



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

Swaziland

Survey Information

Location and Date	Response	Code
Inkhundla ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I1
Region/Inkhundla	<input type="text"/>	I2
Interviewer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I3
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

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

Step 1 Demographic Information

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 ?</i>	<table border="0"> <tr> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></td> <td><i>If known, Go to C4</i></td> </tr> <tr> <td>dd</td> <td>mm</td> <td>year</td> <td></td> </tr> </table>	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>If known, Go to C4</i>	dd	mm	year		C2
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>If known, Go to C4</i>							
dd	mm	year																
How old are you?	Years <table border="1"><tr><td></td><td></td></tr></table>			C3														
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <table border="1"><tr><td></td><td></td></tr></table>			C4														

Demographic Information				
What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5		
What is your <i>origin</i> ?	Swazi 1 Non-Swazi 2 Refused 88	C6		
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7		
Which of the following best describes your main work status over the past 12 months? (<i>USE SHOWCARD</i>)	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 <table border="1"><tr><td></td><td></td></tr></table>			C9

Demographic Information, Continued																
Question	Response	Code														
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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T1</i>									C10a						
	OR per month <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T1</i>									C10b						
OR per year <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T1</i>									C10c							
Refused 88	C10d															
If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? (READ OPTIONS)	<table> <tr> <td>≤ E500</td> <td>1</td> </tr> <tr> <td>More than E500.00, ≤ E1 000.00</td> <td>2</td> </tr> <tr> <td>More than E1 000.00, ≤ E2 000.00</td> <td>3</td> </tr> <tr> <td>More than E2, 000.00, ≤ E3 000.00</td> <td>4</td> </tr> <tr> <td>More than E3 000.00</td> <td>5</td> </tr> <tr> <td>Don't Know</td> <td>77</td> </tr> <tr> <td>Refused</td> <td>88</td> </tr> </table>	≤ E500	1	More than E500.00, ≤ E1 000.00	2	More than E1 000.00, ≤ E2 000.00	3	More than E2, 000.00, ≤ E3 000.00	4	More than E3 000.00	5	Don't Know	77	Refused	88	C11
≤ E500	1															
More than E500.00, ≤ E1 000.00	2															
More than E1 000.00, ≤ E2 000.00	3															
More than E2, 000.00, ≤ E3 000.00	4															
More than E3 000.00	5															
Don't Know	77															
Refused	88															

Step 1 Behavioural Measurements

Tobacco Use		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	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 <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 <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, 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	DAILY↓ WEEKLY↓	
	Manufactured cigarettes 	T5a/T5aw
	Hand-rolled cigarettes 	T5b/T5bw
	Pipes full of tobacco 	T5c/T5cw
	Cigars, cheroots, cigarillos 	T5d/T5dw
	Number of Shisha sessions 	T5e/T5ew
	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 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

Tobacco Use										
Question	Response	Code								
How old were you when you stopped smoking?	Age (years) Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> <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 <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T12</i>			T11a						
	OR Months ago <table border="1"><tr><td></td><td></td></tr></table> <i>If Known, go to T12</i>			T11b						
OR Weeks ago <table border="1"><tr><td></td><td></td></tr></table>			T11c							
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (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 T14aw</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↓									
	Snuff, by mouth <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14a/ T14aw
	Snuff, by nose <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14b/ T14bw
	Chewing tobacco <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14c/ T14cw
Betel, quid <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									T14d/ T14dw	
Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>									T14e/ T14ew	
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> <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 [snuff, chewing tobacco, or betel]?	Yes 1 No 2 <i>If No, go to T17</i>	T15								
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] 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								

Tobacco Policy

Tobacco Policy								
You have been asked questions on tobacco consumption before. 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.								
Question	Response	Code						
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 Don't know 77	TP3b						
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						
<i>The next questions TP4 – TP7 are administered to current smokers only.</i>								
During the past 30 days, did you notice any health warnings on cigarette packages ?	Yes 1 No 2 <i>If no, go to TP6</i> Did not see any cigarette packages 3 <i>If "did not see any cigarette packages", go to TP6</i> Don't know 77 <i>If Don't know, go to TP6</i>	TP4						
During the past 30 days, have warning labels on cigarette packages led you to think about quitting ?	Yes 1 No 2 Don't know 77	TP5						
The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> 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, how much money did you pay for this purchase? • (DIGITS TO BE ADAPTED TO COUNTRY NEEDS)	Amount • <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Don't know 7777 Refused 8888						TP7	

Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question	Response	Code		
Have you ever consumed any alcohol such as beer, wine, spirits or homebrew? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to A16	A1		
Have you consumed any alcohol within the past 12 months ?	Yes 1 If Yes, go to A4 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 If Yes, go to A16 No 2 If No, go to A16	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 No 2 If No, go to A13	A5		
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? (USE SHOWCARD)	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	

CORE: Alcohol Consumption, continued

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.

Question	Response	Code
During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? (USE SHOWCARD)	Yes 1 No 2 If No, go to A13	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. moonshine	A12a
	Homebrewed beer or wine, e.g. beer, emaganu, liphopho, mankanjane or fruit wine	A12b
	Alcohol brought over the border/from another country	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves	A12d
	Other untaxed alcohol in the country	A12e

Alcohol Consumption

During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

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 <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/>	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/> 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 <input type="text"/> <input type="text"/> Don't know 77 <input type="text"/> <input type="text"/>	D4
Dietary salt		
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 (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>[insert country specific examples]</i> , and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		
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	D5
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	D6
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 including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat <i>[e.g., cheeseburgers, fish and chips, KFC]</i> (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
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	D8

Diet																		
Question	Response	Code																
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	D9																
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	D10																
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)																		
Limit consumption of processed foods	Yes 1 No 2	D11a																
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b																
Buy low salt/sodium alternatives	Yes 1 No 2	D11c																
Use spices other than salt when cooking	Yes 1 No 2	D11d																
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e																
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f																
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>									D11other								
The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.																		
What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Lard or Holsum 2 Butter or ghee 3 Margarine 4 Other 5 <i>If Other, go to D12 other</i> None in particular 6 None used 7 Don't know 77	D12																
	Other <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									D12other								
On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> Don't know 77 <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																	D13

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. <i>[Insert other examples if needed]</i>. 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
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 or construction work]</i> 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 <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 <i>[for carrying light loads]</i> 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 <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?	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 <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)

Physical Activity, Continued		
Question	Response	Code
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), <i>[Insert relevant terms]</i> .		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> 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 <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 100px;"></div>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100px; font-size: small;"> hrs mins </div>	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, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 100px;"></div>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100px; font-size: small;"> hrs mins </div>	P15 (a-b)

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. (USE SHOWCARD)		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100px; font-size: small;"> hrs mins </div>	P16 (a-b)

History of Raised Blood Pressure		
Question	Response	Code
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 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 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 Total Cholesterol		
Question	Response	Code
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 H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

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

CORE (for women only): Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1	CX1
	No 2	
	Don't know 77	

Mental health / Suicide

Mental health / Suicide			
The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.			
Question	Response		Code
During the past 12 months , have you seriously considered attempting suicide?	Yes	1	MH1
	No	2 <i>If No, go to MH3</i>	
	Refused	88	
Did you seek professional help for these thoughts?	Yes	1	MH2
	No	2	
	Refused	88	
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes	1	MH3
	No	2	
	Refused	88	
Have you ever attempted suicide ?	Yes	1	MH4
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
During the past 12 months , have you attempted suicide ?	Yes	1	MH5
	No	2	
	Refused	88	
What was the main method you used the last time you attempted suicide? (SELECT ONLY ONE)	Razor, knife or other sharp instrument	1	MH6
	Overdose of medication (e. g. prescribed, over-the-counter)	2	
	Overdose of other substance (e.g. heroin, crack, alcohol)	3	
	Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer)	4	
	Other poisoning (e.g. plant/seed, household product)	5	
	Poisonous gases from charcoal	6	
	Other	7 <i>If Other, go to MH6other</i>	
		Refused	88
	Other (specify)	<input type="text"/>	MH6other
Did you seek medical care for this attempt?	Yes	1	MH7
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
Were you admitted to hospital overnight because of this attempt?	Yes	1	MH8
	No	2	
	Refused	88	
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes	1	MH9
	No	2	
	Refused	88	
Has anyone in your close family (mother, father,	Yes	1	MH10

Oral Health

Oral Health

The next questions ask about your oral health status and related behaviours.

Question	Response	Code
How many natural teeth do you have?	No natural teeth 1 <i>If no natural teeth, go to O4</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	O1
How would you describe the state of your teeth ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	O2
How would you describe the state of your gums ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77	O3
Do you have any removable dentures ?	Yes 1 No 2 <i>If No, go to O6</i>	O4
Which of the following removable dentures do you have? (RECORD FOR EACH)		
An upper jaw denture	Yes 1 No 2	O5a
A lower jaw denture	Yes 1 No 2	O5b
During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes 1 No 2	O6
How long has it been since you last saw a dentist ?	Less than 6 months 1 6-12 months 2 More than 1 year but less than 2 years 3 2 or more years but less than 5 years 4 5 or more years 5 Never received dental care 6 <i>If Never, go to O9</i>	O7
What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 <i>If Other, go to O8other</i>	O8
	Other (please specify) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	O8other
How often do you clean your teeth?	Never 1 <i>If Never, go to O13a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7	O9

Oral Health, Continued		
Question	Response	Code
Do you use toothpaste to clean your teeth?	Yes 1 No 2 If No, go to O12a	O10
Do you use toothpaste containing fluoride ?	Yes 1 No 2 Don't know 77	O11
Do you use any of the following to clean your teeth ? <i>(RECORD FOR EACH)</i>		
Toothbrush	Yes 1 No 2	O12a
Wooden toothpicks	Yes 1 No 2	O12b
Plastic toothpicks	Yes 1 No 2	O12c
Thread (dental floss)	Yes 1 No 2	O12d
Charcoal	Yes 1 No 2	O12e
Chewstick / miswak	Yes 1 No 2	O12f
Other	Yes 1 If Yes, go to O12other No 2	O12g
Other (please specify) _____		O12other
Have you experienced any of the following problems during the past 12 months because of the state of your teeth ? <i>(RECORD FOR EACH)</i>		
Difficulty in chewing foods	Yes 1 No 2	O13a
Difficulty with speech/trouble pronouncing words	Yes 1 No 2	O13b
Felt tense because of problems with teeth or mouth	Yes 1 No 2	O13c
Embarrassed about appearance of teeth	Yes 1 No 2	O13d
Avoid smiling because of teeth	Yes 1 No 2	O13e
Sleep is often interrupted	Yes 1 No 2	O13f
Days not at work because of teeth or mouth	Yes 1 No 2	O13g
Difficulty doing usual activities	Yes 1 No 2	O13h
Less tolerant of spouse or people close to you	Yes 1 No 2	O13i
Reduced participation in social activities	Yes 1 No 2	O13j

Violence and Injury

CORE: Injury

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) _____	V6other

Injury, Continued										
Question	Response	Code								
Where were you when you had this injury?	Home 1	V7								
	School 2									
	Workplace 3									
	Road/Street/Highway 4									
	Farm 5									
	Sports/athletic area 6									
	Other (specify) 7									
	Don't know 77									
	Refused 88									
Other (please specify)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									V7other

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.			
Question	Response		Code
In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	Always	1	V8
	Sometimes	2	
	Never	3	
	Did not ride in the past 30 days	4	
	Don't Know	77	
	Refused	88	
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	<div><div></div><div></div><div></div></div>	V9
	Don't Know	77	
	Refused	88	
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	<div><div></div><div></div><div></div></div>	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
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 <i>If never, go to V14</i>	V11
	Rarely (1- 2 times) 2	
	Sometimes (3 – 5 times) 3	
	Often (6 or more times) 4	
	Don't know 77 <i>If don't know, go to V14</i>	
	Refused 88 <i>If Refused, go to V14</i>	
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 1	V12
	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	

Participant Identification Number

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	Refused 88								
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1 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	V13							
	Other (please specify) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
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 Very rarely 2 Once a month 3 Once a week 4 Almost daily 5 Don't know 77 Refused 88	V14							
Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex?	Yes 1 No 2 Refused 88	V15							
Since your 18th birthday, have you ever experienced a sex act involving either vaginal, oral, or anal penetration against your will ?	Never 1 Once 2 A few times (2 to 3 times) 3 Many times (4 or more times) 4 Don't know 77 Refused 88	V16							

EXPANDED: Violence

The next questions ask about behaviours related to your safety.

Question	Response	Code
In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)?	Yes 1	V17
	No 2 <i>If no, go to V19</i>	
	Refused 88 <i>If refused, go to V19</i>	
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>	V18other
Have you carried a loaded firearm on your person outside the home in the last 30 days?	<div>No1</div> <div>Yes, for protection2</div> <div>Yes, for work3</div> <div>Yes, for sport (e.g. hunting target practice)4</div> <div>Refused88</div>	V19

Step 2 Physical Measurements

Blood Pressure						
Question	Response	Code				
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		
Cuff size used	Small 1 Medium 2 Large 3	M3				
Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b	
Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b	
Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6b	
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M7				
Height and Weight						

Participant Identification Number

For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Interviewer ID	<div></div>	M9
Device IDs for height and weight	Height <div></div> Weight <div></div>	M10a M10b
Height	in Centimetres (cm) <div></div>	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <div></div>	M12
Waist		
Device ID for waist	<div></div>	M13
Waist circumference	in Centimetres (cm) <div></div>	M14

Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) <div></div>	M15
Heart Rate		
Reading 1	Beats per minute <div></div>	M16a
Reading 2	Beats per minute <div></div>	M16b
Reading 3	Beats per minute <div></div>	M16c

Step 3 Biochemical Measurements

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	<div></div>	B2
Device ID	<div></div>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <div></div> : <div></div> hrs mins	B4
Fasting blood glucose [MMOL/L]	mmol/l <div></div> . <div></div>	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
Blood Lipids		
Device ID	<div></div>	B7
Total cholesterol [MMOL/L]	mmol/l <div></div> . <div></div>	B8
During the past two weeks, have you been treated for raised	Yes 1	B9

Participant Identification Number

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cholesterol with drugs (medication) prescribed by a doctor or other health worker?

No 2

HDL cholesterol
[MMOL/L]

mmol/l

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B17