

**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	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	I1
Cluster/Centre/Village name		I2
Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	I3
Date of completion of the instrument	<div><div><div>/</div><div>dd</div><div>/</div><div>mm</div><div>/</div><div>year</div></div></div>	I4

Consent, Interview Language and Name	Response	Code						
Consent has been read and obtained	<div>Yes 1</div> <div>No 2 If NO, END</div>	I5						
Interview Language	<div>English 1</div> <div>Tetun 2</div> <div>Portugese 3</div> <div>[Others] 4</div>	I6						
Time of interview (24 hour clock)	<table border="1"> <tr> <td></td><td>:</td><td></td> </tr> <tr> <td>hrs</td><td></td><td>mins</td> </tr> </table>		:		hrs		mins	I7
	:							
hrs		mins						
Family Surname		I8						
First Name		I9						
Additional Information that may be helpful								
Contact phone number where possible		I10						

Step 1 Demographic Information

CORE: Demographic Information				
Question	Response			Code
Sex (Record Male / Female as observed)	Male	1		C1
	Female	2		
What is your date of birth?	If known, Go to C4			C2
Don't Know 77 77 7777	dd	mm	year	
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 highest level of education you have completed?	No formal schooling	1		C5
	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		
What is your marital status ?	Never married	1		C7
	Currently married	2		
	Separated	3		
	Divorced	4		
	Widowed	5		
	Cohabiting	6		
	Refused	88		
Which of the following best describes your main work status over the past 12 months?	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		
Refused	88			
How many people older than 18 years, including yourself, live in your household?	Number of people			C9
Taking the past year , can you tell me what the average earnings of the household have been in US\$? (RECORD ONLY ONE, NOT ALL 3)	Per week			C10a
	OR per month			C10b
	OR per year			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 currently smoke any tobacco products, such as cigarettes, kreteks, tobacco lulun, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	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	In Years <input type="text"/> <i>If Known, go to T5a/T5aw</i> OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i> OR in Weeks <input type="text"/>	T4a T4b 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	<div style="display: flex; justify-content: space-around;"> DAILY↓ WEEKLY↓ </div> <div> <div>Manufactured cigarettes <input type="text"/></div> <div>Hand-rolled cigarette (tobacco lulun) <input type="text"/></div> <div>Pipes full of tobacco <input type="text"/></div> <div>Kretek <input type="text"/></div> <div>Other <input type="text"/> <i>If Other, go to T5other, else go to T6</i></div> <div>Other (please specify): <input type="text"/></div> </div>	T5a/T5aw T5b/T5bw T5c/T5cw T5d/T5dw T5f/T5fw T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	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 ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you ever smoke daily ?	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 stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <i>If Known, go to T12</i>	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <i>If Known, go to T12</i> OR Months ago <input type="text"/> <i>If Known, go to T12</i> OR Weeks ago <input type="text"/>	T11a T11b T11c

Three empty number lines are provided for recording answers. Each number line has 10 equal intervals, marked by 11 vertical tick marks. The first number line is labeled '10' at the right end. The second and third number lines are also labeled '10' at the right end.

Do you currently use any smokeless tobacco products such as <i>songe</i> (chewing tobacco) or <i>mama malus</i> (betel with songe or chewing tobacco)? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T14cw</i>	T13
On average, how many times a day/week 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
	Other (please specify): _____ <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14otherw
In the past , did you ever use 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 past , did you ever use smokeless tobacco products such as <i>songe</i> (chewing tobacco) or <i>mama malus</i> (betel with songe or chewing tobacco) daily ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas in your workplace (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 advertisements or signs 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

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The next questions ask about the consumption of alcohol.

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Have you ever consumed any alcohol such as beer, wine, spirits or <i>Tua Sabu</i> or <i>Tua Mutin</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1
Have you consumed any alcohol within the past 12 months ?	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, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	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 past 30 days ?	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 occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion?	Number Don't know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			A7
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?	Largest number Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table>			A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <table border="1"><tr><td> </td><td> </td></tr></table>			A10a
Tuesday <table border="1"><tr><td> </td><td> </td></tr></table>			A10b	
Wednesday <table border="1"><tr><td> </td><td> </td></tr></table>			A10c	
Thursday <table border="1"><tr><td> </td><td> </td></tr></table>			A10d	
Friday <table border="1"><tr><td> </td><td> </td></tr></table>			A10e	
Saturday <table border="1"><tr><td> </td><td> </td></tr></table>			A10f	
Sunday <table border="1"><tr><td> </td><td> </td></tr></table>			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 past 7 days , did you consume any homebrewed alcohol (Tua Sabu, Tua Mutin), any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? (USE SHOWCARD)	Yes 1 No 2 If No, go to D1	A11		
On average, how many standard drinks of the following did you consume during the past 7 days ? [Tua Mutin – Standard Drink = 120 ml] [Tua Sabu – Standard Drink = 30 ml] (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. moonshine, Tua Sabu <table border="1"><tr><td> </td><td> </td></tr></table>			A12a
Homebrewed beer or wine, e.g. beer, palm or fruit wine, Tua Mutin <table border="1"><tr><td> </td><td> </td></tr></table>			A12b	
Alcohol brought over the border/from another country <table border="1"><tr><td> </td><td> </td></tr></table>			A12c	
Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <table border="1"><tr><td> </td><td> </td></tr></table>			A12d	
Other untaxed alcohol in the country <table border="1"><tr><td> </td><td> </td></tr></table>			A12e	

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							
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> If Zero days, go to D3			D1					
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			D2					
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> If Zero days, go to D5			D3					
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			D4					
What type of oil or fat is most often used for meal preparation in your household? (SELECT ONLY ONE) (USE SHOWCARD)	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 If Other, go to D5 other None in particular 6 None used 7 Coconut Oil 8 Bimoli 9 Don't know 77	D5							
	Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			D6					
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce.									
How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS1							
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS2							
How often do you eat processed food high in salt ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food, salty foods prepared in quick-service, Kripik Salgadu, Aimanas Budu, Balesaun, Ikan Maran, Naan Maran, Modo Masin, Churiso. (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS3							

Participant Identification Number

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

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? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>	P1
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
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)
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 for carrying light loads</i> for at least 10 minutes continuously? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>	P4
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
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)
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?	<p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p>	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 <input type="text"/>	P8
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)
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? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 <i>If No, go to P 13</i></p>	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 <input type="text"/>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 <i>If No, go to P16</i></p>	P13

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.

Work

Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like *carrying or lifting heavy loads, digging, ploughing field, cycle rickshaw driving or construction work* for at least 10 minutes continuously? **(USE SHOWCARD)**

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?

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), carrying water and carrying firewood for carrying light loads for at least 10 minutes continuously? (USE SHOWCARD)

Yes 1

No 2 *If No, go to P 7*

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

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.

Do you walk or use a bicycle (*pedal cycle*) for at least 10 minutes continuously to get to and from places?

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?

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

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)

Do you do any vigorous-intensity sports, fitness or recreational (*leisure*) activities that cause large increases in breathing or heart rate like *running or active games like football, judo, karate* for at least 10 minutes continuously? **(USE SHOWCARD)**

Yes 1

No 2 *If No, go to P 13*

P10

In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (*leisure*) 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 (*leisure*) activities that cause a small increase in breathing or heart rate such as brisk walking, *cycling, swimming, dancing (pocho pocho and jumba)*, volleyball for at least 10 minutes continuously?

(USE SHOWCARD)

Yes 1

No 2 *If No, go to P16*

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 <div></div>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <div></div> hrs <div></div> 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. (USE SHOWCARD)		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div></div> hrs <div></div> mins	P16 (a-b)
History of Raised Blood Pressure		
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
History of Diabetes		
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
History of Raised Cholesterol		
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

Violence and Injury

Violence and Injury

Three empty number lines are provided for recording answers. Each number line has four vertical tick marks, creating three equal intervals. The lines are horizontal and parallel to each other.

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 If No, go to V5 Don't know 77 If don't know, go to V5 Refused 88 If Refused, go to V5	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 If No, go to V8 Don't know 77 If don't know, go to V8 Refused 88 If Refused, go to V8	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) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
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)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									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	<table border="1"><tr><td></td><td></td><td></td></tr></table> 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	<table border="1"><tr><td></td><td></td><td></td></tr></table> 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

	Refused	88	
	Other (please specify)		V18other

Step 2 Physical Measurements

CORE: Blood Pressure and Heart Rate							
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1	
Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2			
<u>Reading 1</u>	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a	
Blood Pressure	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b	
Heart rate	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16a	
<u>Reading 2</u>	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a	
Blood Pressure	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b	
Heart rate	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16b	
<u>Reading 3</u>	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a	
Blood pressure	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6b	
Heart rate	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					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					
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9	
Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr> Weight <table border="1"><tr><td></td><td></td></tr> </table></table>					M10a M10b	
Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M12
CORE: Waist							
Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M13			
Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M14
Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						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	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B2
Device ID	<table border="1"><tr><td></td><td></td></tr></table>			B3		
Time of day blood specimen taken (24 hour clock)	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					B4
Fasting blood glucose	mmol/l <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>					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	<table border="1"><tr><td></td><td></td></tr></table>			B7		
Total cholesterol	mmol/l <table border="1"><tr><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>					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				