

# STEP Survey for NCD Risk Factors in Bangladesh, 2018



Survey Instrument  
(English)

Date: 21 February 2018

(Version 2.0)



**National Institute of Preventive and Social Medicine, (NIPSOM)**

Mohakhali, Dhaka-1212

[www.nipsom.gov.bd](http://www.nipsom.gov.bd)



## Instructions

Parenthesis in Third bracket [...] = Instruction for Interviewer. Need not to read out to the respondents

Right side of the Column indicate the Question Code = Example C1, TP1, etc.

Blue words in the Question = Need to emphasize when read out to the respondents



## Survey Information

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

## Household Information

[THE HOUSEHOLD SCREENING RESPONDENT SHOULD BE 18 YEARS OF AGE OR OLDER AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD. IF NEEDED, VERIFY THE AGE OF THE HOUSEHOLD SCREENING RESPONDENT TO MAKE SURE HE/SHE IS 18 YEARS OF AGE OR OLDER.

THE HOUSEHOLD SCREENING RESPONDENT CAN BE LESS THAN 18 YEARS OLD, ONLY IF NO HOUSEHOLD MEMBERS AGED 18 YEARS AND ABOVE ARE AVAILABLE.]

### INTRO:

National Institute of Preventive and Social Medicine (NIPSOM) under the Ministry of Health and Family Welfare (MOHFW) of Bangladesh is going to implement the STEPS Survey for NCD Risk Factors among 18-69 years old adults in Bangladesh and your household has been selected scientifically for participation. It is very important that each participant in the survey should participate for the success of this survey. All information gathered for this survey will be kept strictly confidential. I have a few questions to find out who in your household is/are eligible to participate.



**HH4.** Now I- would like to collect information about male/female who live in this household and who are 18–69 years old. Let's start listing the male/female from oldest to youngest.

What is the {FILL: oldest/next oldest} person's full name?

What is his/her Age?

Male HH ----- 1				
Female HH ----- 2				
	Name	Age in Years	Gender	
			Male	Female
1	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
2	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
3	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
4	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
5	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
6	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
7	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
8	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
9	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2
10	----- -----	----- -----	<input type="text"/> 1	<input type="text"/> 2



## Informed Consent—1 (for step 1 & 2)

Dear Participant,

My name is (Interviewer's name) ..... I am a professional interviewer from National Institute of Preventive and Social Medicine (NIPSOM) which is under the Ministry of Health and Family Welfare, Bangladesh. NIPSOM is implementing a survey titled 'STEPS survey for NCD risk factors in Bangladesh 2018' with technical assistance from World Health Organization (WHO). The information revealed from this survey will be used for planning public health policies and strategies by the Government of Bangladesh to combat Non-Communicable Diseases (NCDs) in Bangladesh. This survey is currently taking place in several countries around the world.

Your household have been selected randomly to participate in this survey. You have been also selected randomly as the participant for this survey. So, I would like to interview you. Your responses are very important to us and the country. Your answers will represent many other persons. The interview will last approximately 45 minutes. Your participation in this survey is entirely voluntary. There will be no penalty and you will not lose any services that you would normally receive if you do not participate in this survey.

Information you will provide will be totally confidential and will not be disclosed to anyone including your family members. It will only be used for research purposes. Your name, address, and other personal information will be removed, and only a code will be used to connect your name and your answers without identifying you. You may be contacted by the survey team again only if it is necessary to complete the information on the survey.

Your participation is voluntary and you can withdraw from the survey after having agreed to participate. No monetary compensation will be provided to you for participating this Survey. You can withdraw your consent from the survey after having agreed to participate. You are free to refuse to answer any question that is asked in the questionnaire. If you have any question(s) about this survey you may ask me or contact [Prof. Dr Md. Ziaul Islam, Head, Department of Community Medicine, NIPSOM and Mohakhali, Dhaka 1212, Bangladesh, Mob.01726693778].

Signing this consent form indicates that you have understood what will be expected from you and are you are willing to participate in this survey.

Read by Participant		Interviewer	
Agreed		Refused	

I hereby provide INFORMED CONSENT to take part in Steps 1 and 2 of the STEPS survey for NCD risk factors in Bangladesh 2018.

Signature and Name of the participant:

Date:

Signature and Name of the Enumerator:

Date:

OR

<p><b>Finger print</b></p> <div style="border: 1px solid black; width: 150px; height: 100px; margin: 20px auto;"></div>	<p><b>Witness</b></p> <p>1. Name _____</p> <p>Relation _____</p> <p>Signature _____</p> <p>2. Name _____</p> <p>Relation _____</p> <p>Signature _____</p>
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Consent and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <i>[If 'No', END the Interview]</i>	I5
Family Full name	.....	I8
Family Nick name	.....	I9
<b>Additional Information that may be helpful</b>		
Contact number of respondent	1. .... [Enter '88' if refused and '99' if not available] <i>[if 88 or 99 go to 'I11a']</i>	I10
Do you have alternate phone number?	1. Yes 2. No <i>[if No go to 'I11a']</i>	I10a
Alternate phone number	2. .... [Enter '88' if refused and '99' if not available]	I10b
NID (Smart card) number	..... Not found 77 <i>[go to 'I11b']</i> Refused 88	I11a
NID (Old) number	..... Not found 77 <i>[go to 'I11c']</i> Refused 88	I11b
Birth Certificate Number	..... Not found 77 Refused 88	I11c



## Step 1 Demographic Information

CORE: Demographic Information			
Question		Response	Code
1	Sex of the respondent	Male 1 Female 2	C1
2	What is your date of birth? <i>Don't Know 77 77 7777</i>	<div><div><div></div><div></div></div><div>dd</div><div><div></div><div></div></div><div>mm</div><div><div></div><div></div><div></div><div></div></div><div>year</div></div> <div><i>[If Known, Go to C4]</i></div>	C2 (a-c)
3	How old are you?	Years <div><div></div><div></div></div>	C3
4	Years of education you have completed (excluding pre-school)?	Years <div><div></div><div></div></div> <div>If Don't know enter '77' and Refuse enter '88'</div>	C4

EXPANDED: Demographic Information			
5	What is the <b>highest level of education</b> you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 Higher secondary school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
6	What is your religion?	Islam 1 Hinduism 2 Christianity 3 Buddhism 4 Others (Please specify.....) C6other Refuse 88	C6
7	What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Refused 88	C7
8	Which of the following best describes your <b>main work</b> status over the past 12 months?	Government Employee 1 Non-Government Employee 2 Business (Small) 3 Business (Large) 4 Agriculture (land owner and farmer) 5 Agriculture labourer (other's land) 6 Industrial Labourer 7 Day labourer 8 Transport labourer 9 Other Self Employed 10 Student 11 Home maker/Household work 12 Retired 13 Unemployed (able to work) 14 Unemployed (unable to work) 15	C8/C8others

		Paid domestic worker 16 Blacksmith/Goldsmith/Tati 17  Others (Please specify.....) C8others Refuse 88	
9a	In total, how many persons live in this household (including infants)?  [INCLUDE ANYONE WHO CONSIDERS THIS HOUSEHOLD AS THEIR USUAL PLACE OF RESIDENCE AND STAYED LAST NIGHT AT HOME]	Number of People <input type="text"/>  Enter '77' if not known and '88' for refused.	C9a
9b	How many people aged 18–69 years, including yourself, live in your household? (include both males and females)  Number of people aged 18 years cannot be less than 1 or bigger than total person in the household.	Number of People <input type="text"/>  Enter '77' if not known and '88' for refused.	C9b

EXPANDED: Demographic Information		
Question	Response	Code
10	Please ask / observe - whether this household or any person who lives in the household has the following items:	
a. [Electricity]	Yes 1 No 2 Refuse 88	Cex1a
b. [Flush toilet]	Yes 1 No 2 Refuse 88	Cex1b
c. [Land Phone]	Yes 1 No 2 Refuse 88	Cex1c
d. [Mobile phone]	Yes 1 No 2 Refuse 88	Cex1d
e. [Television]	Yes 1 No 2 Refuse 88	Cex1e
f.		
g. [Refrigerator]	Yes 1 No 2 Refuse 88	Cex1g
h. [Car]	Yes 1 No 2 Refuse 88	Cex1h
i. [Moped/scooter/motorcycle/Auto-Rickshaw]	Yes 1 No 2 Refuse 88	Cex1i
j. [Washing machine]	Yes 1 No 2 Refuse 88	Cex1j
k. [Bicycle]	Yes 1 No 2	Cex1k



		Refuse 88	
	l. [Sewing machine]	Yes 1 No 2 Refuse 88	Cex1l
	m. [Almirah / wardrobe]	Yes 1 No 2 Refuse 88	Cex1m
	n. [Table]	Yes 1 No 2 Refuse 88	Cex1n
	o. [Khat/Chowki]	Yes 1 No 2 Refuse 88	Cex1o
	p. [Chair or Bench]	Yes 1 No 2 Refuse 88	Cex1p
	q. [Watch or Clock]	Yes 1 No 2 Refuse 88	Cex1q
	r. [Computer/ Laptop/Tab]	Yes 1 No 2 Refuse 88	Cex1r
	s. [Domestic Animal (Cow/Bufalo/Goat)]	Yes 1 No 2 Refuse 88	Cex1s
	t. [Shallow Machine/Power Tiller/Tractor]	Yes 1 No 2 Refuse 88	Cex1t
	u. [Rickshaw]	Yes 1 No 2 Refuse 88	Cex1u
11	What is the main material of the roof of the main house? [record observation] <b>Instruction:</b> If One HH has more houses then, need to add that house's roof where respondent consider as his main house.	Katcha (bamboo/thatched/straw/gunny) 1 Tin, Tiles or similar materials 2 Cement/concrete 3	Cex2
12	What is the type of this family?  <b>Instruction:</b> <u>Nuclear Family:</u> Family having husband and wife or husband-wife with their child (first generation). <u>Joint family:</u> Family having husband-wife, their child, their parents or siblings (second or more generation).	Nuclear Family 1 Joint Family 2	Cex3



## Step 1 Behavioral Measurements

### CORE: Diet

The next questions I will ask about the **fruits and vegetables** that you usually eat;  
I have a nutrition card/picture here that shows you some examples of local fruits and vegetables;  
Each picture represents the size of a serving;  
To answer these questions, please think of a typical week.

Question		Response		Code
13	In a <u>typical week</u> , on how many <u>days</u> do you eat <u>fruit</u> ? (USE SHOWCARD – 01)	Number of Days Don't Know	<u>    </u> <u>    </u> [If Zero days, go to D3] 77	D1
14	How many <u>servings</u> of fruit do you eat on <u>one</u> of those days? (USE SHOWCARD – 02)	Number of servings Don't Know	<u>    </u> <u>    </u> . <u>    </u> <u>    </u> 77	D2
15	In a <u>typical week</u> , on how many <u>days</u> do you eat <u>vegetables</u> ? (USE SHOWCARD – 03)	Number of Days Don't Know	<u>    </u> <u>    </u> [If Zero days, go to Dx1] 77	D3
16	How many <u>servings</u> of vegetables do you eat on <u>one</u> of those days? (USE SHOWCARD – 04)	Number of servings Don't Know	<u>    </u> <u>    </u> . <u>    </u> <u>    </u> 77	D4
17	What do you think is the desirable or recommended number of <u>fruit and vegetable servings</u> one should eat <u>every day</u> to be healthy?	Number of servings Don't Know	<u>    </u> <u>    </u> . <u>    </u> <u>    </u>	Dx1

### Dietary salt

With the next questions, I 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, bit salt, testing salt and salty sauces etc. and salty sauces such as soya sauce or fish sauce (Use show card5 to 8).

The following questions are on adding salt to the food right before you eat it, on eating processed foods that are high in salt such as Fast food, Chips, Dried fish, Salty fish, Pickles, Chana Chur, Jhal Muri and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

Question		Response		Code
18	How often do you <u>add salt</u> to your food <u>right before you eat</u> it or as you are eating it? [SELECT ONLY ONE]  (USE SHOWCARD – 05)	Always Often Sometimes Rarely Never Don't know	1 2 3 4 5 77	D5a
19	How often do you <u>add salty sauce such as soya sauce</u> to your food right before you eat it or as you are eating it? [SELECT ONLY ONE]  (USE SHOWCARD – 06)	Always Often Sometimes Rarely Never Don't know	1 2 3 4 5 77	D5b

Question		Response	Code
20	How often do you eat <u>processed food high in salt</u> ? Processed food high in salt means foods that have been altered from their natural state, such as packaged salty snacks (such as Chips, Chanachur, Jhal Muri), canned salty food including pickles and preservatives, salty food prepared at a fast food restaurant, cheese, processed meat, dried fish, salty fish etc.  (USE SHOWCARD – 07)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
21	How much <u>salt</u> do you think you consume?  <b>Instruction:</b> Count all sources of salt that respondent consume. Like for meal preparation, extra salt intake and others.	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8a
22	How much <u>salty sauce</u> do you think you consume?  <b>Instruction:</b> Count all sources of sauce that respondent consume. Like for meal preparation, extra sauce intake and others.	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8b

EXPANDED: Diet			
Question		Response	Code
23	How much <u>extra salt</u> do you take in a typical day? [USE SHOW CARD – 08]	<input type="text"/> <input type="text"/> . <input type="text"/> Teaspoonful (TSF) Don't know 77	Dx2
24	How important to you is <u>lowering the salt</u> in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9
25	What is the maximum amount of salt do you think a person should take in a day from all sources? [USE SHOW CARD – 08]	<input type="text"/> <input type="text"/> . <input type="text"/> Teaspoonful (TSF) Don't know 77	Dx3
26	What do you think that too much salt or salty sauce in your diet can do to your health? [Multiple response]	Nothing, more salt is good for one's health 1 Increase blood pressure 2 Kidney disease 3 Asthma 4 Cancer 5 Tuberculosis 6 Others (Please specify.....) Dx4other Don't know 77	Dx4/ Dx4other



Question		Response	Code
27	Currently are you doing anything on regular basis to control your salt intake?	Yes 1 No 2 <i>[If 'No' go to Dx6]</i> Don't know 77	Dx5
28	Do you do any of the following on a regular basis to <b>control your salt intake</b> ? (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
	Stop/Reduce added salt	Yes 1 No 2	D11f
	Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11g
	Other (please specify)	<input type="text"/>	D11other

29	What type of <b>OIL</b> is most often used to cook food in your house ? [ ANSWER ONLY ONE OPTION]	Soybean Oil 1 Palm Oil 2 Sunflower Oil 3 Mustard Oil 4 Rice bran oil 5 Dalda 6 Ghee/Butter 7 Not specific 8 Other 9 Others (Please specify.....) Dx6other	Dx6/ Dx6other
30	On often do you eat in a restaurant or take away in a week? (any of the meals (Breakfast, Lunch, Dinner))	<input type="text"/> Times Don't Know 77	Dx7
30a	On an average how many times in a day do you eat snacks such as singara, samucha, puri, chips, chanachur, fuchka, chotpoti, jhal muri, salted biscuits, etc.?	<input type="text"/> Times Don't Know 77	Dx8

CORE: Physical Activity			
<p>Next, I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. In answering the following questions, '<b>vigorous-intensity activities</b>' are activities that require hard physical effort and cause large increases in breathing or heart rate, '<b>moderate-intensity activities</b>' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>			
Question		Response	Code
<b>Work</b>			
31	Does your work involve <u>vigorous-intensity activity</u> that causes large increases in breathing or heart rate like <i>carrying or lifting heavy loads, digging or construction work, reaping paddy, washing clothes, fishing by nets etc</i> , for at least <u>10 minutes</u> continuously? [USE SHOWCARD – 9]	Yes 1  No 2 [If No, go to P4]	P1
32	In a <u>typical week</u> , on how many <u>days</u> do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/> Don't know 77 [If Don't know, go to P4]	P2
33	<u>How much time</u> do you spend doing vigorous-intensity activities at work on a <u>typical day</u> ?	Hours: minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P3 (a-b)
34	Does your work involve <u>moderate-intensity activity</u> that causes small increases in breathing or heart rate such as <i>brisk walking, carrying light loads, washing clothes</i> for at least <u>10 minutes</u> continuously? [USE SHOWCARD – 10]	Yes 1  No 2 [If No, go to P7]	P4
35	In a <u>typical week</u> , on how many <u>days</u> do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/> Don't know 77 [If Don't know, go to P7]	P5
36	<u>How much time</u> do you spend doing moderate-intensity activities at work on a <u>typical day</u> ?	Hours: minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P6 (a-b)
<b>Travel to and from places</b>			
<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 <u>usual way you travel</u> to and from places. For example, to work, for shopping, to market, to place of worship.</p>			
37	Do you <u>walk or use a bicycle (pedal cycle)</u> for at least <u>10 minutes</u> continuously to get to and from places?	Yes 1  No 2 [If No, go to P 10]	P7
38	In a <u>typical week</u> , on how many <u>days</u> do you walk or bicycle for at least <u>10 minutes</u> continuously to get to and from places?	Number of days <input type="text"/> Don't know 77 [If Don't know, go to P10]	P8
39	<u>How much time</u> do you spend walking or bicycling for travel on a <u>typical day</u> ?	Hours: minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P9 (a-b)



CORE: Physical Activity, Continued			
Question		Response	Code
<b>Recreational activities</b>			
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).			
40	Do you do any <u>vigorous-intensity</u> sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like <i>[running, football, Kabaddi, Dariabandha, Gollachut]</i> for at least <u>10 minutes</u> continuously? <i>[USE SHOWCARD – 11]</i>	Yes 1  No 2 <i>[If No, go to P 13]</i>	P10
41	In a <u>typical week</u> , on how many <u>days</u> do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/> Don't know 77 <i>[If Don't know, go to P13]</i>	P11
42	<u>How much time</u> do you spend doing vigorous-intensity sports, fitness or recreational activities on a <u>typical day</u> ?	Hours: minutes <input type="text"/> : <input type="text"/> hrs                    mins	P12 (a-b)
43	Do you do any <u>moderate-intensity</u> sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, <i>running on treadmill</i> , cycling, swimming, volleyball, jogging for at least <u>10 minutes</u> continuously? <i>[USE SHOWCARD – 12]</i>	Yes 1  No 2 <i>[If No, go to P16]</i>	P13
44	In a <u>typical week</u> , on how many <u>days</u> do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <input type="text"/> Don't know 77 <i>[If Don't know, go to P16]</i>	P14
45	<u>How much time</u> do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a <u>typical day</u> ?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                    mins	P15 (a-b)

EXPANDED: Physical Activity			
<b>Sedentary behaviour</b>			
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[USE SHOWCARD – 13]</i>			
46	<u>How much time</u> do you usually spend sitting or reclining on a <u>typical day</u> ?	Hours: <input type="text"/> hrs  Minutes : <input type="text"/> mins	P16 (a-b)

[illegible]



	tobacco products? [USE SHOWCARD – 14]	No 2 [If No, go to T12]	
55	In the past, did you ever smoke daily?	Yes 1 [If T1=Yes, go to T12, else go to T10] No 2 [If T1=Yes, go to T12, else go to T10]	T9

EXPANDED: Tobacco Use				
Questions		Response		Code
56	How <u>old</u> were you when you <u>stopped</u> smoking?	Age (years) <input type="text"/> <input type="text"/> If Known, go to T12 Don't Know 77		T10
57	How <u>long ago</u> did you <u>stop</u> smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago, <input type="text"/> <input type="text"/> If Known, go to T12 OR Months ago <input type="text"/> <input type="text"/> If Known, go to T12 OR Weeks ago <input type="text"/> <input type="text"/>		T11/T11type
58	Do you <u>currently</u> use any <u>smokeless tobacco</u> products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, <i>gutka</i> ? [USE SHOWCARD-15]	Yes 1 No 2 [If No, go to T15]		T12
59	Do you <u>currently</u> use <u>smokeless tobacco</u> products such as Betel quid with zarda, zarda only or zarda with supari, Betel quid with sadapata, pan masala with tobacco, sadapata chewing, gul, Khoinee, Nossi, <i>gutka</i> <u>daily</u> ?	Yes 1 No 2 [If No, go to T14aw]		T13
60	On average, how many times do you use following tobacco products in a <u>day/week</u> ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777		DAILY↓ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> WEEKLY↓ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Betel quid with zarda, zarda only or zarda with supari?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[If Daily is '0' then ask weekly]	T14a/ T14aw
	Betel quid with sadapata	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[If Daily is '0' then ask weekly]	T14b/ T14bw
	Pan masala with tobacco	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[If Daily is '0' then ask weekly]	T14c/ T14cw
	Sadapata chewing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[If Daily is '0' then ask weekly]	T14d/ T14dw
	Gul	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[If Daily is '0' then ask weekly]	T14e/ T14ew
	Khoinee	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[If Daily is '0' then ask weekly]	T14f/ T14fw
	Nossi	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	[If Daily is '0' then ask weekly]	T14g/ T14gw
	Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		T14h/





			<i>[If Other, go to T14other, if T13=No, go to TP1a]</i>	T14hw
		Other (Please specify):	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	T14other
61	In the <u>past</u> , did you ever use <u>smokeless tobacco</u> products such as <i>zarda, sadapata, gul, khoinee, snuff, chewing tobacco, or betel quid?</i>	Yes 1 No 2		T15

### Electronic Cigarettes

The next questions are about using electronic cigarettes. Electronic cigarettes include any product that uses batteries or other methods to produce a vapor which contains nicotine. They have various other names such as e-cigarette, vape-pen, e-shisha, e-pipes.

Question		Response	Code
62	Before today, have you <u>ever</u> heard of electronic cigarettes?	Yes 1 No 2 <i>[If 'No' go to A1]</i> Refused 88 <i>[go to A1]</i>	ECx1
63	Which one of the following is an electronic cigarette?  <i>[USE SHOWCARD – 17]</i>	Pipes full of tobacco 1 E-cigarette 2 Shisha 3 Hukka 4	ECx2
64	Do you currently use electronic cigarettes on a <u>daily</u> basis?	Daily 1 <i>[go to A1]</i> Less than daily 2 <i>[go to A1]</i> Not at all 3 Refused 88	ECx3
65	Have you ever, <u>even once</u> , used an electronic cigarette?	Yes 1 No 2 Refused 88	ECx4

CORE: Alcohol Consumption			
The next questions I will ask you about the consumption of alcohol.			
Question		Response	Code
80	Have you <u>ever</u> consumed any alcohol such as beer, wine, spirits, tari, cholai, ram, bangla, chuani, keru, vodka, jeen etc? [USE SHOWCARD – 18]	Yes 1 No 2 [If No, go to D1]	A1
81	Have you consumed any alcohol within the <u>past 12 months</u> ?	Yes 1 [If Yes, go to A4] No 2	A2
82	Have you <u>stopped</u> 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 D1] No 2 [If No, go to D1]	A3
83	During the past 12 months, how frequently have you had at least <u>one standard</u> alcoholic drink? [READ RESPONSES] [USE SHOWCARD – 19]	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
84	Have you consumed any alcohol within the <u>past 30 days</u> ?	Yes 1 No 2 [If No, go to H1]	A5
85	During the <u>past 30 days</u> , on how many <u>occasions</u> did you have at least <u>one standard</u> alcoholic drink?	Number <input type="text"/> <input type="text"/> <input type="text"/> [If Zero, go to H1] Don't know 77	A6
86	During the <u>past 30 days</u> , when you drank alcohol, how many <u>standard drinks on average</u> did you have during <u>one drinking occasion</u> ? [USE SHOWCARD – 19]	Number <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	A7
87	During the <u>past 30 days</u> , what was the <u>largest number</u> of standard drinks you had on a <u>single occasion</u> , counting all types of alcoholic drinks together?	Largest number <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	A8
88	During the <u>past 30 days</u> , how many <u>times</u> did you have <u>six or more</u> standard drinks in a single drinking occasion?	Number of times <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	A9
89	During <u>each</u> of the <u>past 7 days</u> , how many standard drinks did you have each day? [USE SHOWCARD – 20] Don't Know 77	Monday <input type="text"/> <input type="text"/> <input type="text"/>	A10a
		Tuesday <input type="text"/> <input type="text"/> <input type="text"/>	A10b
		Wednesday <input type="text"/> <input type="text"/> <input type="text"/>	A10c
		Thursday <input type="text"/> <input type="text"/> <input type="text"/>	A10d
		Friday <input type="text"/> <input type="text"/> <input type="text"/>	A10e
		Saturday <input type="text"/> <input type="text"/> <input type="text"/>	A10f
		Sunday <input type="text"/> <input type="text"/> <input type="text"/>	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
90	During the <u>past 7 days</u> , did you consume any homebrewed alcohol or any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol? (USE SHOWCARD-20)	Yes 1  No 2 <i>[If No, go to H1]</i>	A11
91	On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days?</b>  (USE SHOWCARD-20)  Don't Know 77	Homebrewed beer or wine, e.g. beer, palm or fruit wine <input type="text"/>	A12a
		Alcohol brought over the border/from another country <input type="text"/>	A12b
		Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/>	A12c
		Choani <input type="text"/>	A12d
		Other untaxed alcohol in the country <input type="text"/>	A12e
		Other (Please specify) .....	A12other

### CORE: History of Raised Blood Pressure

Question		Response	Code
92	Have you <u>ever</u> had your <u>blood pressure</u> measured by a doctor or other health worker?	Yes 1  No 2 <i>[If No, go to H6]</i>	H1
93	Have you <u>ever</u> been <u>told</u> by a doctor or other health worker that you have <u>raised blood</u> pressure or hypertension?	Yes 1  No 2 <i>[If No, go to H6]</i>	H2a
94	Have you been told this in the <u>past 12 months</u> ?	Yes 1  No 2	H2b
95	Have you <u>ever</u> taken <u>drugs/medications</u> for raised blood pressure prescribed by a doctor/health worker?	Yes 1  No 2 <i>[If No, go to Hx2]</i>	Hx1
96	In the <u>past two weeks</u> , have you taken any <u>drugs</u> (medication) for raised blood pressure prescribed by a doctor or other health worker (not including the traditional herbal remedy)?	Yes 1  No 2 <i>[If No, go to Hx2]</i>	H3

97	Where do you usually go for <u>treatment</u> or advice for your raised blood pressure?  [MULTIPLE RESPONSE]  [Appear only <i>If H2a=yes</i> ]	Govt. Community Clinic (CC) 1 Govt. Union Health and Govt. Family Welfare Center 2 Govt. Upazila Health Complex 3 Govt. District Sadar Hospital 4 Govt. Medical College Hospital 5 Govt. Specialized Hospital 6 NGO Clinic 7 NGO Hospital 8 Private Hospital 9 Private Chamber/clinic 10 Medicine Shop 11 Village doctor 12 Alternative Medicine practitioner (Homeo, Ayurveda, Unani) 13 Traditional Healer 14 Others (Please specify) Hx2other Don't know 77	Hx2 / Hx2other
98	Where do you usually get your drugs for raised blood pressure?  [MULTIPLE RESPONSE] [Appear only <i>If Hx1=yes</i> ]	Govt. Upazila Health Complex 1 Govt. District Sadar Hospital 2 Govt. Medical College Hospital 3 Govt. Specialized Hospital 4 NGO Hospital 5 NGO Clinic 6 Private Hospital 7 Private Chamber/Clinic 8 Medicine shop 9 Village doctor 10 Alternative Medicine Practitioner (Homeo, Ayurveda, Unani) 11 Traditional healer 12 Others (Please specify) Hx3other Don't know 77	Hx3 / Hx3other
Question		Response	Code
99	What is the most important reason for which you are <u>not</u> currently taking medications? (Yes, to last 12 months/ever treatment and no to current treatment)  [MULTIPLE RESPONSE] [Appear <i>If H2a=yes and ( Hx1=No or H3=No)</i> ]	Don't think taking drug is necessary 1 Too expensive 2 Got side-effect or afraid of side-effect 3 Blood pressure is now normal 4 Medicine is not available 5 Medicine not advised 6  Others (Please specify) Hx4other	Hx4/ Hx4other
100	Have you ever consulted a <u>traditional healer</u> for raised blood pressure or hypertension?	Yes 1 No 2 [ <i>If No, go to H6</i> ]	H4
101	Are you currently taking any traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

CORE: History of Diabetes			
102	Have you ever had your <u>blood sugar (Diabetes)</u> measured by a doctor or other health worker?	Yes 1 No 2 <i>[If No, go to H12]</i>	H6
103	Have you ever been <u>told</u> by a doctor or other health worker that you <u>have diabetes</u> ?	Yes 1 No 2 <i>[If No, go to H12]</i>	H7a
104	Were you told this in the <u>past 12 months</u> ?	Yes 1 No 2	H7b
105	Have you ever taken <u>drugs/medications</u> for diabetes prescribed by a doctor/health worker?	Yes 1 No 2 <i>[If No, go to Hx6]</i>	Hx5
106	In the <u>past two weeks</u> , have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2 <i>[If No, go to Hx6]</i>	H8
107	Are you <u>currently</u> taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
108	Where do you usually go for treatment and advice for your <u>diabetes</u> ? (Only to those who said yes in the last two weeks)  [MULTIPLE RESPONSE]  <i>[Appear only If H7a=yes]</i>	Govt. Community Clinic (CC) 1 Govt. Union Health and Govt. Family Welfare Center 2 Govt. Upazila Health Complex 3 Govt. District Sadar Hospital 4 Govt. Medical College Hospital 5 Govt. Specialized Hospital 6 NGO Clinic 7 NGO Hospital 8 Private Hospital 9 Private Chamber/clinic 10 Medicine Shop 11 Village doctor 12 Alternative Medicine practitioner (Homeo, Ayurveda, Unani) 13 Traditional Healer 14 Others(Please specify) Hx6other Don't know 77	Hx6/ Hx6other
109	Where do you usually get your <u>drugs</u> for <u>diabetes</u> ?  [MULTIPLE RESPONSE] <i>[Appear only If Hx5=yes]</i>	Govt. Upazila Health Complex 1 Govt. District Sadar Hospital 2 Govt. Medical College Hospital 3 Govt. Specialized Hospital 4 NGO Hospital 5 NGO Clinic 6 Private Hospital 7 Private Chamber/Clinic 8 Medicine shop 9 Village doctor 10 Alternative Medicine 11 Practitioner (Homeo, Ayurveda, Unani) 12 Traditional healer 12 Others (Please specify) Hx7other Don't know 77	Hx7/ Hx7other
110	What is the most important <u>reason</u> you are <u>not currently taking medications</u> for diabetes (Yes, to last 12 months/ever treatment and no to current treatment)  [MULTIPLE RESPONSE]	Don't think taking drug is necessary 1 Too expensive 2 Got side-effect or afraid of side-effect 3 Blood sugar is now normal 4	Hx8/ Hx8other



	[Appear If H7a=yes and ( Hx5=No or H8=No or H9=No)]	Medicine is not available 5 Medicine not advised 6 Others (Please specify....) Hx8other	
111	Have you ever consulted a <u>traditional healer</u> for diabetes?	Yes 1 No 2 [If No, go to H12]	H10
112	Are you currently taking any traditional remedy for your diabetes?	Yes 1 No 2	H11

CORE: History of Raised Total Cholesterol			
	Question	Response	Code
113	Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 [If No, go to H17]	H12
114	Have you ever been <u>told</u> by a doctor or other health worker that you have <u>raised cholesterol</u> ?	Yes 1 No 2 [If No, go to H17]	H13a
115	Were you told in the <u>past 12 months</u> ?	Yes 1 No 2	H13b
116	Have you <u>ever</u> taken <u>drugs/medications</u> for raised blood cholesterol prescribed by a doctor/health worker?	Yes 1 No 2 [If No, go to Hx10]	Hx9
117	In the <u>past two weeks</u> , have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2 [If No, go to Hx10]	H14
118	Where do you usually go for treatment and care advice for your raised blood cholesterol? (Only to those who said yes in the last two weeks)  [MULTIPLE RESPONSE] [Appear only If H13a=yes]	Govt. Community Clinic (CC) 1 Govt. Union Health and Govt. Family Welfare Center 2 Govt. Upazila Health Complex 3 Govt. District Sadar Hospital 4 Govt. Medical College Hospital 5 Govt. Specialized Hospital 6 NGO Clinic 7 NGO Hospital 8 Private Hospital 9 Private Chamber/clinic 10 Medicine Shop 11 Village doctor 12 Alternative Medicine practitioner (Homeo, Ayurveda, Unani) 13 Traditional Healer 14 Others(Please specify) Hx10other Don't know 77	Hx10/ Hx10other



119	Where do you usually get your drugs for raised blood cholesterol?  [MULTIPLE RESPONSE] [Appear only <i>If Hx9=yes</i> ]	Govt. Upazila Health Complex 1 Govt. District Sadar Hospital 2 Govt. Medical College Hospital 3 Govt. Specialized Hospital 4 NGO Hospital 5 NGO Clinic 6 Private Hospital 7 Private Chamber/Clinic 8 Medicine shop 9 Village doctor 10 Alternative Medicine Practitioner (Homeo, Ayurveda, Unani) 11 Traditional healer 12 Others (Please specify) 13 Don't know Hx11other 77	Hx11/ Hx11other
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CORE: History of Raised Total Cholesterol, Continue			
Question		Response	Code
120	What is the most important reason you are not currently taking medications to lower our cholesterol level? (Yes, to last 12 months/ever treatment and no to current treatment)  [MULTIPLE RESPONSE] [Appear <i>If H13a=yes and (Hx9=No or H14=No)</i> ]	Don't think taking drug is necessary 1 Too expensive 2 Got side-effect or afraid of side-effect 3 Blood Lipid Profile is now normal 4 Medicine is not available 5 Medicine not advised 6 Others specify 7	Hx12/ Hx12other
121	Have you ever consulted a traditional healer for raised cholesterol?	Yes 1 No 2 <i>[If No, go to H17]</i>	H15
122	Are you currently taking any traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases			
123	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
124	Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
125	Are you currently taking statin group of drugs (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

CORE: Lifestyle Advice			
Question		Response	Code
126	During the <u>past 12 months</u> , have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No and C1=1, go to O6 If No and C1=2, go to CX1</i>	H20
127	During any of your visits to a doctor or other health worker in the <u>past 12 months</u> , were you advised to do any of the following? (RECORD FOR EACH)		
128	Quit using tobacco or don't start	Yes 1 No 2	H20a



129	Reduce salt in your diet	Yes 1 No 2	H20b
130	Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
131	Reduce fatty food in your diet	Yes 1 No 2	H20d
132	Start or do more physical activity	Yes 1 No 2	H20e
133	Maintain a healthy body weight or lose weight	Yes 1 No 2	H20f
134	Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to O6</i> No 2 <i>If C1=1 go to O6</i>	H20g

## Cervical Cancer

### CORE and EXPANDED:

[Expanded questions are in Shaded]

The next questions I will ask 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
135	Have you ever had a <u>screening</u> test for cervical cancer, using any of these methods described above?	Yes No Don't Know	1 2 <i>If CX1=2 go to CX11</i> 77	CX1

*The next questions CX2 – CX10 are administered only to those that ever had a screening test for cervical cancer (CX1=1). If CX1=2, go to CX11.*

136	At what age were you <u>first tested</u> for cervical cancer?	Age ____ (years)	CX2
		Don't Know 77 Refused 88	
137	When was your <u>last (most recent)</u> test for cervical cancer?	Less than 1 year ago 1 1-2 years ago 2 3-5 years ago 3 More than 5 years ago 4 Don't know 77 Refused 88	CX3
138	What is the <b>main reason</b> you had your <b>last</b> test for cervical cancer?	Part of a routine check-up 1 Next step following the abnormal or inconclusive result of test 2 Recommendation of healthcare provider 3 Recommendation of other source 4 Experiencing pain or other symptoms 5 Other (Please specify) CX4other Don't know 77	CX4 / CX4other





		Refused 88	
139	Where did you receive your last test for cervical cancer? [INSERT COUNTRY-SPECIFIC CATEGORIES]	Private Doctor's chamber 1 Private hospital 2 Health camp 3 Community clinic 4 Govt. Hospital 5 Others 6 Other (Please specify) CX5other Don't know 77 Refused 88	CX5 / CX5other

Question		Response	Code
140	What was the result of your <b>last (most recent)</b> test for cervical cancer? [Please verify from the Medical Report]	Did not receive result 1 <i>If CX6=1, go to next section</i> Normal / Negative 2 <i>If CX6=2, go to next section</i> Abnormal /Positive 3 Suspect cancer 4 Inconclusive 5 Don't know 77 Refused 88	CX6
141	Did you have any follow-up visits because of your test results?	Yes 1 No 2 Don't know 77 Refused 88	CX7
142	Did you receive any treatment to your cervix because of your test result?	Yes 1 No 2 <i>[If No, go to CX10]</i> Don't know 77 Refused 88	CX8
143	Did you receive treatment <b>during the same visit</b> as your last test for cervical cancer?	Yes 1 No 2 Don't know 77 Refused 88	CX9
144	What is the <b>main</b> reason you did not receive treatment?	Was not told I needed treatment 1 Did not know how/where to get treatment 2 Embarrassment 3 Too expensive 4 Didn't have time 5 Health centre too far away 6 Poor service quality 7 Fear of procedure 8 Social stigma 9 Cultural beliefs 10	CX10

		Family member did not allow it 11	
		Don't know 77	
		Refused 88	
Question		Response	Code
145	What is the <b>main</b> reason you have never had a cervical cancer test?	Did not know how/where to get test 1 Embarrassment 2 Too expensive 3 Didn't have time 4 Health centre too far away 5 Poor service quality 6 Fear of procedure 7 Social stigma 8 Cultural beliefs 9 Family member did not allow it 10 Other (Please specify) CX11other Don't know 77 Refused 88	CX11/ CX11other

## Oral Health

### Oral Health

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

Question		Response	Code
153	During the past 12 months, did your teeth, gums or mouth cause any <b>pain, swelling, bleeding or discomfort</b> ?	Yes 1 No 2	O6
154	How long has it been since you last <b>saw a dentist</b> ?	Less than 6 months 1 6-12 months 2 More than 1 year but less than 2 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
155	What was the <b>main reason for your last visit</b> to the dentist?	Consultation / advice 1 Pain or trouble with teeth, gums 2 Treatment / Follow-up 3 Routine check-up / treatment 4 Others 5 <i>If Other, go to O8other</i>	O8

		Other (Please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	O8other
156	How often do you clean your teeth?	Never 1 If Never, go to O13a 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
157	Do you use toothpaste to clean your teeth?	Yes 1 No 2 If No, go to O12a	O10
158	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)			
159	Toothbrush	Yes 1 No 2	O12a
160	Wooden toothpicks	Yes 1 No 2	O12b
161	Plastic toothpicks	Yes 1 No 2	O12c
162	Thread (Dental floss)	Yes 1 No 2	O12d
163	Charcoal	Yes 1 No 2	O12e
164	Chewstick / Miswak	Yes 1 No 2	O12f
165	Other	Yes 1 If Yes, go to O12other No 2	O12g
166	Other (Please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		O12other
Have you experienced any of the following problems during the past 12 months because of the state of your teeth, gums or mouth? (RECORD FOR EACH)			
167	Difficulty in chewing foods	Yes 1 No 2	O13a
168	Difficulty with speech/trouble pronouncing words	Yes 1 No 2	O13b
170	Have a persistent wound and/or swelling in the mouth for more than three weeks	Yes 1 No 2	O13c
171	Have a red or red and white patch in the mouth	Yes 1 No 2	O13d
176	Days not at work because of teeth or mouth	Yes 1 No 2	O13e
179	Reduced participation in social activities	Yes 1 No 2	O13f
179a	Have you taken treatment or advice for this?	If Yes to any above Yes 1 No 2 [Skip O15]	O14

179b	Where did you go for treatment or advice? [Multiple response]	Govt. Community Clinic (CC) 1 Govt. Union Health and Govt. Family Welfare Center 2 Govt. Upazila Health Complex 3 Govt. District Sadar Hospital 4 Govt. Medical College Hospital 5 Govt. Specialized Hospital 6 NGO Clinic 7 NGO Hospital 8 Private Hospital 9 Private Chamber/clinic 10 Medicine Shop 11 Village doctor 12 Alternative Medicine practitioner (Homeo, Ayurveda, Unani) 13 Traditional Healer 14 Others (Please specify) 15 Don't know 77	<i>Ox1/Oxother</i>
179c	Why you did not take treatment or advice	Not serious enough to required treatment 1 Did not know how/where to get treatment 2 Too expensive 3 Didn't have time 4 Health centre too far away 5 Poor service quality 6 Fear of procedure 7 Family member did not allow it 8 Others(Please specify) 17 Refused 88	<i>Ox2/Ox2 others</i>

## Step 2 Physical Measurements

CORE: Blood Pressure			
Question		Response	Code
181	Reading 1	Systolic ( mmHg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M4a
		Diastolic (mmHg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M4b
		Heart rate (beats per minute) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M16a
181	Reading 2	Systolic ( mmHg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M5a
		Diastolic (mmHg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M5b
		Heart rate (beats per minute) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M16b
182	Reading 3	Systolic ( mmHg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M6a
		Diastolic (mmHg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M6b
		Heart rate (beats per minute) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	M16c
183	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes    1 No    2	M7
CORE: Height and Weight			
184	For women: Are you pregnant? If C1=2	Yes    1 If Yes, <i>End Interview.</i> No    2	M8
185	Height	in Centimetres (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	M11
186	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	M12
CORE: Waist			
187	Waist circumference	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	M14
EXPANDED: Hip Circumference			
188	Hip circumference	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	M15