 active games like football, judo, karate</i> for at least 10 minutes continuously? <b>(USE SHOWCARD)</b>	Yes 1 No 2 <i>If No, go to P 13</i>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days  _ _	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P12 (a-b)
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, dancing (pocho pocho and jumba), volleyball</i> for at least 10 minutes continuously? <b>(USE SHOWCARD)</b>	Yes 1 No 2 <i>If No, go to P16</i>	P13

## Participant Identification Number

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In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-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 bus, reading, playing cards or watching television, but do not include time spent sleeping. <b>(USE SHOWCARD)</b>		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P16 (a-b)
<b>History of Raised Blood Pressure</b>		
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Have you been told in the past 12 months?	Yes 1 No 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	H3
Have you ever seen a traditional healer (matan dok) for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5
<b>History of Diabetes</b>		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer (matan dok) for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11
<b>History of Raised Cholesterol</b>		
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H12



**Participant Identification Number**

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The next questions ask about different experiences and behaviours that are related to road traffic injuries.		
Question	Response	Code
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
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
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
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.		
In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1 No 2 <i>If No, go to V8</i> Don't know 77 <i>If don't know, go to V8</i> Refused 88 <i>If Refused, go to V8</i>	V5
Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Other (specify) 7 Don't know 77 Refused 88	V6
	Other (please specify)  _   _   _   _   _   _   _   _   _   _	V6other
Where were you when you had this injury?	Home 1 School 2 Workplace 3 Road/Street/Highway 4 Farm 5 Sports/athletic area 6 Other (specify) 7 Don't know 77	V7

**Participant Identification Number**

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	Refused	88	
	Other (please specify)	_ _ _ _ _ _ _ _ _	V7other
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?	Always Sometimes Never Did not ride in the past 30 Don't Know Refused	1 2 3 4 77 88	V8
In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times Don't Know Refused	_ _ _  77 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? (USE SHOWCARD)	Number of times Don't Know Refused	_ _ _  77 88	V10
The following questions are about different experiences and behaviours that are related to violence.			
In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never Rarely (1- 2 times) Sometimes (3 – 5 times) Often (6 or more times) Don't know Refused	1 <i>If never, go to V17</i> 2 3 4 77 <i>If don't know, go to V17</i> 88 <i>If Refused, go to V17</i>	V11
The next questions ask about the most serious violent incidence you have had in the past 12 months.			
Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS)	Being shot with a firearm A weapon (other than a firearm knife/arrow) used by the person who injured me Being injured without any weapon (slapped, pushed...) Don't know Refused	1 2 3 77 88	V12
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner Parent Child, sibling, or other relative Friend or acquaintance Unrelated caregiver Stranger Official or legal authorities Other (specify) Refused	1 2 3 4 5 6 7 8 88	V13
The next questions ask about behaviours related to your safety.			
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 No Refused	1 2 <i>If no, go to STEP2</i> 88 <i>If refused, go to STEP2</i>	V17
Please specify of whom you were most often frightened.	Intimate partner Parent Child, sibling, or other relative Friend or acquaintance Unrelated caregiver Stranger Official or legal authority Other (specify)	1 2 3 4 5 6 7 8	V18

**Participant Identification Number**

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	Refused 88										
	Other (please specify) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

## Step 2 Physical Measurements

CORE: Blood Pressure and Heart Rate		
Interviewer ID	_____	M1
Device ID for blood pressure	____	M2
<u>Reading 1</u>	Systolic ( mmHg) _____	M4a
Blood Pressure	Diastolic (mmHg) _____	M4b
Heart rate	Beats per minute _____	M16a
<u>Reading 2</u>	Systolic ( mmHg) _____	M5a
Blood Pressure	Diastolic (mmHg) _____	M5b
Heart rate	Beats per minute _____	M16b
<u>Reading 3</u>	Systolic ( mmHg) _____	M6a
Blood pressure	Diastolic (mmHg) _____	M6b
Heart rate	Beats per minute _____	M16c
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	M7
CORE: Height and Weight		
Question	Response	Code
<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Interviewer ID	_____	M9
Device IDs for height and weight	Height _____ Weight _____	M10a M10b
Height	in Centimetres (cm) _____	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _____	M12
CORE: Waist		
Device ID for waist	____	M13
Waist circumference	in Centimetres (cm) _____	M14
Hip circumference	in Centimeters (cm) _____	M15

## 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?	Yes 1 No 2	B1
Technician ID	_ _ _ _	B2
Device ID	_ _	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes  _ _  :  _ _  hrs mins	B4
Fasting blood glucose	mmol/l  _ _  .  _ _	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?	Yes 1 No 2	B6
CORE: Blood Lipids		
Device ID	_ _	B7
Total cholesterol	mmol/l  _ _  .  _ _	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9