



# PAN AMERICAN STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

**Saint Lucia 2019**

## Survey Information

Location and Date	Response	Code
District	<input type="text"/>	I1
Subsample	<input type="text"/>	I2
Enumeration District		I2a
Household Number	<input type="text"/>	I2b
Interviewer ID	<input type="text"/>	I3
Date of completion of the instrument	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm year	I5

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5
Interview Language	English 1	I6
Time of interview (24 hour clock)	<input type="text"/> : <input type="text"/> hrs mins	I7
Family Surname		I8
First Name		I9
<b>Additional Information that may be helpful</b>		
Contact phone number where possible		I10

## Step 1 Demographic Information

CORE: Demographic Information	
1. Name	
2. Age	
3. Gender	
4. Ethnicity	
5. Education Level	
6. Employment Status	
7. Income Level	
8. Marital Status	
9. Number of Children	
10. Health Insurance	
11. Disability Status	
12. Other Demographic Information	

Question	Response	Code
Sex (Record Male / Female as observed)	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div><i>If known, Go to C4</i></div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div>	C2
How old are you?	Years <div> <div></div> <div></div> </div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <div> <div></div> <div></div> </div>	C4

## EXPANDED: Demographic Information

What is the <b>highest level of education</b> you have completed?	No formal schooling	1	C5
	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 <b>background</b> ?	African Descent/Black	1	C6
	East Indian	2	
	Chinese	3	
	Portuguese	4	
	Syrian/Lebanese	5	
	White/Caucasian	6	
	Mixed	7	
	Hispanic	8	
	Other	9	
	Refused	88	
What is your <b>marital status</b> ?	Never married	1	C7
	Currently married	2	
	Separated	3	
	Divorced	4	
	Widowed	5	
	Cohabitating/Common Law Union	6	
	Refused	88	
Which of the following best describes your <b>main work</b> status over the past 12 months?  (USE SHOWCARD)	Central Government Employee	1	C8
	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 <b>the past year</b> , 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 <b>estimate</b> 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 <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1
Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
How old were you when you <b>first started</b> smoking?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
	OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
	OR in Weeks <input type="text"/> <input type="text"/>	T4c
On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
	Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c/T5cw
	Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d/T5dw
	Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5e/T5ew
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6	T5f/T5fw
	Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other/ T5otherw
During the past 12 months, have you tried to <b>stop smoking</b> ?	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 If T2=Yes, go to T12; if T2=No, go to T9 No 2 If T2=Yes, go to T12; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T12; if T2=No, go to T9	T7
In the past, did you <b>ever smoke</b> any tobacco products?	Yes 1 No 2 If No, go to T12	T8
In the past, did you <b>ever smoke daily</b> ?	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		
Question	Response	Code
How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T10
How <b>long ago</b> did you stop smoking?  (RECORD ONLY 1, NOT ALL 3)  <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 <b>currently use</b> any <b>smokeless tobacco</b> products such as chewing tobacco? (USE SHOWCARD)	Yes    1 No    2 <i>If No, go to X1</i>	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes    1 No    2 <i>If No, go to X1</i>	T13
Do you <b>currently use</b> electronic nicotine or non-nicotine delivery system commonly known as <b>electronic cigarettes or vaporizers</b> ?	Yes    1 No    2 <i>If No, go to T17</i>	X1
Do you <b>currently use</b> electronic nicotine or non-nicotine delivery system commonly known as <b>electronic cigarettes or vaporizers daily</b> ?	Yes    1 No    2	X2
During the past 30 days, did someone smoke <b>in your home</b> ?	Yes    1 No    2	T17
During the past 30 days, did someone smoke in closed areas <b>in your workplace</b> (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
The next questions TP4 – TP7 are administered to current smokers only.		
During the past 30 days, did you notice any health warnings on cigarette packages?	Yes 1 No 2 If no, go to TP6 Did not see any cigarette packages 3 If "did not see any cigarette packages", go to TP6 Don't know 77 If Don't know, go to TP6	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 If "Don't know or don't smoke or purchase manuf. cig.", end section	TP6
In total, how much money did you pay for this purchase?	Amount Don't know 7777 Refused 8888	TP7

CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits or Shandy? (USE SHOWCARD)	Yes 1 No 2 If No, go to D1	A1
Have you consumed any alcohol within the <b>past 12 months</b> ?	Yes 1 If Yes, go to A4 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 If Yes, go to D1 No 2 If No, go to D1	A3
During the past 12 months, <b>how frequently</b> 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 <b>past 30 days</b> ?	Yes 1 No 2 If No, go to A13	A5
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?	Number Don't know 77 <input type="text"/> <input type="text"/> If Zero, go to A13	A6
During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> 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 <b>largest number</b> 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 <b>six or more</b> 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 <b>past 7 days</b> , 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 <b>past 7 days</b> , did you consume any <b>homebrewed</b> alcohol, any alcohol <b>brought over the border/from another country</b> , any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> alcohol? (USE SHOWCARD)	Yes 1  No 2 If No, go to A13	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ?  (USE SHOWCARD)  Don't Know 77	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 <b>past 12 months</b> , 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 <b>past 12 months</b> , 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 <b>past 12 months</b> , 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		
<p>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.</p>		
Question	Response	Code
In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3	D1
How many <b>servings</b> of fruit do you eat on <b>one</b> 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 <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5	D3
How many <b>servings</b> 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		
<p>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.</p>		
How often do you <b>add salt or a salty sauce such as soya sauce</b> 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 <b>salt, salty seasoning or a salty sauce added</b> 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 <b>processed food high in salt</b> ? 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 <b>salt or salty sauce</b> 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 <b>lowering the salt</b> 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 <b>health problem</b> ?	Yes 1 No 2 Don't know 77	D10
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
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f
Other (please specify)	<div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; width: 150px;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>	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
<b>Work</b>		
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)	<p>Yes 1</p> <p>No 2 If No, go to P4</p>	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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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)	<p>Yes 1</p> <p>No 2 If No, go to P7</p>	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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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 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 (pedal cycle) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 If No, go to P10</p>	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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	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).		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running, football, cricket, basketball for at least 10 minutes continuously? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to P13</p>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	<p>Number of days</p> <p>_____</p>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	<p>Hours : minutes _____ : _____</p> <p>hrs mins</p>	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball, gardening for at least 10 minutes continuously? (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to P16</p>	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	<p>Number of days</p> <p>_____</p>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	<p>Hours : minutes _____ : _____</p> <p>hrs mins</p>	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, 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?	<p>Hours : minutes _____ : _____</p> <p>hrs mins</p>	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</i> <i>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		
<p>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.</p>		
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
<b><u>This question is for men only:</u></b> Have you ever had an examination of your prostate?	Yes 1 No 2	S3
<b><u>The following questions are for women only:</u></b> 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	O2
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	O3
Do you have any removable dentures?	Yes 1 No 2 <i>If No, go to 06</i>	O4
Which of the following removable dentures do you have? (RECORD FOR EACH)		
An upper jaw denture	Yes 1 No 2	O5a
A lower jaw denture	Yes 1 No 2	O5b
During the past 12 months, did your teeth or mouth cause any pain or discomfort?	Yes 1 No 2	O6
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>	O7
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>	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
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	O9
Do you use toothpaste to clean your teeth?	Yes 1 No 2 <i>If No, go to 012a</i>	O10
Do you use toothpaste containing fluoride?	Yes 1 No 2 Don't know 77	O11
Do you use any of the following to clean your teeth? (RECORD FOR EACH)		

Toothbrush	Yes 1 No 2	O12a								
Wooden toothpicks	Yes 1 No 2	O12b								
Plastic toothpicks	Yes 1 No 2	O12c								
Thread (dental floss)	Yes 1 No 2	O12d								
Charcoal	Yes 1 No 2	O12e								
Chewstick (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)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									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) <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>	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		
<b>For women:</b> 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	<input type="text"/>	B2
Device ID	<input type="text"/>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B4
Fasting blood glucose	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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	<input type="text"/>	B7
Total cholesterol	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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	<input type="text"/>	B11
Device ID	<input type="text"/>	B12
Time of day urine sample taken (24 hour clock)	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	B13
Urinary sodium	mmol/l <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B14
Urinary creatinine	mmol/l <input type="text"/> <input type="text"/> <input type="text"/>	B15
EXPANDED: Triglycerides and HDL Cholesterol		
Question	Response	Code
Triglycerides	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B16