



PAN AMERICAN STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

Saint Lucia 2019

Survey Information

| Location and Date | Response | Code |
|--------------------------------------|---|------|
| District | _ _ _ | I1 |
| Subsample | _ _ _ _ _ | I2 |
| Enumeration District | | I2a |
| Household Number | _ _ _ | I2b |
| Interviewer ID | _ _ _ | I3 |
| Date of completion of the instrument | _ _ _ _ _ _ _ _ dd mm year | I5 |

| 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 | 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 Demographic Information

| CORE: Demographic Information | | | | | | | | | | |
|--|--|------|--------------------|----|--------------------|----|----|------|--|----|
| Question | Response | Code | | | | | | | | |
| Sex (<i>Record Male / Female as observed</i>) | Male 1 Female 2 | C1 | | | | | | | | |
| What is your date of birth? <i>Don't Know 77 77 7777</i> | <table style="margin: auto; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border-bottom: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border-bottom: 1px solid black; width: 40px; text-align: center;"> </td> <td style="padding-left: 10px;">If known, Go to C4</td> </tr> <tr> <td style="text-align: center;">dd</td> <td style="text-align: center;">mm</td> <td style="text-align: center;">year</td> <td></td> </tr> </table> | | | | If known, Go to C4 | dd | mm | year | | C2 |
| | | | If known, Go to C4 | | | | | | | |
| dd | mm | year | | | | | | | | |
| How old are you? | Years <table style="display: inline-table; border: none;"><tr><td style="border-bottom: 1px solid black; width: 20px; text-align: center;"> </td><td style="border-bottom: 1px solid black; width: 20px; text-align: center;"> </td></tr></table> | | | C3 | | | | | | |
| | | | | | | | | | | |
| In total, how many years have you spent at school and in full-time study (excluding pre-school)? | Years <table style="display: inline-table; border: none;"><tr><td style="border-bottom: 1px solid black; width: 20px; text-align: center;"> </td><td style="border-bottom: 1px solid black; width: 20px; text-align: center;"> </td></tr></table> | | | C4 | | | | | | |
| | | | | | | | | | | |

| EXPANDED: Demographic Information | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------|---|---|---|---------------------------------|---|---|---|-----------------------------|---|--|---|-----------------------------|----|----------------------------------|---|---------|----|---------|----|----|
| What is the highest level of education you have completed? | <table style="margin: auto; border: none;"> <tr><td style="padding-right: 10px;">No formal schooling</td><td style="text-align: right;">1</td></tr> <tr><td style="padding-right: 10px;">Less than Pre-primary (Infant) or Primary</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-right: 10px;">Pre-primary (Infant) or Primary</td><td style="text-align: right;">3</td></tr> <tr><td style="padding-right: 10px;">Lower / Junior Secondary (Forms 1-3) / Senior Primary</td><td style="text-align: right;">4</td></tr> <tr><td style="padding-right: 10px;">Upper Secondary (Forms 4-5)</td><td style="text-align: right;">5</td></tr> <tr><td style="padding-right: 10px;">Post-Secondary, non-tertiary (diploma or associate degree)</td><td style="text-align: right;">6</td></tr> <tr><td style="padding-right: 10px;">Tertiary/College/University</td><td style="text-align: right;">7</td></tr> <tr><td style="padding-right: 10px;">Post graduate degree</td><td style="text-align: right;">8</td></tr> <tr><td style="padding-right: 10px;">Refused</td><td style="text-align: right;">88</td></tr> </table> | No formal schooling | 1 | Less than Pre-primary (Infant) or Primary | 2 | Pre-primary (Infant) or Primary | 3 | Lower / Junior Secondary (Forms 1-3) / Senior Primary | 4 | Upper Secondary (Forms 4-5) | 5 | Post-Secondary, non-tertiary (diploma or associate degree) | 6 | Tertiary/College/University | 7 | Post graduate degree | 8 | Refused | 88 | C5 | | |
| No formal schooling | 1 | | | | | | | | | | | | | | | | | | | | | |
| Less than Pre-primary (Infant) or Primary | 2 | | | | | | | | | | | | | | | | | | | | | |
| Pre-primary (Infant) or Primary | 3 | | | | | | | | | | | | | | | | | | | | | |
| Lower / Junior Secondary (Forms 1-3) / Senior Primary | 4 | | | | | | | | | | | | | | | | | | | | | |
| Upper Secondary (Forms 4-5) | 5 | | | | | | | | | | | | | | | | | | | | | |
| Post-Secondary, non-tertiary (diploma or associate degree) | 6 | | | | | | | | | | | | | | | | | | | | | |
| Tertiary/College/University | 7 | | | | | | | | | | | | | | | | | | | | | |
| Post graduate degree | 8 | | | | | | | | | | | | | | | | | | | | | |
| Refused | 88 | | | | | | | | | | | | | | | | | | | | | |
| What is your relevant ethnic group / racial group background ? | <table style="margin: auto; border: none;"> <tr><td style="padding-right: 10px;">African Descent/Black</td><td style="text-align: right;">1</td></tr> <tr><td style="padding-right: 10px;">East Indian</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-right: 10px;">Chinese</td><td style="text-align: right;">3</td></tr> <tr><td style="padding-right: 10px;">Portuguese</td><td style="text-align: right;">4</td></tr> <tr><td style="padding-right: 10px;">Syrian/Lebanese</td><td style="text-align: right;">5</td></tr> <tr><td style="padding-right: 10px;">White/Caucasian</td><td style="text-align: right;">6</td></tr> <tr><td style="padding-right: 10px;">Mixed</td><td style="text-align: right;">7</td></tr> <tr><td style="padding-right: 10px;">Hispanic</td><td style="text-align: right;">8</td></tr> <tr><td style="padding-right: 10px;">Other</td><td style="text-align: right;">9</td></tr> <tr><td style="padding-right: 10px;">Refused</td><td style="text-align: right;">88</td></tr> </table> | African Descent/Black | 1 | East Indian | 2 | Chinese | 3 | Portuguese | 4 | Syrian/Lebanese | 5 | White/Caucasian | 6 | Mixed | 7 | Hispanic | 8 | Other | 9 | Refused | 88 | C6 |
| African Descent/Black | 1 | | | | | | | | | | | | | | | | | | | | | |
| East Indian | 2 | | | | | | | | | | | | | | | | | | | | | |
| Chinese | 3 | | | | | | | | | | | | | | | | | | | | | |
| Portuguese | 4 | | | | | | | | | | | | | | | | | | | | | |
| Syrian/Lebanese | 5 | | | | | | | | | | | | | | | | | | | | | |
| White/Caucasian | 6 | | | | | | | | | | | | | | | | | | | | | |
| Mixed | 7 | | | | | | | | | | | | | | | | | | | | | |
| Hispanic | 8 | | | | | | | | | | | | | | | | | | | | | |
| Other | 9 | | | | | | | | | | | | | | | | | | | | | |
| Refused | 88 | | | | | | | | | | | | | | | | | | | | | |
| What is your marital status ? | <table style="margin: auto; border: none;"> <tr><td style="padding-right: 10px;">Never married</td><td style="text-align: right;">1</td></tr> <tr><td style="padding-right: 10px;">Currently married</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-right: 10px;">Separated</td><td style="text-align: right;">3</td></tr> <tr><td style="padding-right: 10px;">Divorced</td><td style="text-align: right;">4</td></tr> <tr><td style="padding-right: 10px;">Widowed</td><td style="text-align: right;">5</td></tr> <tr><td style="padding-right: 10px;">Cohabitating/Common Law Union</td><td style="text-align: right;">6</td></tr> <tr><td style="padding-right: 10px;">Refused</td><td style="text-align: right;">88</td></tr> </table> | Never married | 1 | Currently married | 2 | Separated | 3 | Divorced | 4 | Widowed | 5 | Cohabitating/Common Law Union | 6 | Refused | 88 | C7 | | | | | | |
| Never married | 1 | | | | | | | | | | | | | | | | | | | | | |
| Currently married | 2 | | | | | | | | | | | | | | | | | | | | | |
| Separated | 3 | | | | | | | | | | | | | | | | | | | | | |
| Divorced | 4 | | | | | | | | | | | | | | | | | | | | | |
| Widowed | 5 | | | | | | | | | | | | | | | | | | | | | |
| Cohabitating/Common Law Union | 6 | | | | | | | | | | | | | | | | | | | | | |
| Refused | 88 | | | | | | | | | | | | | | | | | | | | | |
| Which of the following best describes your main work status over the past 12 months? <i>(USE SHOWCARD)</i> | <table style="margin: auto; border: none;"> <tr><td style="padding-right: 10px;">Central Government Employee</td><td style="text-align: right;">1</td></tr> <tr><td style="padding-right: 10px;">Employee of statutory board</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-right: 10px;">Private Sector employee</td><td style="text-align: right;">3</td></tr> <tr><td style="padding-right: 10px;">Apprentice</td><td style="text-align: right;">4</td></tr> <tr><td style="padding-right: 10px;">Self-employed with employee</td><td style="text-align: right;">5</td></tr> <tr><td style="padding-right: 10px;">Self-employed without employee</td><td style="text-align: right;">6</td></tr> <tr><td style="padding-right: 10px;">Unpaid family worker</td><td style="text-align: right;">7</td></tr> <tr><td style="padding-right: 10px;">Member of Production Cooperative</td><td style="text-align: right;">8</td></tr> <tr><td style="padding-right: 10px;">Student</td><td style="text-align: right;">9</td></tr> </table> | Central Government Employee | 1 | Employee of statutory board | 2 | Private Sector employee | 3 | Apprentice | 4 | Self-employed with employee | 5 | Self-employed without employee | 6 | Unpaid family worker | 7 | Member of Production Cooperative | 8 | Student | 9 | C8 | | |
| Central Government Employee | 1 | | | | | | | | | | | | | | | | | | | | | |
| Employee of statutory board | 2 | | | | | | | | | | | | | | | | | | | | | |
| Private Sector employee | 3 | | | | | | | | | | | | | | | | | | | | | |
| Apprentice | 4 | | | | | | | | | | | | | | | | | | | | | |
| Self-employed with employee | 5 | | | | | | | | | | | | | | | | | | | | | |
| Self-employed without employee | 6 | | | | | | | | | | | | | | | | | | | | | |
| Unpaid family worker | 7 | | | | | | | | | | | | | | | | | | | | | |
| Member of Production Cooperative | 8 | | | | | | | | | | | | | | | | | | | | | |
| Student | 9 | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|----|
| | Homemaker 10 Retired 11 Unemployed (able to work) 12 Unemployed (unable to work) 13 Refused 88 | |
| How many people older than 18 years, including yourself, live in your household? | Number of people <input type="text"/> | C9 |

| EXPANDED: Demographic Information, Continued | | |
|---|---|------|
| Question | Response | Code |
| Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3) | Per week <input type="text"/> <i>Go to T1</i> | C10a |
| | OR per month <input type="text"/> <i>Go to T1</i> | C10b |
| | OR per year <input type="text"/> <i>Go to T1</i> | C10c |
| | Refused 88 | C10d |
| Can you give an estimate of the annual household income if I read some options to you? Is it... (READ OPTIONS) | Under 10,000? 1 10,000 to 19,999? 2 20,000 to 39,999? 3 40,000 to 64,999? 4 65,000 and over? 5 Don't know 77 Refused 88 | C11 |

Step 1 Behavioural Measurements

| CORE: 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T5a/T5aw</i> | T4a | | | | | | | | | | | | | | | | | | | | | |
| <i>Don't know 77</i> | OR in Months <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T5a/T5aw</i> | T4b | | | | | | | | | | | | | | | | | | | | | |
| <i>Don't know 77</i> | OR in Weeks <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 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> | <div style="text-align: center; margin-bottom: 5px;">DAILY↓ WEEKLY↓</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Manufactured cigarettes</td> <td style="width: 30%; padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="width: 20%; padding: 5px;">T5a/T5aw</td> </tr> <tr> <td style="padding: 5px;">Hand-rolled cigarettes</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5b/T5bw</td> </tr> <tr> <td style="padding: 5px;">Pipes full of tobacco</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5c/T5cw</td> </tr> <tr> <td style="padding: 5px;">Cigars, cheroots, cigarillos</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5d/T5dw</td> </tr> <tr> <td style="padding: 5px;">Number of Shisha sessions</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5e/T5ew</td> </tr> <tr> <td style="padding: 5px;">Other</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i></td> <td style="padding: 5px;">T5f/T5fw</td> </tr> <tr> <td style="padding: 5px;">Other (please specify):</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5other/ T5otherw</td> </tr> </table> | Manufactured cigarettes | <input type="text"/> | T5a/T5aw | Hand-rolled cigarettes | <input type="text"/> | T5b/T5bw | Pipes full of tobacco | <input type="text"/> | T5c/T5cw | Cigars, cheroots, cigarillos | <input type="text"/> | T5d/T5dw | Number of Shisha sessions | <input type="text"/> | T5e/T5ew | Other | <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i> | T5f/T5fw | Other (please specify): | <input type="text"/> | T5other/ T5otherw | |
| Manufactured cigarettes | <input type="text"/> | T5a/T5aw | | | | | | | | | | | | | | | | | | | | | |
| Hand-rolled cigarettes | <input type="text"/> | T5b/T5bw | | | | | | | | | | | | | | | | | | | | | |
| Pipes full of tobacco | <input type="text"/> | T5c/T5cw | | | | | | | | | | | | | | | | | | | | | |
| Cigars, cheroots, cigarillos | <input type="text"/> | T5d/T5dw | | | | | | | | | | | | | | | | | | | | | |
| Number of Shisha sessions | <input type="text"/> | T5e/T5ew | | | | | | | | | | | | | | | | | | | | | |
| Other | <input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i> | T5f/T5fw | | | | | | | | | | | | | | | | | | | | | |
| Other (please specify): | <input type="text"/> | 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? | 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 | | | | | | | | | | | | | | | | | | | | | |

| EXPANDED: Tobacco Use | | |
|--|---|------|
| Question | Response | Code |
| How old were you when you stopped smoking? | Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T12</i> | T10 |
| How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i> | Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T12</i> | T11a |
| | OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T12</i> | T11b |
| | OR Weeks ago <input type="text"/> <input type="text"/> | T11c |
| Do you currently use any smokeless tobacco products such as chewing tobacco? <i>(USE SHOWCARD)</i> | Yes 1 No 2 <i>If No, go to X1</i> | T12 |
| Do you currently use smokeless tobacco products daily ? | Yes 1 No 2 <i>If No, go to X1</i> | T13 |
| Do you currently use electronic nicotine or non-nicotine delivery system commonly known as electronic cigarettes or vaporizers ? | Yes 1 No 2 <i>If No, go to T17</i> | X1 |
| Do you currently use electronic nicotine or non-nicotine delivery system commonly known as electronic cigarettes or vaporizers daily ? | Yes 1 No 2 | X2 |
| 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 |

Optional Module: 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 purchases.

| 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If "Don't know or don't smoke or purchase manuf. cig.", end section</i> | TP6 |
| In total, how much money did you pay for this purchase? | Amount <input type="text"/> <input type="text"/> Don't know 7777 Refused 8888 | TP7 |

CORE: 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 Shandy? (USE SHOWCARD) | Yes 1 No 2 <i>If No, go to D1</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 D1</i> No 2 <i>If No, go to D1</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 Never 7 | 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 <input type="text"/> <input type="text"/> <i>If Zero, go to A13</i> | 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 <input type="text"/> <input type="text"/> | 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 <input type="text"/> <input type="text"/> | 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 <input type="text"/> <input type="text"/> | A9 |
| During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77 | Monday <input type="text"/> <input type="text"/> | A10a |
| | Tuesday <input type="text"/> <input type="text"/> | A10b |
| | Wednesday <input type="text"/> <input type="text"/> | A10c |
| | Thursday <input type="text"/> <input type="text"/> | A10d |
| | Friday <input type="text"/> <input type="text"/> | A10e |
| | Saturday <input type="text"/> <input type="text"/> | A10f |
| | Sunday <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 |
|--|--|------|
| 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 <input type="text"/> | A12a |
| | Homebrewed beer or wine, e.g. beer, palm or fruit wine <input type="text"/> | A12b |
| | Alcohol brought over the border/from another country <input type="text"/> | A12c |
| | Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/> | A12d |
| | Other untaxed alcohol in the country <input type="text"/> | A12e |

EXPANDED: 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 |

| CORE: Diet | | |
|--|--|-------------|
| The next questions ask about the fruits and vegetables that you usually eat. I will show you a nutrition card with 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 <input type="text"/> <input type="text"/> <i>If Zero days, go to D3</i> | D1 |
| How many servings of fruit do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't Know 77 <input type="text"/> <input type="text"/> | D2 |
| In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD) | Number of days Don't Know 77 <input type="text"/> <input type="text"/> <i>If Zero days, go to D5</i> | D3 |
| How many servings of vegetables do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't know 77 <input type="text"/> <input type="text"/> | D4 |
| Dietary salt | | |
| With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce. 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 Salt Fish, Smoked Herring, Snout, Salted Pork, 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, ramen noodles, sausages, ham roll, KFC, Pringles. (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 |

| EXPANDED: 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) | <input type="checkbox"/> | D11other |

| 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 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p> | | |
| Question | Response | Code |
| Work | | |
| Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work, washing in the river, cutting bananas, pushing wheel barrows for at least 10 minutes continuously? (USE SHOWCARD) | Yes 1 No 2 <i>If No, go to P4</i> | P1 |
| In a typical week, on how many days do you do vigorous-intensity activities as part of your work? | Number of days <input type="text"/> | P2 |
| How much time do you spend doing vigorous-intensity activities at work on a typical day? | Hours : minutes <input type="text"/> : <input type="text"/> hrs mins | P3 (a-b) |
| Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or carrying light loads, mopping, sweeping, washing for at least 10 minutes continuously? (USE SHOWCARD) | Yes 1 No 2 <i>If No, go to P7</i> | P4 |
| In a typical week, on how many days do you do moderate-intensity activities as part of your work? | Number of days <input type="text"/> | P5 |
| How much time do you spend doing moderate-intensity activities at work on a typical day? | Hours : minutes <input type="text"/> : <input type="text"/> hrs mins | P6 (a-b) |
| Travel to and from places | | |
| <p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship.</p> | | |
| Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places? | Yes 1 No 2 <i>If No, go to P10</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 <input type="text"/> | P8 |
| How much time do you spend walking or bicycling for travel on a typical day? | Hours : minutes <input type="text"/> : <input type="text"/> hrs mins | P9 (a-b) |

| CORE: 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). | | |
| Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [running, football, cricket, basketball for at least 10 minutes continuously? (USE SHOWCARD) | Yes 1 No 2 If No, go to P13 | P10 |
| In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities? | Number of days <input type="text"/> | P11 |
| How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? | Hours : minutes <input type="text"/> : <input type="text"/> hrs mins | P12 (a-b) |
| Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball, gardening 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 (<i>leisure</i>) activities? | Number of days <input type="text"/> | P14 |
| How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day? | Hours : minutes <input type="text"/> : <input type="text"/> hrs mins | P15 (a-b) |

| EXPANDED: 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, reading, playing cards or watching television, sitting with the computer or tablet, or playing video games. Do not include time spent sleeping. (USE SHOWCARD) | | |
| How much time do you usually spend sitting or reclining on a typical day? | Hours : minutes <input type="text"/> : <input type="text"/> hrs mins | P16 (a-b) |

| CORE: History of Raised Blood Pressure | | |
|---|--------------------------------------|-------------|
| Question | Response | Code |
| Have you ever had your blood pressure measured by a doctor or other health worker? | Yes 1 No 2 <i>If No, go to H6</i> | H1 |
| Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? | Yes 1 No 2 <i>If No, go to H6</i> | H2a |
| Have you been told in the past 12 months? | Yes 1 No 2 | H2b |
| In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? | Yes 1 No 2 | H3 |
| Have you ever seen a traditional healer for raised blood pressure or hypertension? | Yes 1 No 2 | H4 |
| Are you currently taking any herbal or traditional remedy for your raised blood pressure? | Yes 1 No 2 | H5 |

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

| PANAM CORE: History of Diabetes | | |
|--|--|------|
| Have you received at least two HbA1C (glycated hemoglobin) tests in the past year as part of diabetes control? | Yes 1 No 2 Don't know 77 | H11a |
| When was the last time your eyes were examined as part of your diabetes control? | Within the past 2 years 1 More than 2 years ago 2 Never 3 Don't know 77 | H11b |
| When was the last time your feet were examined as part of your diabetes control? | Within the past year 1 More than 1 year ago 2 Never 3 Don't know 77 | H11c |

| CORE: 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 |

| CORE: 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 cholesterol medication (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? | Yes 1 No 2 | H19 |

| CORE: Lifestyle Advice | | |
|---|---|------|
| During the past 12 months, have you visited a doctor or other health worker? | Yes 1 No 2 <i>If No and C1=1 go to S1 If No and C1=2 go to CX1</i> | H20 |
| During any of your visits to a doctor or other health worker in the past 12 months, were you advised 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 No 2 | H20f |
| Reduce sugary beverages in your diet | Yes 1 <i>If C1=1 go to S1</i> No 2 <i>If C1=1 go to S1</i> | H20g |

| 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. 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 |

Pan-Am Optional module

| Section: Health Screening | Response | Code |
|---|--|------|
| Have you ever had your feces examined to look for hidden blood? | Yes 1 No 2 Don't know 77 | S1 |
| Have you ever had a colonoscopy? | Yes 1 No 2 | S2 |
| <u>This question is for men only:</u> Have you ever had an examination of your prostate? | Yes 1 No 2 | S3 |
| <u>The following questions are for women only:</u> Have you been shown how to examine your breasts? | Yes 1 No 2 | S4 |
| When was the last time you had an examination of your breasts by a doctor/health professional? | 1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77 | S5 |
| When was the last time you had a mammogram? | 1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77 | S6 |

| Oral Health | | |
|--|--|---------|
| The next questions ask about your oral health status and related behaviours. | | |
| Question | Response | Code |
| How would you describe the state of your teeth? | Excellent 1 Very good 2 Good 3 Average 4 Poor 5 Very poor 6 Don't know 77 | 02 |
| How would you describe the state of your gums? | Excellent 1 Very good 2 Good 3 Average 4 Poor 5 Very poor 6 Don't know 77 | 03 |
| Do you have any removable dentures? | Yes 1 No 2 <i>If No, go to 06</i> | 04 |
| Which of the following removable dentures do you have? (RECORD FOR EACH) | | |
| An upper jaw denture | Yes 1 No 2 | 05a |
| A lower jaw denture | Yes 1 No 2 | 05b |
| During the past 12 months, did your teeth or mouth cause any pain or discomfort? | Yes 1 No 2 | 06 |
| How long has it been since you last saw a dentist? | Less than 6 months 1 6-12 months 2 More than a 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 09</i> | 07 |
| What was the main reason for your last visit to the dentist? | Consultation/advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 <i>If Other, go to 08other</i> | 08 |
| | Other (please specify) <input type="checkbox"/> | 08other |
| How often do you clean/brush your teeth? | Never 1 <i>If Never, go to 013a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7 | 09 |
| Do you use toothpaste to clean your teeth? | Yes 1 No 2 <i>If No, go to 012a</i> | 010 |
| Do you use toothpaste containing fluoride? | Yes 1 No 2 Don't know 77 | 011 |
| 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 (e.g. piece of cane) | Yes 1 No 2 | O12f |
| Other | Yes 1 <i>If Yes, go to O12other</i> No 2 | O12g |
| Other (please specify) | <input type="checkbox"/> | 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 |
| 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 |
| Days not at work because of teeth or mouth | Yes 1 No 2 | O13g |

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 5 Poisonous gases from charcoal 6 Other 7 <i>If Other, go to MH6other</i> Refused 88 | MH6 |
| | Other (specify) <input type="checkbox"/> | M6other |
| Did you seek medical care for this attempt? | Yes 1 No 2 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, brother, sister or children) ever died from suicide? | Yes 1 No 2 Refused 88 | M10 |

Step 2 Physical Measurements

| CORE: 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 |
| | Beats per minute _ _ _ _ | M16a |
| Reading 2 | Systolic (mmHg) _ _ _ _ | M5a |
| | Diastolic (mmHg) _ _ _ _ | M5b |
| | Beats per minute _ _ _ _ | M16b |
| Reading 3 | Systolic (mmHg) _ _ _ _ | M6a |
| | Diastolic (mmHg) _ _ _ _ | M6b |
| | Beats per minute _ _ _ _ | M16c |
| 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 | | |
| For women: Are you pregnant? | Yes 1 <i>If Yes, go to B1</i> No 2 | M8 |
| Interviewer ID | _ _ _ _ | M9 |
| Device IDs for height and weight | Height _ _ _ | M10a |
| | Weight _ _ _ | M10b |
| Height | in Centimetres (cm) _ _ _ _ . _ | M11 |
| Weight <i>If too large for scale 666.6</i> | in Kilograms (kg) _ _ _ _ . _ | M12 |
| CORE: Waist | | |
| Device ID for waist | _ _ _ | M13 |
| Waist circumference | in Centimetres (cm) _ _ _ _ . _ | M14 |
| Hip circumference | in Centimeters (cm) _ _ _ _ . _ | M15 |

Step 3 Biochemical Measurements

| CORE: 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 | mg/dl _ _ _ _ . _ | 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 |
| CORE: Blood Lipids | | |
| Device ID | _ _ _ | B7 |
| Total cholesterol | mg/dl _ _ _ _ . _ | B8 |
| During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker? | Yes 1 No 2 | B9 |
| CORE: Urinary sodium and creatinine | | |
| Had you been fasting prior to the urine collection? | Yes 1 No 2 | B10 |
| Technician ID | _ _ _ _ | B11 |
| Device ID | _ _ _ | B12 |
| Time of day urine sample taken (24 hour clock) | Hours : minutes _ _ _ : _ _ _ hrs mins | B13 |
| Urinary sodium | mmol/l _ _ _ _ . _ | B14 |
| Urinary creatinine | mmol/l _ _ _ . _ _ | B15 |
| EXPANDED: Triglycerides and HDL Cholesterol | | |
| Question | Response | Code |
| Triglycerides | mg/dl _ _ _ _ . _ | B16 |