



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

Swaziland

Survey Information

Location and Date	Response	Code
Inkhundla ID	_ _ _ _ _ _ _	I1
Region/Inkhundla		I2
Interviewer ID	_ _ _	I3
Date of completion of the instrument	_ _ _ _ _ _ _ _ _ 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)	_ _ : _ _ hrs mins	I7
Family Surname		I8
First Name		I9
Additional Information that may be helpful		
Contact phone number where possible		I10

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? <i>(USE SHOWCARD)</i>	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? <i>(RECORD ONLY 1, NOT ALL 3)</i>	In Years _ _ _ <i>If Known, go to T5a/T5aw</i>	T4a
<i>Don't know 77</i>	OR in Months _ _ _ <i>If Known, go to T5a/T5aw</i>	T4b
<i>Don't know 77</i>	OR in Weeks _ _ _	T4c
On average, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	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? <i>(USE SHOWCARD)</i>	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 _ _ If Known, go to T12	T10
How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't Know 77	Years ago _ _ If Known, go to T12	T11a
	OR Months ago _ _ If Known, go to T12	T11b
	OR Weeks ago _ _	T11c
Do you currently use any smokeless tobacco products such as <i>[snuff, chewing tobacco, betel]</i> ? <i>(USE SHOWCARD)</i>	Yes 1 No 2 If No, go to T15	T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 If No, go to T14aw	T13
On average, how many times a day/week do you use <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> Don't Know 7777	DAILY↓ WEEKLY↓	
	Snuff, by mouth _ _ _ _ _ _ _ _	T14a/ T14aw
	Snuff, by nose _ _ _ _ _ _ _ _	T14b/ T14bw
	Chewing tobacco _ _ _ _ _ _ _ _	T14c/ T14cw
	Betel, quid _ _ _ _ _ _ _ _	T14d/ T14dw
	Other _ _ _ _ _ _ _ _ If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	Other (please specify): _ _ _ _ _ _ _ _ If T13=No, go to T16, else go to T17	T14other/ T14otherw
In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> ?	Yes 1 No 2 If No, go to T17	T15
In the past , did you ever use smokeless tobacco products such as <i>[snuff, chewing tobacco, or betel]</i> 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 _ _ _ _ _ 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
<ul style="list-style-type: none"> • In total, how much money did you pay for this purchase? • (DIGITS TO BE ADAPTED TO COUNTRY NEEDS) 		
	Amount • _ _ _ _ _ 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 <i>homebrew</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A16</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 A16</i> No 2 <i>If No, go to A16</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 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 _ _	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 _ _	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 _ _	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 _ _	A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) <i>Don't Know 77</i>	Monday _ _	A10a
	Tuesday _ _	A10b
	Wednesday _ _	A10c
	Thursday _ _	A10d
	Friday _ _	A10e
	Saturday _ _	A10f
	Sunday _ _	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 <i>If No, go to A13</i>	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? (USE SHOWCARD) <i>Don't Know 77</i>	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 Don't Know 77 _ _ 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 _ _	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ 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 _ _	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)	_ _ _ _ _ _ _ _ _	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 _ _ _ _ _ _ _ _ _ _	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 Don't know 77 _ _	D13

Physical Activity		
Question	Response	Code
<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>		
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 <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 <i>[for carrying light loads]</i> for at least 10 minutes continuously? (USE SHOWCARD)	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)

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), [Insert relevant terms].		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] 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, volleyball] 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 _ _	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins	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 _ _ : _ _ hrs mins	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	H1
	No 2 <i>If No, go to H6</i>	
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	H2a
	No 2 <i>If No, go to H6</i>	
Have you been told in the past 12 months?	Yes 1	H2b
	No 2	
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	H3
	No 2	
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
	No 2	
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
	No 2	

History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
	No 2 <i>If No, go to H12</i>	
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
	No 2 <i>If No, go to H12</i>	
Have you been told in the past 12 months?	Yes 1	H7b
	No 2	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1	H8
	No 2	
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1	H9
	No 2	
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H10
	No 2	
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H11
	No 2	

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 No 2 Don't know 77	CX1

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 No 2 <i>If No, go to MH3</i> Refused 88	MH1	
Did you seek professional help for these thoughts?	Yes 1 No 2 Refused 88	MH2	
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes 1 No 2 Refused 88	MH3	
Have you ever attempted suicide ?	Yes 1 No 2 <i>If No, go to MH9</i> Refused 88	MH4	
During the past 12 months , have you attempted suicide ?	Yes 1 No 2 Refused 88	MH5	
What was the main method you used the last time you attempted suicide? (SELECT ONLY ONE)	Razor, knife or other sharp instrument 1 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	MH6	
	Other (specify) _ _ _ _ _ _ _ _ _ _	MH6other	
Did you seek medical care for this attempt?	Yes 1 No 2 <i>If No, go to MH9</i> Refused 88	MH7	
Were you admitted to hospital overnight because of this attempt?	Yes 1 No 2 Refused 88	MH8	
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes 1 No 2 Refused 88	MH9	
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>	O1
	1 to 9 teeth	2	
	10 to 19 teeth	3	
	20 teeth or more	4	
	Don't know	77	
How would you describe the state of your teeth ?	Excellent	1	O2
	Very Good	2	
	Good	3	
	Average	4	
	Poor	5	
	Very Poor	6	
	Don't Know	77	
How would you describe the state of your gums ?	Excellent	1	O3
	Very Good	2	
	Good	3	
	Average	4	
	Poor	5	
	Very Poor	6	
	Don't know	77	
Do you have any removable dentures ?	Yes	1	O4
	No	2 <i>If No, go to O6</i>	
Which of the following removable dentures do you have? (RECORD FOR EACH)			
An upper jaw denture	Yes	1	O5a
	No	2	
A lower jaw denture	Yes	1	O5b
	No	2	
During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes	1	O6
	No	2	
How long has it been since you last saw a dentist ?	Less than 6 months	1	O7
	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>	
What was the main reason for your last visit to the dentist?	Consultation / advice	1	O8
	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>	
	Other (please specify)	_ _ _ _ _ _ _	O8other
How often do you clean your teeth?	Never	1 <i>If Never, go to O13a</i>	O9
	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	

Oral Health, Continued		
Question	Response	Code
Do you use toothpaste to clean your teeth?	Yes 1 No 2 <i>If No, go to O12a</i>	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 ? (RECORD FOR EACH)		
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 <i>If Yes, go to O12other</i> 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 ? (RECORD FOR EACH)		
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 <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

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) _ _ _ _ _ _ _ _ _ _	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 _ _	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 _ _	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	

	Other (please specify) _ _ _ _ _ _ _ _ _ _	V18other
Have you carried a loaded firearm on your person outside the home in the last 30 days?	No 1 Yes, for protection 2 Yes, for work 3 Yes, for sport (e.g. hunting target practice) 4 Refused 88	V19

Step 2 Physical Measurements

Blood Pressure		
Question	Response	Code
Interviewer ID	_ _ _	M1
Device ID for blood pressure	_ _	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic (mmHg) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
Reading 2	Systolic (mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
Reading 3	Systolic (mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	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	_____	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
Waist		
Device ID for waist	_____	M13
Waist circumference	in Centimetres (cm) _____	M14

Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) _____	M15
Heart Rate		
Reading 1	Beats per minute _____	M16a
Reading 2	Beats per minute _____	M16b
Reading 3	Beats per minute _____	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	_____	B2
Device ID	_____	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes _____ : _____ hrs mins	B4
Fasting blood glucose [MMOL/L]	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
Blood Lipids		
Device ID	_____	B7
Total cholesterol [MMOL/L]	mmol/l _____	B8
During the past two weeks, have you been treated for raised	Yes 1	B9

Participant Identification Number

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

No 2

HDL cholesterol
[MMOL/L]

mmol/l

B17