

12. Appendix 3. Mongolian NCD STEPS Risk Factor Survey Instrument



STEP I.

I. General information			
N	Code		Code Column
1	I1	Aimag/city code	____
2	I2	Soum/district code	____
3	I3	Name of bag, khoroo	
4	I4	Cluster Code	____
5	I5	Interviewer code	____
6	I6	Date of completion of the instrument	____ ____ _____ Day Month Year

Participant ID Number _____

II. Consent form				
N	Code		Response	Code Column
7	I7	Has she/he taken the consent form?	Yes 1 No 2	____ if no, please read consent
8	I8	Agreed or not after familiarizing with consent form (oral or paper)	Yes 1 No 2	____ if no, END
9	I9	Interviewer language	Mongolian - 1 Kazakh - 2	____

III. Demographic Information					
N	Code		Response	Code Column	Skips
12	C1	Sex	Male - 1 Female - 2	____	
13	C2	Date of birth	____ ____ _____ Year Month Day Do not know - 77	____ ____ _____	If known go to C4
14	C3	Age	Years	____	
15	C4	How long have you studied in the school (exclude preschool education)?	Years	____	
16	C5	What is your ethnic group?	Khalkh 01 Kazakh 02 Other 03 _____	____	

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IV. Tobacco use					
N	Code		Response	Code Column	Skips
23	T1	Do you currently smoke?	Yes – 1 No – 2	┌┐	If No, go to T6
24	T2	If yes. Do you currently smoke daily?	Yes – 1 No – 2	┌┐	If No, go to T6
25	T3	How old were you, when you first started smoking daily?	Age (years) Don't remember – 77	┌┌┌┌	If Known, go to T5
26	T4	Do you remember how long ago it was?	Year Don't remember 777 OR in Month OR in Week	┌┌┌┌┌┌ ┌┌┌┌ ┌┌┌┌	
27	T5	On average, how many of the following do you smoke each day? (Record for each type)	Industry made cigarettes Hand - Rolled Pipe Other _____ (please specify)	┌┌┌┌ ┌┌┌┌ ┌┌┌┌ ┌┌┌┌	If Other, go to T5 other
28	T6	Are you exposed to indoor tobacco smoke at home?	Yes – 1 No – 2		
29	T7	About how many hours per day are you exposed to indoor tobacco smoke at your workplace?	1 = I do not work outside the home 2 = Almost never 3 = Less than one hour a day 4 = 1-5 hours a day 5 = More than 5 hours a day		

V. Alcohol Consumption					
N	Code		Response	Code Column	Skips
30	A1	Have you consumed alcohol (*such as beer, wine, vodka, fermented milk) within the last year? (USE SHOWCARDS)	Yes 1 No 2	┌┐	If No go to D1
31	A2	In the last year, how frequently have you had at least one drink?	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	┌┌	
32	A3	When do you drink alcohol, on average, how many drinks do you have during one day?	Number Don't know – 77	┌┌┌┌	

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Alcohol Consumption continued

		(USE SHOWCARDS)			
33	A4	In the past 12 months what was the largest number of drinks you had on a single occasion, counting all types of drinks together? (USE SHOWCARDS)	_____ Largest number	_____	_____
34	A5	For men only: In the past 12 months, on how many days did you have five or more standard drinks in a single day?	The number of days	_____	_____
35	A6	For women only: In the past 12 months, on how many days did you have four or more standard drinks in a single day?	The number of days	_____	_____
36	A7	After you drink any alcohol, does your face or neck become red?	Yes 1 No 2	_____	_____
37	A8	When you drink alcohol, do you have a hang over the following morning?	Yes 1 No 2	_____	_____
38	A9	How old were you, when you start to drink alcohol at least once a month?	Age (years) Don't remember – 77 I drink alcohol less often than once a month – 88	_____	_____

VI. Diet

N	Code	Response	Code Column	Skips
39	D1	In a typical week, how many days do you eat fruit?	_____	If Zero days, go to D3
40	D2	How many servings of fruit do you eat on one of those days? (USE SHOWCARDS)	_____	
41	D3	In a typical week, how many days do you eat vegetables?	_____	If Zero days, go to D5
42	D4	How many servings of vegetables do you eat on one of those days? (USE SHOWCARDS)	_____	
43	D5	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARDS for Options)	Tallow 01 Butter, Margarine 02 Cream 03 Mayonnaise 04	If Zero days go to D8

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Diet continued

			Horse and marmot fat 05		
			Vegetable oil 06		
			Lard 07		
			Fatty meat 08		
44	D6	In a typical week, how many days do you eat barley, bran, millet, porridge and other products made from less processed flour?	The number of days	_____	
45	D7	Typically, how many days, does 500gr of salt used in your household?	The number of days Don't know – 77	_____	
46	D8	In a typical week, on how many days do you drink tea with salt?	Number of days	_____	
47	D9	In a typical week, on how many days do you use acetic/salted/-canned food?	Number of days	_____	

STEP 2.**VII. Physical activity**

N	Code	Response	Code Column	Skips
Activity at work				
48	P1	Does your work involve vigorous intensity activity that causes large increase in breathing or heart rate for at least 10 minutes? (USE SHOWCARDS AS AN EXAMPLE)	Yes – 1 No – 2	_____
				If No, go to P4
49	P2	In a typical week, on how many days do you do vigorous—intensity activities as part of your work?	Number of Days	_____
50	P3	How much time do you spend doing vigorous—intensity activities at work on a typical day?	Hour: Minutes	hrs _____: mins _____
51	P4	Does your work involve moderate- intensity activity that causes large increase in breathing or heart rate for at least 10 minutes? (USE SHOWCARDS AS AN EXAMPLE)	Yes – 1 No – 2	_____
				If No, go to P7
52	P5	In a typical week, on how many days do you do moderate —intensity activities as part of your work?	Number of Days	_____
53	P6	How much time do you spend doing moderate —intensity activities at work on a typical day?	Hour: Minutes	hrs _____: mins _____

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*Physical activity continued***Travel to and from places**

54	P7	Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?	Yes – 1 No – 2	_____ _____	If No, go to P10
55	P8	In a typical week, how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of Days	_____	
56	P9	How much time do you spend walking or bicycling for travel on a typical day?	Hour: Minutes	hrs _____: mins _____	

Recreational Activities

57	P10	Do you do any vigorous intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate, for at least 10 minutes continuously?	Yes – 1 No – 2	_____ _____	If No, go to P13
58	P11	In a typical week, on how many days do you do vigorous –intensity sports, fitness or recreational activities?	Number of days	_____	
59	P12	How much time do you spend doing vigorous –intensity sports, fitness or recreational activities on a typical day?	Hour: Minutes	hrs _____: mins _____	
60	P13	Do you do any moderate- intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate, for at least 10 minutes continuously?	Yes – 1 No – 2	_____ _____	
61	P14	In a typical week, on how many days do you do moderate –intensity sports, fitness or recreational activities?	Number of days	_____	
62	P15	How much time do you spend doing moderate–intensity sports, fitness or recreational activities on a typical day?	Hour: Minutes	hrs _____: mins _____	

VIII. Blood pressure							
N	Code		Response	Code Column	Skips		
63	H1	When was your blood pressure last measured by a health professional?	Within last 12 month 01	_ _			
			1-5 years ago 02				
			Not past 5 years 03				
64	H2	During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension?	Yes – 1 No – 2	_ _	If No skip to H6		
65	H3a	Are you currently taking drugs for the treatment of blood pressure?	Yes – 1 No – 2	_ _			
	H3b	Are you currently on diet to decrease blood pressure?	Yes – 1 No – 2				
	H3c	Are you currently trying to lose your weight to control high blood pressure?	Yes – 1 No – 2				
	H3d	Are you currently trying to stop smoking?	Yes – 1 No – 2			_ _	Skipped if non-smoker
	H3e	Are you currently trying to do any exercise or increase your physical activity?	Yes – 1 No – 2				
66	H4	During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension?	Yes – 1 No – 2	_ _			
67	H5	Are you currently taking any herbal or traditional remedy for your high blood pressure?	Yes – 1 No – 2	_ _			

IX. Diabetes					
N	Code		Response	Code Column	Skips
68	H6	Have you had your blood sugar measured in the last 12 months?	Yes – 1 No – 2	_ _	
69	H7	During the last 12 months, have you ever been told by doctors that you have diabetes?	Yes – 1 No – 2	_ _	If not skip to Measurement
70	H8a	Are you currently using insulin for your diabetes?	Yes – 1 No – 2	_ _	
	H8b	Have you taken any oral drug to decrease blood sugar in last 2 weeks?	Yes – 1 No – 2		
	H8c	Are you currently on a special diet?	Yes – 1 No – 2		
H8d	Are you currently trying to lose your weight for	Yes – 1	_ _		

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Diabetes continued

		controlling diabetes?	No – 2		
H8e		Are you currently trying to stop smoking?	Yes – 1	___	Skipped if non-smoker
			No – 2		
H8f		Are you currently trying to do any exercise or increase your physical activity?	Yes – 1	___	
			No – 2		
71	H9	During the past 12 months have you seen a traditional healer for diabetes?	Yes – 1	___	
			No – 2		
72	H10	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes – 1	___	
			No – 2		

STEP 3.

X. Check up					
N	Code		Response	Code Column	Skips
Physical measurement					
73	M1	Technician ID		_____	If Yes, go to M9
74	M2a	Device Ids	Height	_____	
	M2b		Weight	_____	
75	M3	Height	In Centimetres (cm)	_____, ____	
76	M4	Weight	In Kilograms (kg)	_____, ____	
77	M5	Are you pregnant?	Yes – 1		
			No – 2	___	
Waist					
78	M6	Technician ID		_____	
79	M7	Device ID for waist		_____	
80	M8	Waist circumference (cm)	In Centimetres (cm)	_____, ____	
81	M9	Hip circumference	In Centimetre	_____, ____	
Blood Pressure					
82	M10	Technician ID		_____	
83	M11	Device ID for blood pressure		_____	
84	M12	Cuff size used	1.Short	___	
			2.Normal		

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Check up continued

				3.	Long		
85	M13a	Reading 1	Systolic mmHg			_____	
	M13b		Diastolic mmHg			_____	
86	M14a	Reading 2	Systolic mmHg			_____	
	M14b		Diastolic mmHg			_____	
87	M15a	Reading 3	Systolic mmHg			_____	
	M15b		Diastolic mmHg			_____	

Biochemical measurements

N	Code		Response	Code Column	Skips
Blood glucose					
88	B1	During the last 12 hours have you had anything to eat or drink, other than water?	Yes – 1 No – 2	____	
89	B2	Technician ID		_____	
90	B3	Device ID		_____	
91	B4	Time of day blood specimen taken (24 hour clock)	hours minutes	hrs _____: mins _____	
92	B5a	Blood Glucose	Mmol/l	_____, _____	
	B5b		1. Low 2. High 3. Unable to asses	____	
93	B6	Technician ID		_____	
94	B7	Device ID		_____	
95	B8a	Total cholesterol	Mmol/l	_____, _____	
	B8b		1. Low 2. High 3. Unable to asses	____	
96	B9	Technician ID		_____	
97	B10	Device ID		_____	
98	B11a	Triglycerides	mmol/l	_____, _____	
	B11b		1. Low 2. High 3. Unable to asses	____	

Testing table to assess physical fitness

Physical fitness factors	Physical fitness factors	Physical fitness factors	Score
Strength factor	1. Push up	Numbers performed in 30 seconds N	
	2. Jumping	Reach the target within 1 minutes N	
	3. Lift to sit from the lying prone	Lift to sit in 30 seconds N	
Speed factor	4. Jogging	Steps in 10 seconds N	
Flexibility factor	5. Squat	1. 2. ñm ñm	
		6. 50 steps with shoulder/arm raise straight forward	Measure length from the first position ñm
Endurance factor	7. Deep inhale and exhale	Count minutes for exhale sec	

Physical fitness scores

Assessment of physical fitness

5 Very sufficient 4 Good 3 Sufficient 2 Neither sufficient or bad 1 Not sufficient