

STEPS Survey

2021

Sri Lanka

Conducted by Department of Census and
Statistics with the Ministry of Health,
Nutrition & Indigenous Medicine



**The WHO STEPwise approach to
noncommunicable disease risk factor
surveillance (STEPS)**

World Health Organization

20 Avenue Appia, 1211 Geneva 27, Switzerland

For further information: www.who.int/ncds/steps





WHO STEPS Instrument

for Noncommunicable Disease Risk Factor Surveillance

SRI LANKA

Survey Information

I. Location and Date	Response	Code																
11 a District	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					I1a												
11 b Census Block No (A0)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					I1b												
11 c PSU No.	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					I1c												
11 d Housing unit Sample No (within Census Block)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					I1d												
11 e Household No (within Housing Unit)		I1e																
I3 Interviewer ID Enter interviewer's identification.	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					I3												
I4 Date of completion of the instrument Enter date when instrument actually completed.	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="4">year</td> <td colspan="2">mm</td> <td colspan="2">dd</td> </tr> </table>									year				mm		dd		I4
year				mm		dd												

Consent, Interview Language and Name	Response	Code
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I5 Consent has been read and obtained Select relevant response.	Yes 1 No 2 If NO, END	I5										
I6 Interview Language Select relevant response.	Sinhala 1 Tamil 2 English 3	I6										
I7 Time of interview (24-hour. clock) Enter time interview started.		I7										
I8 Last Name (Surname) Enter family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).		I8										
I9 First Name Enter first name of respondent (reassure the participant on the confidential nature of this information and that this is only needed for follow up).		I9										
Additional Information that may be helpful												
I10 Contact phone number where possible (Ten-digit number with area code or mobile number) Enter phone number (reassure the participant on the confidential nature of this information and that this is only needed for follow up).	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <div> Don't Know 77 Refused 88 </div>											I10

Step 1 Demographic and Background Information

CORE: C.Demographic Information														
Question	Response	Code												
C1 Sex <i>Select Male / Female as observed.</i>	Male 1 Female 2	C1												
C2 What is your date of birth? <i>Don't Know 77 77 7777</i> <i>Enter date of birth of participant.</i>	<div style="text-align: center;"> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p style="margin-top: 5px;"><i>If known, Go to</i></p> <p style="margin-top: 5px;"><i>C4</i></p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> dd mm year </div> </div>													C2
C3 How old are you? <i>If the age is unknown, help participant estimate their age by interviewing them about their recollection of widely known major events.</i>	Years 	C3												
C4 In total, how many years have you spent at school and in full-time study (excluding pre-school)? <i>Enter total number of years of education (excluding pre-school and kindergarten).</i>	Years 	C4												

EXPANDED: Demographic Information		
C5 What is the highest level of education you have completed? <i>Select appropriate response.</i>	<div style="text-align: center;"> No schooling 1 Up to grade 5 2 Passed grade 6-10 3 Passed G.C.E. O/L 4 Passed G.C.E. A/L 5 Degree and above 6 Refused 88 </div>	C5
C6 What is your ethnicity ? <i>Select the relevant ethnic / cultural group to which the participants belong</i>	<div style="text-align: center;"> Sinhala 1 Sri Lankan Tamil 2 Indian Tamil 3 Sri Lankan Moor / Malay 4 Burgher 6 Other: 7 Refused 88 </div>	C6

<p>C7 What is your marital status?</p> <p>Select the appropriate response.</p>	<table> <tr><td>Never married</td><td>1</td></tr> <tr><td>Currently married</td><td>2</td></tr> <tr><td>Separated</td><td>3</td></tr> <tr><td>Divorced</td><td>4</td></tr> <tr><td>Widowed</td><td>5</td></tr> <tr><td>Cohabiting</td><td>6</td></tr> <tr><td>Refused</td><td>88</td></tr> </table>	Never married	1	Currently married	2	Separated	3	Divorced	4	Widowed	5	Cohabiting	6	Refused	88	C7			
Never married	1																		
Currently married	2																		
Separated	3																		
Divorced	4																		
Widowed	5																		
Cohabiting	6																		
Refused	88																		
<p>C8 Which of the following best describes your Main activity usually engaged in?</p> <p>The purpose of this question is to help answer other questions such as whether people in different kinds of occupations may be confronted with different risk factors.</p> <p>Select appropriate response.</p>	<table> <tr><td>Engaged in economic activity</td><td>1 (If (1) go to next Q)</td></tr> <tr><td>Seeking for and available to work</td><td>2</td></tr> <tr><td>Student</td><td>3</td></tr> <tr><td>Household activities</td><td>4</td></tr> <tr><td>Retired</td><td>5</td></tr> <tr><td>Unable to work (Too old / Disable)</td><td>6</td></tr> <tr><td>Other</td><td>7 (If other please specify)</td></tr> </table>	Engaged in economic activity	1 (If (1) go to next Q)	Seeking for and available to work	2	Student	3	Household activities	4	Retired	5	Unable to work (Too old / Disable)	6	Other	7 (If other please specify)	C8			
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Household activities	4																		
Retired	5																		
Unable to work (Too old / Disable)	6																		
Other	7 (If other please specify)																		
<p>C8a Employment status at the main occupation?</p>	<table> <tr><td>Government employee</td><td>1</td></tr> <tr><td>Semi government employee</td><td>2</td></tr> <tr><td>Private sector employee</td><td>3</td></tr> <tr><td>Employer</td><td>4</td></tr> <tr><td>Own account worker</td><td>5</td></tr> <tr><td>Contributing family worker</td><td>6</td></tr> </table>	Government employee	1	Semi government employee	2	Private sector employee	3	Employer	4	Own account worker	5	Contributing family worker	6	C8a					
Government employee	1																		
Semi government employee	2																		
Private sector employee	3																		
Employer	4																		
Own account worker	5																		
Contributing family worker	6																		
<p>C9. How many people including yourself, live in your household?</p> <p>Enter the total number of people living in the household</p>	<table> <tr><td rowspan="4">Number of people</td><td>< 1 year</td><td><table><tr><td></td><td></td></tr></table></td></tr> <tr><td>1 - 4 years</td><td><table><tr><td></td><td></td></tr></table></td></tr> <tr><td>5 – 17 years</td><td><table><tr><td></td><td></td></tr></table></td></tr> <tr><td>≥ 18 years</td><td><table><tr><td></td><td></td></tr></table></td></tr> </table>	Number of people	< 1 year	<table><tr><td></td><td></td></tr></table>			1 - 4 years	<table><tr><td></td><td></td></tr></table>			5 – 17 years	<table><tr><td></td><td></td></tr></table>			≥ 18 years	<table><tr><td></td><td></td></tr></table>			C9
Number of people	< 1 year		<table><tr><td></td><td></td></tr></table>																
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≥ 18 years	<table><tr><td></td><td></td></tr></table>																		

Step 1 Behavioural Measurements

CORE: T. Tobacco Use	
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Now I am going to ask you some questions about **tobacco use** other than **Cannabis**.

Question	Response	Code
<p>T1 Do you currently smoke any tobacco products, such as cigarettes, cigars, pipes, Beedee, Suruttu?</p> <p>(USE SHOWCARD)</p> <p>Ask the participant to think of any tobacco products he/she is smoking currently.</p>	<p>Yes 1</p> <p>No 2 If No, go to T8</p>	T1
<p>T2 Do you currently smoke tobacco products daily?</p> <p>This question is only for current smokers of tobacco products.</p>	<p>Yes 1</p> <p>No 2</p>	T2
<p>T3 How old were you when you first started smoking?</p> <p>For current smokers only. Ask the participant to think of the time when he/she started to smoke any tobacco</p>	<p>Age (years)</p> <p>Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw</p>	T3
<p>T4 Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3)</p> <p>Don't know 77</p> <p>If the participant doesn't remember his/her age when started smoking, then record the time in years, months or weeks as appropriate.</p>	<p>In Years <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw</p> <p>OR in Months <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw</p> <p>OR in Weeks <input type="text"/> <input type="text"/> <input type="text"/></p>	T4
<p>T5 On average, how many of the following products do you smoke each day / week?</p> <p>(IF LESS THAN DAILY, RECORD WEEKLY)</p> <p>(RECORD FOR EACH TYPE, USE SHOWCARD)</p> <p>Don't Know 7777</p> <p>For current smokers only. Specify zero if no products were used in each category instead of leaving categories blank. Record daily consumption for daily smokers. If products are smoked less than daily by daily smokers, enter weekly consumption. Also enter weekly consumption for current, non-daily smokers.</p>	<p>DAILY↓ WEEKLY↓</p> <p>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"/></p> <p>Beedee <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Suruttu <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>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 X3</p> <p>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"/></p>	<p>T5a/T5aw</p> <p>T5f/T5fw</p> <p>T5g/T5gw</p> <p>T5i/T5iw</p> <p>T5other/ T5otherw</p>
<p>X3 Usually do you buy cigarettes in packets or separately?</p>	<p>Packets 1</p> <p>Separately 2</p>	X3

(Ask only if T5a/T5aw is more than 0)	I don't buy 3	
T6 During the past 12 months , have you tried to stop smoking ? <i>For current smokers only. Ask the participant to think of any quit attempt during the past 12 months.</i>	Yes 1 No 2	T6
T7 During any visit to a doctor or other health worker in the past 12 months , were you advised to quit smoking tobacco? <i>For current smokers only. Ask the participant to think of visits to a doctor or other health worker during the past 12 months. If no visit, select "no visit during the past 12 months".</i>	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
T8 In the past , did you ever smoke any tobacco products? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T12</i>	T8
T9 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

Extended: Tobacco Use					
Question	Response	Code			
T10 How old were you when you stopped smoking?	Age (years) Don't Know 77 <table><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T12</i>				T10
T11 How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago <table><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T12</i>				T11
	OR Months ago <table><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T12</i>				
OR Weeks ago <table><tr><td></td><td></td><td></td></tr></table>					
T12 Do you currently use any smokeless tobacco products such as <i>chewing tobacco with betel, snuff by nose, chewing tobacco, Baabul?</i> <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T15</i>	T12			
T13 Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to XT14aw</i>	T13			

	DAILY↓	WEEKLY↓										
<p>T14 On average, how many times a day/week do you use</p> <p>(IF LESS THAN DAILY, RECORD WEEKLY)</p> <p>(RECORD FOR EACH TYPE, USE SHOWCARD)</p> <p>Don't Know 7777</p>	Chewing tobacco with betel <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											XT14a/ XT14aw
	Snuff, by nose <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											T14b/ T14bw
	Chewing tobacco <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											T14c/ T14cw
	Babul <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											XT14d/ XT14dw
Other <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><i>If Other, go to T14other, if T13=No, go to T15, else go to T17</i></p>											T14e/ T14ew	
Other (please specify): <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><i>If T13=No, go to T15, else go to T17</i></p>											T14other/ T14otherw	
T15 In the past , did you ever use smokeless tobacco products such as chewing tobacco, betel with tobacco, Babul, snuff ?	Yes 1 No 2 <i>If No, go to T17</i>	T15										
T16 In the past , did you ever use smokeless tobacco products such as chewing tobacco, betel with tobacco, Babul, snuff daily?	Yes 1 No 2	T16										
T17 During the past 30 days , did someone smoke in your home in your presence ?	Yes 1 No 2	T17										
T18 During the past 30 days , did someone smoke in closed areas in your workplace in your presence ? (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18										
X4 Do you currently chew areca nut ?	Yes 1	X4										

	No 2 Skip to A1							
X5 On average , how many times a day/week do you chew areca nut ?	DAILY↓ WEEKLY↓	X5						
	Areca nut <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							

CORE: A. Alcohol Consumption

The next questions ask about the **consumption of alcohol**. This does not include homebrewed alcohol, alcohol brought from another country, any alcohol not intended for drinking or other untaxed alcohol.

Question	Response	Code						
A1 Have you ever consumed any alcohol such as Arrack, Kassippu, Toddy, beer, whisky or wine ? (USE SHOWCARD)	Yes 1 No 2 If No, go to A16	A1						
X6 How old were you, when you consumed alcohol for the first time ?	Age in years Don't know 77 If known go to X 8	X6						
X7 Do you remember how long ago it was? Record only 1, NOT ALL 3 Don't know 77	In years <table border="1"><tr><td></td><td></td></tr></table> If known go to X8 Or In months <table border="1"><tr><td></td><td></td></tr></table> If known go to X8 Or In weeks <table border="1"><tr><td></td><td></td></tr></table>							X7
X8 What was the occasion you consumed alcohol for the first time ?	<div>Wedding 1</div> <div>Sport or musical events 2</div> <div>With friends 3</div> <div>After exam 4</div> <div>Funeral house 5</div> <div>Other Social occasion 6</div> <div>: specify.....</div>	X8						
X9 What was the type of alcohol you consumed /used during the first time ?	<div>Beer 1</div> <div>Wine 2</div> <div>Arrack 3</div> <div>Kassippu 4</div>	X9						

	<div>Whisky 5</div> <div>Toddy 6</div> <div>Any other spirits: 7</div> <div>Specify.....</div>																	
A2 Have you consumed any alcohol within the past 12 months ?	<div>Yes 1 <i>If Yes, go to A4</i></div> <div>No 2</div>	A2																
X10a The most important reason to stop alcohol during past 12 months :	<div>Health reason 1</div> <div>Family pressure 2</div> <div>Too expensive 3</div> <div>Just wanted to stop 4</div> <div>Religious 5</div> <div>Other 6</div>	X10a																
A4 During the past 12 months , how frequently have you had at least one standard alcoholic drink ? (READ RESPONSES, USE SHOWCARD)	<div>Daily 1</div> <div>5-6 days per week 2</div> <div>3-4 days per week 3</div> <div>1-2 days per week 4</div> <div>1-3 days per month 5</div> <div>Less than once a month 6</div> <div>Never 7</div>	A4																
A5 Have you consumed any alcohol within the past 30 days ?	<div>Yes 1</div> <div>No 2 <i>If No, go to A13</i></div>	A5																
Xa5. What is the type of alcohol do you usually consume?	<table border="1"> <tr><td>Beer</td><td>1</td></tr> <tr><td>Wine</td><td>2</td></tr> <tr><td>Arrack</td><td>3</td></tr> <tr><td>Kassippu</td><td>4</td></tr> <tr><td>Whisky</td><td>5</td></tr> <tr><td>Toddy</td><td>6</td></tr> <tr><td>Any other spirits:</td><td>7</td></tr> <tr><td>Specify.....</td><td></td></tr> </table>	Beer	1	Wine	2	Arrack	3	Kassippu	4	Whisky	5	Toddy	6	Any other spirits:	7	Specify.....		Xa5
Beer	1																	
Wine	2																	
Arrack	3																	
Kassippu	4																	
Whisky	5																	
Toddy	6																	
Any other spirits:	7																	
Specify.....																		

A6 During the past 30 days , on how many occasions did you have at least one standard alcoholic drink ?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table> <i>If Zero, go to X11</i>			A6
A7 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 <table border="1"><tr><td></td><td></td></tr></table>			A7
A8 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 <table border="1"><tr><td></td><td></td></tr></table>			A8
A9 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 <table border="1"><tr><td></td><td></td></tr></table>			A9
X11 During past 30 days , on how many days have you had different alcoholic drinks at the same occasion ?	I didn't use different alcoholic drinks 1 1-2 days 2 3-5 days 3 6-9 days 4 10-19 days 5 20-29 days 6 All 30 days 7	X11		

CORE: Alcohol Consumption, continued				
Question	Response	Code		
XA10 Have you consumed any alcohol within the past 7 days ?	Yes 1 No 2 If No, go to A13	XA10		
	Monday <table border="1"><tr><td></td><td></td></tr></table>			A10a
	Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A10b
	Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A10c

A10 During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD)	Thursday <table border="1"><tr><td> </td><td> </td></tr></table>			A10d
	Friday <table border="1"><tr><td> </td><td> </td></tr></table>			A10e
Saturday <table border="1"><tr><td> </td><td> </td></tr></table>			A10f	
Sunday <table border="1"><tr><td> </td><td> </td></tr></table>			A10g	
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 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.				
A11 During the past 7 days , did you consume any homebrewed alcohol including Kassippu , any alcohol brought from another country , any alcohol not intended for drinking or other untaxed alcohol?	<p>Yes 1</p> <p>No 2 <i>If No, go to A13</i></p>	A11		
A12 On average, how many standard drinks of the following did you consume during the past 7 days ? <i>Don't Know 77</i>	Homebrewed spirits, Kassippu <table border="1"><tr><td> </td><td> </td></tr></table>			A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <table border="1"><tr><td> </td><td> </td></tr></table>			A12b
	Alcohol brought from another country <table border="1"><tr><td> </td><td> </td></tr></table>			A12c
Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <table border="1"><tr><td> </td><td> </td></tr></table>			A12d	
Other untaxed alcohol in the country <table border="1"><tr><td> </td><td> </td></tr></table>			A12e	
Specify other untaxed alcohol	A12eother			

EXPANDED: Alcohol Consumption		
A13 During the past 12 months , have you found that you were not able to stop drinking once you had started, if so? (Read the responses)	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly (once in 2-3 months) 4</p> <p>Never 5</p>	A13
A14 During the past 12 months , because of drinking, have you failed to do what was normally expected from you , if so.....? (Read the responses)	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly (once in 2-3 months) 4</p> <p>Never 5</p>	A14
A15 During the past 12 months , have you needed a first drink in the morning to get yourself going after a heavy drinking session, if so.....?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly(once in 2-3 months) 4</p>	A15

(Read the responses)	Never 5	
A16 During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking, if so....?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16
(Read the responses)		

Alcohol Policy

Alcohol Policy

You have been asked questions on alcohol consumption before. The next questions ask about **alcohol control policies**. They include questions on your exposure to the media and advertisement, alcohol promotions, enforcement of bans or comprehensive restrictions on alcohol advertising, drunk driving countermeasures, restricting physical availability, health warnings and alcohol purchases.

Question	Response	Code
X14 During last 12 months , have you driven a vehicle after intake or influence of alcohol?	Yes 1 No 2 I Don't drive 3	X14
X15 During last 12 months , have your vehicle been stopped/ checked by traffic police for driving under the influence of alcohol?	Yes 1 No 2 If No go to X18	X15
X16 During last 12 months , have you/anyone caught/fined by traffic police in the case of drink-driving ?	Yes 1 No 2	X16
X18 During the last 12 months , have you noticed any advertisements, images or references of beer, wine, arrack, any other spirits etc. on internet and social media, cinema from other countries, international magazines, International TV channel?	On internet and social media?	X18a
	Yes 1	
	No 2	
	Not applicable 3	

	On cinema from other countries?		X18b
	Yes	1	
	No	2	
	Not applicable	3	
	On international magazines?		X18c
	Yes	1	
	No	2	
	Not applicable	3	
	On <i>International TV channels</i>?		X18d
	Yes	1	
	No	2	
	Not applicable	3	
X21 During the past 30 days , when you watched television, videos, or movies , how often did you see actors using or using phrase or actions promoting alcohol?	I do not watch television, videos, or movies 1 Never 2 At least once a week 3 At least 2-3 days a week 4 At least 4 days a week 5 Always (Almost Daily per week) 6		X21
X22 During the past 30 days , did you see or hear any anti-alcohol messages on television, radio, , billboards, posters, newspapers, magazines, or movies, internet, social media?	On electronic media? (television, radio)		X22a
	Yes	1	
	No	2	
	Not applicable	3	
	On printed media? (newspapers/ magazines)		X22b
	Yes	1	
	No	2	
	Not applicable	3	
	On billboards, posters?		X22c
	Yes	1	
	No	2	

	Not applicable	3	X22d	
	On movies?			
	Yes	1		
	No	2		
	Not applicable	3	X22e	
	On internet and social media?			
	Yes	1		
	No	2		
	Not applicable	3		
X26 During the last 30 days , have you seen anyone consuming <i>beer, arrack, wine & other spirits etc.</i> in the public such as office, bus stands, health care facilities / educational buildings / government offices / public transports/parks, streets etc./sporting events/leisure events / workplaces / religious worship?			Yes 1 No 2	X26

CORE: D. Diet				
The next questions ask about the fruits and vegetables that you usually eat. I have a showcard here that shows 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 .				
Question	Response	Code		
Pre D1 Do you have a habit of eating fruits ?	Yes 1 No 2	Pre D1		
D1 In a typical week , on how many days do you eat fruit ? (In most recent generalized week) <i>(USE SHOWCARD)</i>	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> <i>If Zero days, go to Pre D3</i>			D1
D2 How many servings of fruit do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			D2

Pre D3 Do you have a habit of eating vegetables ?	Yes 1 No 2	Pre D3																		
D3 In a typical week , on how many days do you eat vegetables ? (In most recent generalized week) (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td><td></td></tr></table> If Zero days, go to X27				D3															
D4 How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <table border="1"><tr><td></td><td></td><td></td></tr></table>				D4															
X27 What do you think is desirable / recommended no. of fruits and veg. servings one should eat every day to be healthy? (Use show cards)	Don't know 1 0-2 2 3-4 3 ≥5 4	X27																		
X28a what is the most important reason that stops you from eating the recommended daily servings of Fruits? (Total servings of fruits being less than 2 per day as per the D2)	<table> <tr><td>None</td><td>1</td></tr> <tr><td>My choice of fruits are not locally available</td><td>2</td></tr> <tr><td>Uncertainty about the safety of the food (eg chemical contamination)</td><td>3</td></tr> <tr><td>Too expensive /Can't afford</td><td>4</td></tr> <tr><td>Do not like the taste of fruits</td><td>5</td></tr> <tr><td>I don't think it is necessary</td><td>6</td></tr> <tr><td>My family doesn't like it</td><td>7</td></tr> <tr><td>Other</td><td>8</td></tr> </table>	None	1	My choice of fruits are not locally available	2	Uncertainty about the safety of the food (eg chemical contamination)	3	Too expensive /Can't afford	4	Do not like the taste of fruits	5	I don't think it is necessary	6	My family doesn't like it	7	Other	8	X28a		
None	1																			
My choice of fruits are not locally available	2																			
Uncertainty about the safety of the food (eg chemical contamination)	3																			
Too expensive /Can't afford	4																			
Do not like the taste of fruits	5																			
I don't think it is necessary	6																			
My family doesn't like it	7																			
Other	8																			
X29a what is the most important reason that stops you from eating the recommended daily servings of vegetables? (Total servings of vegetables being less than 3 per day as per the combined total of responses of D4)	<table> <tr><td>None</td><td>1</td></tr> <tr><td>My choice of vegetables are not locally available</td><td>2</td></tr> <tr><td>Uncertainty about the safety of the food (eg chemical contamination)</td><td>3</td></tr> <tr><td>Too expensive /Can't afford</td><td>4</td></tr> <tr><td>Time constraints/No time to prepare</td><td>5</td></tr> <tr><td>Do not like the taste of vegetables</td><td>6</td></tr> <tr><td>I don't think it is necessary</td><td>7</td></tr> <tr><td>My family doesn't like it</td><td>8</td></tr> <tr><td>Other</td><td>9</td></tr> </table>	None	1	My choice of vegetables are not locally available	2	Uncertainty about the safety of the food (eg chemical contamination)	3	Too expensive /Can't afford	4	Time constraints/No time to prepare	5	Do not like the taste of vegetables	6	I don't think it is necessary	7	My family doesn't like it	8	Other	9	X29a
None	1																			
My choice of vegetables are not locally available	2																			
Uncertainty about the safety of the food (eg chemical contamination)	3																			
Too expensive /Can't afford	4																			
Time constraints/No time to prepare	5																			
Do not like the taste of vegetables	6																			
I don't think it is necessary	7																			
My family doesn't like it	8																			
Other	9																			

<p>X30 What type of oil or fat is most often used for meal preparation in your household?</p> <p>(SELECT ONLY ONE)</p> <p>(During analyzing group, them into 2 – oil rich in saturated fat and unsaturated fat)</p>	<p>Coconut oil 1</p> <p>Soya oil 2</p> <p>Vegetable oil 3</p> <p>Palm oil 4</p> <p>Sunflower oil 5</p> <p>Gingerly oil 6</p> <p>Olive oil 7</p> <p>Corn oil 8</p> <p>Ghee 9</p> <p>Butter 10</p> <p>Margarine 11</p> <p>Other 12</p> <p>None in particular 13</p> <p>None used 14</p> <p>Don't Know 77</p>	<p>X30</p>									
<p>X31 On average, in a typical week, how many meals(breakfast/Lunch/dinner) do you eat that were not prepared at a home?</p> <p>(normal value should be 0-7)</p>	<p>Breakfast <table border="1"><tr><td></td><td></td><td></td></tr></table></p> <p>Lunch <table border="1"><tr><td></td><td></td><td></td></tr></table></p> <p>Dinner <table border="1"><tr><td></td><td></td><td></td></tr></table></p>										<p>X31a</p> <p>X31b</p> <p>X31c</p>
<p>X32 During the past seven days on how many days did you eat fast food such as Wade, samosa, chips, pastry, rolls, from restaurants, hotels, roadside food stalls, canteen</p> <p>(USE SHOWCARDS)</p>	<p><table border="1"><tr><td></td><td></td><td></td></tr></table></p> <p>(0-7 days)</p>				<p>X32</p>						

Dietary salt			
With the next questions, we would like to learn more about salt in your diet . Dietary salt includes ordinary table salt, salt crystals, spices mixes with salt such as Maggie soup cubes , and salty sauces such as soy 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 eg. Sausages, dried fish, pickles, readymade package snacks and questions on controlling your salt intake . Please answer the questions even if you consider yourself to eat a diet low in salt .			
D5 How often do you add salt to your food right before you eat it or as you are eating it? (Please consider most recent generalized week) (<i>SELECT ONLY ONE</i>)			D5
	Always (Daily) 1		
	Often(5-6 Days) 2		
	Sometimes(3-4 Days) 3		
	Rarely(1-2 Days) 4		
	Never 5		
	Don't know 77		
D7 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, dried fish, salty food prepared at a fast food restaurant, cheese, bacon and processed meat (Please consider most recent generalized week) (<i>USE SHOWCARD</i>)			D7
	Always (Daily) 1		
	Often (5-6 days) 2		
	Sometimes (3-4 days) 3		
	Rarely (1-2 days) 4		
	Never 5		
	Don't know 77		
X33 How much salt that your household consume an average per month for preparation of food ?		Quantity (grams)	X33a-b
	Crystals		

EXPANDED: Diet				
Question	Response		Code	
D9 How important to you is lowering the salt in your diet?	Very important	1	D9	
	Somewhat important	2		
	Not at all important	3		
	Don't know	77		
X34 How much salt do you think a person should consume every day in order to be healthy?	≤1tsp	1	X34	
	2 tsp	2		
	3 tsp	3		
(show card showing the spoon of 5g)	Don't know	77		

D11 Which of the following you do 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														
Not to put salt into rice during 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)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									D11other						
X36 In a typical week on how many days do you usually consume sugar sweetened beverage (carbonated drinks)? (USE SHOWCARD)	I usually do not drink 0 If 0 go to X38 Number of days (1-7) <table border="1"><tr><td></td><td></td></tr></table>			X36												
X37a What is the mostly used type (volume) of sugary drink/ soda on one of those days? (USE SHOWCARD)	<table border="1"> <tr><td>175ml</td><td>1</td></tr> <tr><td>350ml</td><td>2</td></tr> <tr><td>450ml</td><td>3</td></tr> <tr><td>500ml</td><td>4</td></tr> <tr><td>1.0 l</td><td>5</td></tr> <tr><td>1.5 l</td><td>6</td></tr> <tr><td>2.0 l</td><td>7</td></tr> </table>	175ml	1	350ml	2	450ml	3	500ml	4	1.0 l	5	1.5 l	6	2.0 l	7	X37a
175ml	1															
350ml	2															
450ml	3															
500ml	4															
1.0 l	5															
1.5 l	6															
2.0 l	7															
X37b How many bottles of above type do you take each time you drink sugary drinks or soda on one of those days ?	Number of bottles <table border="1"><tr><td></td><td></td></tr></table> Don't Know 77			X37b												
X38 In a typical week on how many days do you usually consume sweeten fruit juice, cordial, fruit drinks & artificial fruit drinks (USE SHOWCARD)	I usually do not drink 0 Number of days (1-7) <table border="1"><tr><td></td><td></td></tr></table>			X38												
X39 In a typical week on how many days do you usually drink sweetened milk or malted drinks (packets) ?	I usually do not drink 0 If 0 go to X41 Number of days (1-7) <table border="1"><tr><td></td><td></td></tr></table>			X39												

(USE SHOWCARD)				
X40 How many 180 ml packet do you drink each time you drink sweetened milk or malted drinks on one of those days?	Number of packets <table border="1"><tr><td></td><td></td></tr></table> Don't Know 77			X40
X41 How much sugar do you think a person should consume every day in order to be healthy ? (show card showing the spoon of 5g)	≤6tsp (25g) 1 7-8 tsp (30-40g) 2 9-10 tsp (45-50g) 3 Don't know 77	X41		
X42 Have you ever seen a colour circle on sweet beverage bottle/can? (show card)	Yes 1 No 2 If No go to X44	X42		
X43 What does the colour circle indicate?	Amount of salt 1 Amount of the sugar in the beverage 2 Whether this is good for your health 3 I don't know 77	X43		
X44 How many milk/tea/coffees do you drink per day?	<table border="1"><tr><td></td><td></td></tr></table> If 0 go to P1			X44
X45 How many teaspoons of sugar do you add /take to one cup of milk /tea/coffee?	One 1 Two 2 Three 3 More than three 4 Not using sugar but use other sweet meats/dates or jaggery 5 Non-sugar sweeteners such as Canderel, Solo 6 None 7	X45		

CORE: P. Physical Activity

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**.

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**.

Question	Response	Code
Work		
P1 .Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously ? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4	P1
P2 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
P3 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)
P4 Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>for carrying light loads]</i> for at least 10 minutes continuously ? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 7	P4
P5 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
P6 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		
The next questions exclude the physical activities at work that you have already mentioned. 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.		
P7 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 If No, go to P 10	P7
P8 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

CORE: Physical Activity, Continued		
Question	Response	Code
P9 How much time do you spend walking or bicycling for travel on a typical day ?	<div style="text-align: right;"> <div style="display: inline-block; text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> : <div style="display: inline-block; text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> </div> <div style="margin-top: 5px;"> Hours : minutes <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div> </div>	P9 (a-b)
Recreational activities		
<p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational activities (leisure).</p>		
P10 Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [<i>running or football</i>] for at least 10 minutes continuously ?	<div style="text-align: center;"> Yes 1 </div> <div style="text-align: center; margin-top: 20px;"> No 2 <i>If No, go to P 13</i> </div>	P10
P11 In a typical week , on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	<div style="text-align: center;"> Number of days <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div>	P11
P12 How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day ?	<div style="text-align: right;"> <div style="display: inline-block; text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> : <div style="display: inline-block; text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> </div> <div style="margin-top: 5px;"> Hours : minutes <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div> </div>	P12 (a-b)
P13 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, [<i>cycling, swimming, volleyball</i>] for at least 10 minutes continuously ?	<div style="text-align: center;"> Yes 1 </div> <div style="text-align: center; margin-top: 20px;"> No 2 <i>If No, go to P16</i> </div>	P13
INSERT EXAMPLES (USE SHOWCARD)		
P14 In a typical week , on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	<div style="text-align: center;"> Number of days <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div>	P14
P15 How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day ?	<div style="text-align: right;"> <div style="display: inline-block; text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> : <div style="display: inline-block; text-align: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin: 0 auto;"></div> </div> </div> <div style="margin-top: 5px;"> Hours : minutes <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div> </div>	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, train, reading, playing cards or watching television, but do not include time spent sleeping.		
P16 How much time do you usually spend sitting or reclining on a typical day ?	<div> <div> <div></div><div></div><div></div> </div> <div>:</div> <div> <div></div><div></div><div></div> </div> </div> <div>Hours : minutes</div> <div>hrs mins</div>	P16 (a-b)
X46 In a typical day , how many hours of continuous sleep do you get at night ?	<div>Hours</div> <div> <div></div><div></div><div></div> </div>	X46

CORE: H. History of Raised Blood Pressure		
Question	Response	Code
H1 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
H2a 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
H2b Have you been told in the past 12 months ?	Yes 1 No 2	H2b
X47 Have you ever taken drugs/medication for raised blood pressure prescribe by a doctor /health worker?	Yes 1 No 2 If No, go to H4	X47
H3 In the past two weeks , have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? (not including the traditional herbal remedy)	Yes 1 No 2 If No, go to X50	H3
X48 Where do you usually go for treatment and care advice for your raised blood pressure? (Only to those who said yes in the last two weeks)	Government clinic / hospital 1 Private hospital/ clinic/ specialist clinic 2 Pharmacy 3 Private general practitioner 4	X48

	Indigenous (Ayurvedic, homeopathic,) 5 Traditional healers 6	
X49 Where do you usually get your drugs for raised blood pressure?	Government clinic / hospital pharmacy 1 Private hospital 2 Directly buy from the private Pharmacy 3 Private general practitioner 4 Indigenous (Ayurvedic, homeopathic,) 5 Traditional healers 6	X49
X50 What is the most important reason you are not currently taking medications? (Yes, to last 12 months/ever treatment and no to current treatment)	Do not think this is necessary 1 Doctor only asked me to change habits and did not prescribe any drugs 2 Too expensive 3 Got side effects or afraid of side effects 4 My pressure is normal now 5 Doctor / health worker asked me to stop 6	X50
H4 Did you ever seek for indigenous care (Ayurvedic, homeopathic) for raised blood pressure or hypertension?	Yes 1 No 2	H4
H5 Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

CORE: History of Diabetes

H6 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
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H7a 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
H7b Have you been told in the past 12 months ?	Yes 1 No 2		H7b
X51 Have you ever taken drugs/medication for raised blood sugar prescribe by a doctor /health worker?	Yes 1 No 2 <i>If No, go to H10</i>		X51
H8 In the past two weeks , have you taken any drugs (medication) for raised blood sugar prescribed by a doctor or other health worker? (not including the traditional herbal remedy)	Yes 1 No 2 <i>If No, go to X54</i>		H8
X52 Where do you usually go for treatment and care advice for your raised blood sugar? (Only to those who said yes in the last two weeks)	Government clinic / hospital 1 Private hospital/ clinic/ specialist clinic 2 Pharmacy 3 Private general practitioner 4 Indigenous (Ayurvedic, homeopathic,) 5 Traditional healers 6		X52
X53 Where do you usually get your drugs for raised blood sugar?	Government clinic / hospital pharmacy 1 Private hospital 2 Directly buy from the private Pharmacy 3 Private general practitioner 4 Indigenous (Ayurvedic, homeopathic,) 5 Traditional healers 6		X53
X54 What is the most important reason you are not currently taking medications? (Yes, to last 12 months/ever treatment and no to current treatment)	Do not think this is necessary 1 Doctor only asked me to change habits and did not prescribe any drugs 2 Too expensive 3 Got side effects or afraid of side effects 4 My blood sugar is normal now 5		X54

	Doctor / health worker asked me to stop	6		
H9 Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes	1		H9
	No	2		
H10 Did you ever seek for indigenous care (Ayurvedic, homeopathic) for diabetes or raised blood sugar?	Yes	1		H10
	No	2		
H11 Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1		H11
	No	2		
X55 When you were pregnant , have you ever told by a doctor or other health worker that you have Diabetes—also called gestational diabetes? (Only for women)	Yes	1		
	No	2		X55
	Not applicable	3		

CORE: History of Raised Total Cholesterol				
Questions	Response			Code
H12 Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes	1		H12
	No	2	If No, go to H17	
H13a Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes	1		H13a
	No	2	If No, go to H17	
H13b Have you been told in the past 12 months ?	Yes	1		H13b
	No	2		
X56 Have you ever taken drugs/medication for raised total cholesterol prescribe by a doctor /health worker?	Yes	1		X56
	No	2	If No, go to H15	
H14 In the past two weeks , have you taken any drugs (medication) for raised total cholesterol prescribed by a doctor or other health worker? (not including the traditional herbal remedy)	Yes	1		H14
	No	2	If No, go to X59	
X57 Where do you usually go for treatment and care advice for your raised total cholesterol? (Only to those	Government clinic / hospital	1		X57

who said yes in the last two weeks)	Private hospital/ clinic/ specialist clinic 2 Pharmacy 3 Private general practitioner 4 Indigenous (Ayurvedic, . . .) 5 Traditional healers 6		
X58 Where do you usually get your drugs for raised total cholesterol?	Government clinic / hospital pharmacy 1 Private hospital 2 Directly buy from the private Pharmacy 3 Private general practitioner 4 Indigenous (Ayurvedic, homeopathic,) 5 Traditional healers 6		X58
X59 What is the most important reason you are not currently taking medications? (Yes, to last 12 months/ever treatment and no to current treatment)	Do not think this is necessary 1 Doctor only asked me to change habits and did not prescribe any drugs 2 Too expensive 3 Got side effects or afraid of side effects 4 My cholesterol is normal now 5 Doctor / health worker asked me to stop 6		X59
H15 Did you ever seek for indigenous care (Ayurvedic, homeopathic) for raised cholesterol?	Yes 1 No 2		H15
H16 Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2		H16

CORE: History of Cardiovascular Diseases

H17 Have you ever had a heart attack or chest pain from heart disease (angina: • Angina discomfort is usually in the center of the chest, behind the breastbone. • Chest feels tight or heavy • Feel short of breath (or hard to breathe) • Usually lasts a short time (5 minutes or less) • Is relieved by rest or medicine • May feel like gas or indigestion • May feel like chest pain that spreads to the arms, back, neck, jaw or stomach)?	Yes 1 No 2	H17
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X60 Have you ever had a stroke (cerebrovascular accident) (Show card)	Yes 1 No 2	X60
H18 Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
H19 Are you currently taking Cholesterol lowering 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
H20 During the past 12 months , have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No go to X64</i>	H20
During any of your visits to a doctor or other health worker in the past 12months (1 year), were you advised to do any of the following? (RECORD FOR EACH)		
H20a1 Quit smoking tobacco or don't start	Yes 1 No 2	H20a1
H20a2 Quit chewing tobacco or don't start	Yes 1 No 2	H20a2
H20b Reduce salt in your diet	Yes 1 No 2	H20b
H20c Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
H20d Reduce fat in your diet	Yes 1 No 2	H20d
H20e Start or do more physical activity	Yes 1 No 2	H20e
H20f Maintain a healthy body weight or lose weight	Yes 1 No 2	H20f
H20g Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to X64</i>	H20g

	No 2	If CI = 1 go to X64	
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Expanded: Awareness of Healthy Lifestyle Clinic (HLC)				
X64 Have you heard about Healthy Lifestyle clinics ?	Yes	1		X64
	No	2	If No & C1=2(Female) go to CX1	
			If No & C1=1(Male) go to X2A	
X65 Do you know which of the following people can receive services from HLC:	Children under 5 years	1		X65
	Pregnant Women	2		
	Adolescents	3		
	women only ≥35 yrs	4		
	Men only ≥35 yrs	5		
	Men and women >35 yrs	6		
	Don't know	7		
X66. Which are the services provided by HLC?	Yes	No		
	Blood pressure checking	1	2	X66a
	Testing for diabetes	1	2	X66b
	Testing for breast cancer	1	2	X66c
	Testing for cervical cancer	1	2	X66d
	Testing for raised Cholesterol	1	2	X66e
	Treatment for heart disease	1	2	X66f
X67 Have you ever attended a HLC?	Yes	1		X67
	No	2	If No & C1=2(Female) go to CX1	
			If No & C1=1(Male) go to X2A	
X68 How useful were the services provided at HLC on a scale of 1-10? (1-very bad, 5- ok, 10- very good)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			X68

CORE (for all women): 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. 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.

CX1 Have you ever had a screening test for cervical cancer , using any of these methods described above?	Yes	1	CX1
	No	2	
	Don't know	77	

Breast Cancer Screening (do it for all but during analysis consider >35 years)

X61 Do you know how to do a breast self-examination to detect any lumps in the breast ((Self-examination of the breast means that you examine both of your breast in a methodical manner to rule out that there are no any noticeable abnormalities)	Yes	1	X61
	No	2	
	Don't know	77	
X62 How often do you carry out self-examination of the breast with the intention to detect any early cancer?	Never	1	X62
	Atleast once a month	2	
	Every 3-6 months	3	
	Every year	4	
X63 When did last you have breast examination by a health care worker?	Never	1	X63
	Within last one year	2	
	Within last three years	3	
	More than three years	4	
	Cannot remember	5	

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	River/Tank/Streams/Spring	10			
	Rain water	11			
	Bottle water	12			
	Other	13			
	Specify	14			
X2C. What is the main source of water for cooking , handwashing etc.?	Well		X2C		
	Protected well	1			
	Semi protected well	2			
	Unprotected well	3			
	Pipe born water (main line)				
	Tap within unit	4			
	Tap within premises but outside unit	5			
	Tap outside premises	6			
	Other sources				
	Rural water supply project	7			
	Tube well	8			
	Bowser	9			
	River/Tank/Streams/Spring	10			
	Rain water	11			
	Bottle water	12			
	Other	13			
	Specify	14			
	X2D. What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET		X2D	
		Flush to piped sewer system			1
Flush to septic tank		2			
Flush to pit latrine		3			
Flush to somewhere else		4			
Flush, don't know where		5			
PIT LATRINE					
Ventilated improved pit latrine		6			
Pit latrine with slab		7			
Pit latrine without slab/ open pit		8			
Composting toilet		9			

	Bucket toilet	10	
	No facility/bush/field	11	
	OTHER	12	
	(SPECIFY).....	13	
X2E. Do you share this toilet with other households?	Yes	1	X2E
	No	2	
X2F. What is the main source of lighting for your household?	National grid electricity	1	X2F
	Rural hydro power electricity	2	
	Kerosene	3	
	Solar power	4	
	Other	5	
	(SPECIFY).....	6	
X2G. What is the main source of fuel used in your household for cooking?	Electricity	1	X2G
	Gas (Lp)	2	
	Kerosene	3	
	Wood	4	
	Saw Dust / Rice Husk /Charcoal	5	
	Other	6	
	Specify.....		
X2H. What is the main material of the floor ?	Terrazzo/Tile/Granite	1	X2H
	Cement	2	
	Mud	3	
	Wood	4	
	Sand	5	
	Concrete	6	
	Other	7	
	(Specify).....		
X2I What is the main material of the roof ?	Tiles	1	X2I
	Asbestos	2	
	Concrete	3	
	Zink Aluminium Sheet	4	
	Metal Sheet	5	

	Cadjan/Palmyrah/Straw	6	
	Other	7	
	(Specify).....		
X2J. What is the main material of the wall ?	Bricks	1	X2J
	Cement Blocks/Stone	2	
	Cabook	3	
	Pressed Soil Bricks	4	
	Mud	5	
	Cadjan/Plamyrah	6	
	Plank/Metal Sheet	7	
	Other	8	
	(Specify)	9	
X2K. . How many perches of agricultural land do members of this household own?perches Don't know 77777		X2K
X2Lpre. Does this household own Cows/Bulls /Buffalos, Goats, Chickens or Pigs as of today?	Yes 1 No 2 If no go to X2M	X2Lpre	
X2L. How many of the following animals does this household own as of today?	Cows/Bulls /BUFFALOS.....	1	X2La
	Goats.....	2	X2Lb
	Chickens.....	3	X2Lc
	Pigs.....	4	X2Ld
	Other	5	X2Le
	Specify other -	6	X2Leother
X2M. Is this house owned by a household member, or is it rented or leased, or is it occupied free of rent or encroached?	Owned By A Household Member	1	X2M
	Rent/Lease-Gvt.Owned	2	
	Rent/Lease-Pvt.Owned	3	
	Occupied Free Of Rent	4	
	Encroached	5	
	Others	6	
	(Specify)	7	

EXPANDED: Demographic Information, Continued

Question	Response		Code
C11 What is the average monthly income of the household [in Rupees] (from all the household members combined)? Enter the average earnings of the household	≤ 10,000 10,001- 23,500 23,501- 36,500 36,501 – 52,000 52,001 – 81,500 More than 81,501 Don't Know Refused	1 2 3 4 5 6 77 88	C11
I1 f Result Code	Fully Completed Partially Completed No respondent Refused Housing Unit is temporarily closed Housing Unit is Destroyed Other specify	1 2 3 4 5 6 7 8	I1 f

Step 2 Physical Measurements

CORE: Blood Pressure								
XM1. Consent has been read and obtained	Yes 1 No 2 If NO, END	XM1						
M1. Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
M2. Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2				
M4. Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a		
	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b		
Heart Rate (beats per minute) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16a			
M5. Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a		
	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b		
Heart Rate (beats per minute) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16b			
M6. Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a		
	Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6b		
Heart Rate (beats per minute) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16c			
M7. 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								
Question	Response	Code						
M8. For women: Are you pregnant?	Yes 1 <i>If Yes, go to M16</i> No 2	M8						
M9. Interviewer (Health staff) ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9		
M10. Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table>			M10a				
Weight <table border="1"><tr><td></td><td></td></tr></table>			M10b					
M11. Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M11
M12. Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M12

CORE: Waist		
M13. Device ID for waist	<div></div>	M13
M14. Waist circumference	in Centimetres (cm) <div></div>	M14

Step 3 Biochemical Measurements

CORE: Blood Glucose												
Question	Response	Code										
XB1. Consent has been read and obtained	Yes 1 No 2 If NO, END	XB1										
B1. During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 If Yes, go to B5 No 2 If No, go to XB5	B1										
B2. Technician ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B2						
B3. Device ID	<table border="1"><tr><td></td><td></td></tr></table>			B3								
B4. Time of day blood specimen taken (24 hour clock)	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> <tr> <td colspan="2">Hours</td><td colspan="3">minutes</td> </tr> </table>			:			Hours		minutes			B4
		:										
Hours		minutes										
B5. Fasting blood glucose	mg/dl <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>							B5				
XB5. Random blood glucose	mg/dl <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td></tr></table>							XB5				
B6. 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												
B8. Total cholesterol	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> mg/dl						B8					
B9. 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																	
B10. Had you been fasting prior to the urine collection?	Yes 1 No 2	B10															
B11. Technician ID	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					B11											
B12. Device ID	<table border="1"> <tr> <td></td><td></td> </tr> </table>			B12													
B13. Time of day urine sample taken (24 hour clock)	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> <tr> <td colspan="2">Hours : minutes</td> <td colspan="3"></td> </tr> <tr> <td></td><td></td><td>hrs</td><td></td><td>mins</td> </tr> </table>			:			Hours : minutes							hrs		mins	B13
		:															
Hours : minutes																	
		hrs		mins													
B14. Urinary sodium	mmol/l <table border="1"> <tr> <td></td><td></td><td></td><td></td><td>.</td><td></td> </tr> </table>					.		B14									
				.													
B15. Urinary creatinine	mmol/l <table border="1"> <tr> <td></td><td></td><td>.</td><td></td><td></td> </tr> </table>			.			B15										
		.															