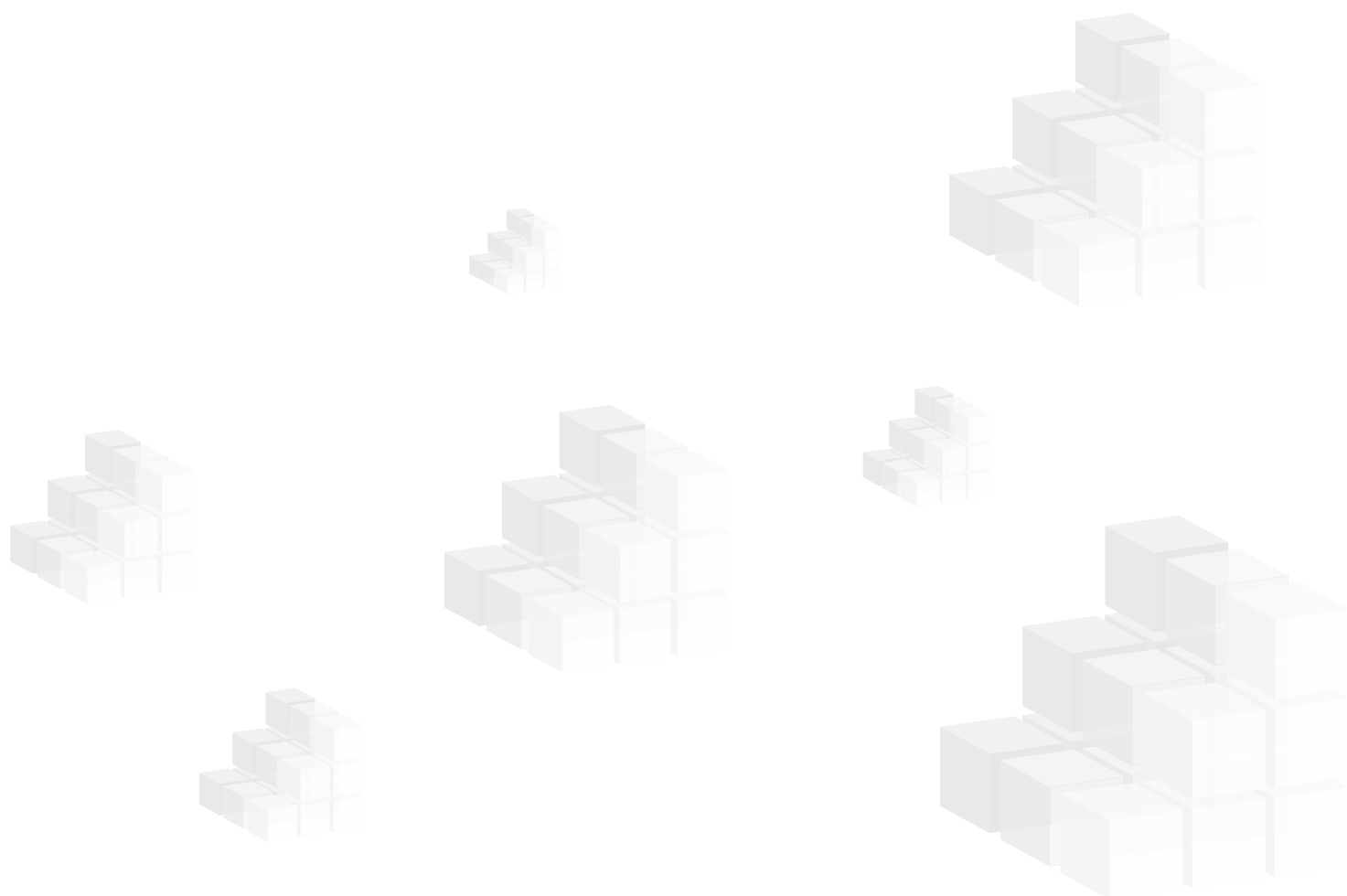


## 12. Appendix 3. Mongolian NCD STEPS Risk Factor Survey Instrument



## I. General information

N	Code		Code Column
1	I1	Aimag/city code	<u>    </u> <u>    </u> <u>    </u>
2	I2	Soum/district code	<u>    </u> <u>    </u> <u>    </u>
3	I3	Name of bag, khoroo	
4	I4	Cluster Code	<u>    </u> <u>    </u> <u>    </u>
5	I5	Interviewer code	<u>    </u> <u>    </u> <u>    </u> <u>    </u>
6	I6	Date of completion of the instrument	<u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> Day Month Year

Participant ID Number                         

N	Code		Response	Code Column
7	17	Has she/he taken the consent form?	Yes 1 No 2	<u>    </u> if no, please read consent
8	18	Agreed or not after familiarizing with consent form (oral or paper)	Yes 1 No 2	<u>    </u> if no, END
9	19	Interviewer language	Mongolian -1 Kazakh - 2	<u>    </u>

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

*Continued on next page*

17	C6	What is the highest level of education you have completed?	(Specify) No formal schooling 01 Less than primary school 02 Primary school completed 03 Secondary school completed 04 High school completed 05 College completed 06 University completed 07 Post graduate degree 08	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
18	C7	Which of the following best describes your main work in last year?	Governmental organization 01 Non governmental organization 02 Self employed 03 Non paid 04 Student 05 House work 06 Retired 07 Unemployed (able to work) 08 Unemployed (unable to work) 09	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
19	C8.	How many people older than 18 years, including yourself, live in your household?	Number of people	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
20	C9	What are average earnings of the household have been in the last year?	Per week <input type="text"/> OR Per month <input type="text"/> OR Per year <input type="text"/> Refused 8 <input type="text"/> C9d Do not know 77 <input type="text"/> C9e	C9a C9b C9c	
21	C10	How long have you been living in this area?	Less than 3 months 01 Up to 1 year 02 1 year and more than 1 year 03	<input type="text"/> <input type="text"/> <input type="text"/>	
22	C11	Housing condition	Private house/Apartment 01 Ger 02 House 03 Other 04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## IV. Tobacco use

N	Code	Response	Code Column	Skips
23	T1	Do you currently smoke? Yes — 1 No — 2	<u>  </u>	If No, go to T6
24	T2	If yes. Do you currently smoke daily? Yes — 1 No — 2	<u>  </u>	If No, go to T6
25	T3	How old were you, when you first started smoking daily? Age (years) Don't remember — 77	<u>  </u> <u>  </u> <u>  </u>	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	<u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
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)	<u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u> <u>  </u>	If Other, go to T5 other
28	T6	Are you exposed to indoor tobacco smoke at home? Yes — 1 No — 2	<u>  </u>	
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	<u>  </u>	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	<u>  </u>	
32	A3	When do you drink alcohol, on average, how many drinks do you have during one day? Number Don't know — 77	<u>  </u> <u>  </u> <u>  </u>	

Continued on next page

## 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?	_____ Largest number	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	
		(USE SHOWCARDS)			
34	A5	<b>For men only:</b> In the past 12 months, on how many days did you have <b>five or more</b> standard drinks in a single day?	The number of days	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	
35	A6	<b>For women only:</b> In the past 12 months, on how many days did you have <b>four or more</b> standard drinks in a single day?	The number of days	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	
36	A7	After you drink any alcohol, does your face or neck become red?	Yes 1 No 2	<u>  </u> <u>  </u>	
37	A8	When you drink alcohol, do you have a hang over the following morning?	Yes 1 No 2	<u>  </u> <u>  </u>	
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	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	

## VI. Diet

N	Code		Response	Code Column	Skips
39	D1	In a typical week, how many days do you eat fruit?	Number of days	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	If Zero days, go to D3
40	D2	How many servings of fruit do you eat on one of those days? (USE SHOWCARDS)	Number of servings	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	
41	D3	In a typical week, how many days do you eat vegetables?	Number of days	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	If Zero days, go to D5
42	D4	How many servings of vegetables do you eat on one of those days? (USE SHOWCARDS)	Number of servings	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	
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	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	If Zero days go to D8

Continued on next page

*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	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	
45	D7	Typically, how many days, does 500gr of salt used in your household?	The number of days	<u>  </u> <u>  </u> <u>  </u> <u>  </u>	
			Don't know — 77		
46	D8	In a typical week, on how many days do you drink tea with salt?	Number of days	<u>  </u> <u>  </u>	
47	D9	In a typical week, on how many days do you use acetic/salted/-canned food?	Number of days	<u>  </u> <u>  </u>	

**STEP 2.****VII. Physical activity**

N	Code		Response	Code Column	Skips
<b>Activity at work</b>					
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	<u>  </u> <u>  </u>	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	<u>  </u> <u>  </u>	
50	P3	How much time do you spend doing vigorous—intensity activities at work on a typical day?	Hour: Minutes	hrs <u>  </u> <u>  </u> <u>  </u> <u>  </u> : mins <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
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	<u>  </u> <u>  </u>	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	<u>  </u> <u>  </u>	
53	P6	How much time do you spend doing moderate —intensity activities at work on a typical day?	Hour: Minutes	hrs <u>  </u> <u>  </u> <u>  </u> <u>  </u> : mins <u>  </u> <u>  </u> <u>  </u> <u>  </u>	

*Continued on next page*

*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	<u>  </u> <u>  </u>	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	<u>  </u> <u>  </u>	
56	P9	How much time do you spend walking or bicycling for travel on a typical day?	Hour: Minutes	hrs <u>  </u> <u>  </u> <u>  </u> <u>  </u> : mins <u>  </u> <u>  </u> <u>  </u> <u>  </u>	

**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	<u>  </u> <u>  </u>	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	<u>  </u> <u>  </u>	
59	P12	How much time do you spend doing vigorous —intensity sports, fitness or recreational activities on a typical day?	Hour: Minutes	hrs <u>  </u> <u>  </u> <u>  </u> <u>  </u> : mins <u>  </u> <u>  </u> <u>  </u> <u>  </u>	
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	<u>  </u> <u>  </u>	
61	P14	In a typical week, on how many days do you do moderate —intensity sports, fitness or recreational activities?	Number of days	<u>  </u> <u>  </u>	
62	P15	How much time do you spend doing moderate— intensity sports, fitness or recreational activities on a typical day?	Hour: Minutes	hrs <u>  </u> <u>  </u> <u>  </u> <u>  </u> : mins <u>  </u> <u>  </u> <u>  </u> <u>  </u>	

## 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	<u>  </u> <u>  </u> <u>  </u>	
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	<u>  </u> <u>  </u> <u>  </u>	If No skip to H6
65	H3a	Are you currently taking drugs for the treatment of blood pressure?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	
	H3b	Are you currently on diet to decrease blood pressure?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	
	H3c	Are you currently trying to lose your weight to control high blood pressure?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	
	H3d	Are you currently trying to stop smoking?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	Skipped if non-smoker
	H3e	Are you currently trying to do any exercise or increase your physical activity?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	
66	H4	During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	
67	H5	Are you currently taking any herbal or traditional remedy for your high blood pressure?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	

## 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	<u>  </u> <u>  </u> <u>  </u>	
69	H7	During the last 12 months, have you ever been told by doctors that you have diabetes?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	If not skip to Measurement
70	H8a	Are you currently using insulin for your diabetes?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	
	H8b	Have you taken any oral drug to decrease blood sugar in last 2 weeks?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	
	H8c	Are you currently on a special diet?	Yes — 1 No — 2	<u>  </u> <u>  </u> <u>  </u>	
	H8d	Are you currently trying to lose your weight for	Yes — 1	<u>  </u> <u>  </u> <u>  </u>	

Continued on next page



*Diabetes continued*

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

**STEP 3.****X. Check up**

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

*Continued on next page*

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
<b>Blood glucose</b>					
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	
Balance factor	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	
<b>Physical fitness scores</b>			
Assessment of physical fitness			
<b>5 Very sufficient</b>	<b>4 Good</b>	<b>3 Sufficient</b>	<b>2 Neither sufficient or bad    1 Not sufficient</b>