



# PAN AMERICAN STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

**ARUBA 2023**

## Survey Information

| Location and Date                    | Response  | Code |
|--------------------------------------|---|------|
| Sample group ID                      |   |      |
| Address point                        | <input type="text"/>  | I1   |
| 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"/><br>dd mm year | I4   |

| Consent, Interview Language and Name              | Response  | Code |
|---|---|------|
| Consent has been read and obtained                | Yes 1<br>No 2 <b>If NO, END</b>                         | I5   |
| Interview Language                                | English 1<br>Spanish 2<br>Dutch 3<br>Papiamentu 4       | I6   |
| Time of interview<br>(24 hour clock)              | <input type="text"/> : <input type="text"/><br>hrs mins | I7   |
| Family Surname                                    | <input type="text"/>                                    | I8   |
| First Name  | <input type="text"/>                                    | I9   |
| <b>Additional Information that may be helpful</b> |   |      |
| Contact phone number where possible               | <input type="text"/>                                    | I10  |

## Step 1 Demographic Information

| CORE: Demographic Information  |  |      |
|--|--|------|
| Question   | Response   | Code |
| Sex ( <i>Record Male / Female as observed</i> )  | Male 1<br>Female 2   | C1   |
| What is your date of birth?<br><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>ddmmyear</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? | Less than primary education  | 1                                 | C5 |
|   | Primary school/Special education                                     | 2                                 |    |
|   | Vocationally oriented secondary special education (SPO, Tarabana)    | 3                                 |    |
|   | Vocationally oriented secondary education (EPB, LTS, Huishoudschool) | 4                                 |    |
|   | General and higher secondary education (MAVO, MULO)                  | 5                                 |    |
|   | General and higher secondary education (HAVO, High School)           | 6                                 |    |
|   | University preparatory education (VWO)                               | 7                                 |    |
|   | Middle level professional education (EPI, MAO, MTS)                  | 8                                 |    |
|   | Higher level professional education (HBO, FEF, IPA)                  | 9                                 |    |
|   | University   | 10                                |    |
|   | Doctoral degree PhD  | 11                                |    |
|   | Other  | 12 <i>If Other, go to C5other</i> |    |
|   | Refused  | 88                                |    |
| Other (please specify):   |  | C5other                           |    |
| What is your country of birth?                                    | Aruba  | 1                                 | X1 |
|   | The Netherlands  | 2                                 |    |
|   | Colombia   | 3                                 |    |
|   | Dominican Republic   | 4                                 |    |
|   | Venezuela  | 5                                 |    |
|   | Curaçao  | 6                                 |    |
|   | Other  | 77                                |    |
|   | Refused  | 88                                |    |
| What is your nationality?   | Dutch  | 1                                 | X2 |
|   | Colombian  | 2                                 |    |
|   | Dominican  | 3                                 |    |
|   | Venezuelan   | 4                                 |    |
|   | Haitian  | 5                                 |    |
|   | Other  | 77                                |    |
|   | Refused  | 88                                |    |
| What is your <b>marital status</b> ?                              | Never married  | 1                                 | X3 |
|   | Currently married  | 2                                 |    |
|   | Legally divorced from spouse   | 3                                 |    |

|  | Separated from bed and board 4<br>Widow(er) of spouse 5<br>Cohabitation agreement with registered partner 6<br>Divorced from registered partner (according to a cohabitation agreement) 7<br>Widow(er) from registered partner (according to a cohabitation agreement) 8<br>Refused 88   |      |
|--|--|------|
| Are you currently living on a durable basis with your spouse or (life) partner?  | Yes 1<br>No 2  | X4   |
| Which of the following best describes your <b>main work</b> status over the past 12 months?                                | Employee 1<br>Self-employed 2<br>Contributing family worker 3<br>Paid apprentice/Intern 4<br>Unpaid apprentice/Intern/Volunteer 5<br>Student/Attending school 6<br>Pensioned 7<br>Housewife/Houseman 8<br>Unemployed (able to work) 9<br>Refused 88  | C8   |
| How many people 18 years and older, including yourself, live in your household?  | Number of people <input type="text"/>  | C9   |
| <b>EXPANDED: Demographic Information, Continued</b>  |  |      |
| Question   | Response   | Code |
| Can you give an <b>estimate</b> of the monthly household income if I read some options to you? Is it<br><br>(READ OPTIONS) | Afl. 1,000 or less 1<br>Afl. 1,001-2,000 2<br>Afl. 2,001-2,500 3<br>Afl. 2,501-3,000 4<br>Afl. 3,001-3,500 5<br>Afl. 3,501-4,000 6<br>Afl. 4,001-5,000 7<br>Afl. 5,001-6,000 8<br>Afl. 6,001-7,000 9<br>Afl. 7,001-8,000 10<br>Afl. 8,001-10,000 11<br>Afl. 10,001-12,000 12<br>Afl 12,001 or more 13<br>Don't know 77<br>Refused 88 | X5   |

## 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?<br>(USE SHOWCARD)   | Yes 1<br>No 2 If No, go to T8   | T1                   |
| Do you currently smoke tobacco products <b>daily</b> ?  | Yes 1<br>No 2   | T2                   |
| How old were you when you <b>first started</b> smoking?   | Age (years)<br>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?<br>(RECORD ONLY 1, NOT ALL 3)<br>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> ?<br>(IF LESS THAN DAILY, RECORD WEEKLY)<br>(RECORD FOR EACH TYPE, USE SHOWCARD)<br>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"/><br>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/<br>T5otherw |
| During the past 12 months, have you tried to <b>stop smoking</b> ?  | Yes 1<br>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<br>No 2 If T2=Yes, go to T12; if T2=No, go to T9<br>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?<br>(USE SHOWCARD)  | Yes 1<br>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<br>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)<br>Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T12 | T10  |
| How <b>long ago</b> did you stop smoking?<br><br>(RECORD ONLY 1, NOT ALL 3)<br><br>Don't Know 77   | Years ago <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T12                    | T11a |
|  | OR    Months ago <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T12             | T11b |
|  | OR    Weeks ago <input type="text"/> <input type="text"/> <input type="text"/>                                  | T11c |
| Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as snuff, chewing tobacco, betel?<br>(USE SHOWCARD)   | Yes    1<br>No    2    If No, go to A1  | T12  |
| Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?  | Yes    1<br>No    2    If No, go to A1  | T13  |
| Now I will ask you about electronic cigarettes, which are also called e-cigarettes or vaping devices. These devices are battery powered and heat a liquid to produce vapor or aerosol instead of smoke. (USE SHOWCARD) |   |      |
| Do you currently use electronic cigarettes or any other vaping device?   | Yes    1<br>No    2    If No, go to A1  | X6   |
| Do you currently use electronic cigarettes or any other vaping device daily?   | Yes    1<br>No    2   | X7   |

| 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 or spirits?<br>(USE SHOWCARD OR SHOW EXAMPLES)   | Yes 1<br>No 2 If No, go to A16  | A1   |
| Have you consumed any alcohol within the <b>past 12 months</b> ?  | Yes 1 If Yes, go to A4<br>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 A16<br>No 2 If No, go to A16  | A3   |
| During the past 12 months, <b>how frequently</b> have you had at least one standard alcoholic drink?<br><br>(READ RESPONSES, USE SHOWCARD)                    | Daily 1<br>5-6 days per week 2<br>3-4 days per week 3<br>1-2 days per week 4<br>1-3 days per month 5<br>Less than once a month 6<br>Never 7 | A4   |
| Have you consumed any alcohol within the <b>past 30 days</b> ?  | Yes 1<br>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<br>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?<br>(USE SHOWCARD)      | Number<br>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<br>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<br>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?<br><br>(USE SHOWCARD)<br><br>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 to the country without going through Customs, 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 brought to the country without going through Customs, any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> alcohol?<br>(USE SHOWCARD)   | Yes 1<br><br>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> ?<br><br>(USE SHOWCARD)<br><br>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 that was brought to the country without going through Customs <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<br>Weekly 2<br>Monthly 3<br>Less than monthly 4<br>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<br>Weekly 2<br>Monthly 3<br>Less than monthly 4<br>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<br>Weekly 2<br>Monthly 3<br>Less than monthly 4<br>Never 5                                       | A15 |
| During the <b>past 12 months</b> , have you had family problems or problems with your partner due to <b>someone else's</b> drinking?            | Yes, more than monthly 1<br>Yes, monthly 2<br>Yes, several times but less than monthly 3<br>Yes, once or twice 4<br>No 5 | A16 |

| CORE: Diet   |   |      |
|--|---|------|
| The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card 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 in the last year.   |   |      |
| Question   | Response  | Code |
| In a typical week, on how many days do you <b>eat fruits</b> ?<br>(USE SHOWCARD)   | Number of days<br>Don't Know 77 <input type="text"/> <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<br>Don't Know 77 <input type="text"/> <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<br>Don't Know 77 <input type="text"/> <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<br>Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/>                    | D4   |
| Dietary salt   |   |      |
| With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce. The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as SPAM, bacon, pot ham and corned beef and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt. |   |      |
| How often do you <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?<br><br>(SELECT ONLY ONE)<br><br>(USE SHOWCARD)  | Always 1<br>Often 2<br>Sometimes 3<br>Rarely 4<br>Never 5<br>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<br>Often 2<br>Sometimes 3<br>Rarely 4<br>Never 5<br>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, processed meat, pastechi and croquet<br>(USE SHOWCARD)   | Always 1<br>Often 2<br>Sometimes 3<br>Rarely 4<br>Never 5<br>Don't know 77  | D7   |
| How much <b>salt or salty sauce</b> do you think you consume?  | Far too much 1<br>Too much 2<br>Just the right amount 3<br>Too little 4<br>Far too little 5<br>Don't know 77          | D8   |



| 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 and gardening. 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?<br>(USE SHOWCARD)  | Yes 1<br><br>No 2 If No, go to P4   | P1          |
| In a typical week, on how many days do you do vigorous-intensity activities as part of your work?   | Number of days <input type="text"/>   | P2          |
| How much time do you spend doing vigorous-intensity activities at work on a typical day?  | Hours : minutes <input type="text"/> : <input type="text"/><br>hrs     mins | P3<br>(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?<br>(USE SHOWCARD)   | Yes 1<br><br>No 2 If No, go to P7   | P4          |
| In a typical week, on how many days do you do moderate-intensity activities as part of your work?   | Number of days <input type="text"/>   | P5          |
| How much time do you spend doing moderate-intensity activities at work on a typical day?  | Hours : minutes <input type="text"/> : <input type="text"/><br>hrs     mins | P6<br>(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 ( <i>pedal cycle</i> ) to get to and from places?  | Yes 1<br><br>No 2 If No, go to P10  | P7          |
| In a typical week, on how many days do you walk or bicycle to get to and from places?   | Number of days <input type="text"/>   | P8          |
| How much time do you spend walking or bicycling for travel on a typical day?  | Hours : minutes <input type="text"/> : <input type="text"/><br>hrs     mins | P9<br>(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.<br>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 cycling, running, baseball, basketball or football?<br>(USE SHOWCARD) | Yes 1<br><br>No 2 If No, go to P13  | P10          |
| In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?   | Number of days<br><div style="border-bottom: 1px solid black; width: 50px; margin-left: 150px;"></div>  | P11          |
| How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?   | Hours : minutes <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div> : <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div><br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>hrs</span> <span>mins</span> </div> | P12<br>(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, swimming, volleyball?<br>(USE SHOWCARD)            | Yes 1<br><br>No 2 If No, go to P16  | P13          |
| In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?   | Number of days<br><div style="border-bottom: 1px solid black; width: 50px; margin-left: 150px;"></div>  | P14          |
| How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?   | Hours : minutes <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div> : <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div><br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>hrs</span> <span>mins</span> </div> | P15<br>(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, but do not include time spent sleeping. |   |              |
| How much time do you usually spend sitting or reclining on a typical day?  | Hours : minutes <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div> : <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; margin: 0 5px;"></div><br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>hrs</span> <span>mins</span> </div> | P16<br>(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<br>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<br>No 2 <i>If No, go to H6</i> | H2a  |
| Were you first told in the past 12 months?  | Yes 1<br>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<br>No 2                        | H3   |
| Have you ever seen a traditional healer for raised blood pressure or hypertension?  | Yes 1<br>No 2                        | H4   |
| Are you currently taking any herbal or traditional remedy for your raised blood pressure?   | Yes 1<br>No 2                        | H5   |

| CORE: History of Diabetes  |                                       |     |
|--|---------------------------------------|-----|
| Have you ever had your blood sugar measured by a doctor or other health worker?  | Yes 1<br>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<br>No 2 <i>If No, go to H12</i> | H7a |
| Were you first told in the past 12 months?   | Yes 1<br>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<br>No 2                         | H8  |
| Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?                             | Yes 1<br>No 2                         | H9  |
| Have you ever seen a traditional healer for diabetes or raised blood sugar?  | Yes 1<br>No 2                         | H10 |
| Are you currently taking any herbal or traditional remedy for your diabetes?   | Yes 1<br>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<br>No 2<br>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<br>More than 2 years ago 2<br>Never 3<br>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<br>More than 1 year ago 2<br>Never 3<br>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<br>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<br>No 2 <i>If No, go to H17</i> | H13a |
| Were you first told in the past 12 months?  | Yes 1<br>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<br>No 2                         | H14  |
| Have you ever seen a traditional healer for raised cholesterol?   | Yes 1<br>No 2                         | H15  |
| Are you currently taking any herbal or traditional remedy for your raised cholesterol?  | Yes 1<br>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<br>No 2 | H17 |
| Are you currently taking aspirin regularly to prevent or treat heart disease?<br><i>Also include acetylsalicylic acid</i>               | Yes 1<br>No 2 | H18 |
| Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? | Yes 1<br>No 2 | H19 |

| CORE: Lifestyle Advice  |   |      |
|---|---|------|
| During the past 12 months, have you visited a doctor or other health worker?  | Yes 1<br>No 2 <i>If No and C1=1 go to S1</i><br><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?<br>(RECORD FOR EACH) |   |      |
| Quit using tobacco or don't start   | Yes 1<br>No 2   | H20a |
| Reduce salt in your diet  | Yes 1<br>No 2   | H20b |
| Eat at least five servings of fruit and/or vegetables each day  | Yes 1<br>No 2   | H20c |
| Reduce fat in your diet   | Yes 1<br>No 2   | H20d |
| Start or do more physical activity  | Yes 1<br>No 2   | H20e |
| Maintain a healthy body weight or lose weight   | Yes 1<br>No 2   | H20f |
| Reduce sugary beverages in your diet  | Yes 1 <i>If C1=1 go to S1</i><br>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. 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.</p> |  |      |
| Question   | Response   | Code |
| Have you ever had a screening test for cervical cancer, using any of these methods described above?  | Yes 1<br>No 2<br>Don't know 77<br>Refused 88   | CX1  |
| When was your last test for cervical cancer?   | Less than 1 year ago 1<br>1-2 years ago 2<br>3-5 years ago 3<br>More than 5 years ago 4<br>Don't know 77<br>Refused 88 | CX2  |

## Pan-Am Optional module

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

| 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<br>No 2 <i>If No, go to MH3</i><br>Refused 88 <i>If No, go to MH3</i> | MH1  |
| Did you seek professional help for these thoughts?  | Yes 1<br>No 2<br>Refused 88   | MH2  |
| During the past 12 months, have you made a plan about how you would attempt suicide?  | Yes 1<br>No 2<br>Refused 88   | MH3  |
| Have you ever attempted suicide?  | Yes 1<br>No 2 <i>If No, go to AD1</i><br>Refused 88                         | MH4  |
| During the past 12 months, have you attempted suicide?  | Yes 1<br>No 2<br>Refused 88   | MH5  |

| Anxiety and depression   |   |      |
|--|---|------|
| The next questions ask about your mental wellbeing.                                  |   |      |
| Question   | Response  | Code |
| Over the last two weeks, how often have you been bothered by the following problems? |   |      |
| Feeling nervous, anxious or on edge  | Not at all 1<br>Several days 2<br>More than half the days 3<br>Nearly every day 4 | AD1  |
| Not being able to stop or control worrying   | Not at all 1<br>Several days 2<br>More than half the days 3<br>Nearly every day 4 | AD2  |
| Feeling down, depressed or hopeless  | Not at all 1<br>Several days 2<br>More than half the days 3<br>Nearly every day 4 | AD3  |
| Little interest or pleasure in doing things  | Not at all 1<br>Several days 2<br>More than half the days 3<br>Nearly every day 4 | AD4  |



|  |   |    |
|--|---|----|
| During the last month, have you had problems falling asleep or staying asleep? | <div>Always 1</div> <div>Almost always 2</div> <div>Frequently 3</div> <div>Almost never 4</div> <div>Never 5</div> | X8 |
| On average, how many hours do you sleep at night?                              | <div>Number of hours <div><div></div><div></div><div></div></div></div> <div>Don't know 77</div>                    | X9 |

## Step 2 Physical Measurements

| CORE: Blood Pressure  |  |      |
|---|--|------|
| Question  | Response                                 | Code |
| Interviewer ID  | <input type="text"/>                     | M1   |
| Device ID for blood pressure  | <input type="text"/>                     | M2   |
| Cuff size used  | Universal <input type="text"/> 4         | M3   |
| Reading 1   | Systolic (mmHg) <input type="text"/>     | M4a  |
|   | Diastolic (mmHg) <input type="text"/>    | M4b  |
|   | Beats per minute <input type="text"/>    | M16a |
| Reading 2   | Systolic (mmHg) <input type="text"/>     | M5a  |
|   | Diastolic (mmHg) <input type="text"/>    | M5b  |
|   | Beats per minute <input type="text"/>    | M16b |
| Reading 3   | Systolic (mmHg) <input type="text"/>     | M6a  |
|   | Diastolic (mmHg) <input type="text"/>    | M6b  |
|   | Beats per minute <input type="text"/>    | 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<br>No 2                            | M7   |
| CORE: Height and Weight   |  |      |
| For women: Are you pregnant?  | Yes 1 <i>If Yes, go to M16</i><br>No 2   | M8   |
| Interviewer ID  | <input type="text"/>                     | M9   |
| Device IDs for height and weight  | Height <input type="text"/>              | M10a |
|   | Weight <input type="text"/>              | M10b |
| Height  | in Centimetres (cm) <input type="text"/> | M11  |
| Weight<br><i>If too large for scale 666.6</i>   | in Kilograms (kg) <input type="text"/>   | M12  |
| CORE: Waist   |  |      |
| Device ID for waist   | <input type="text"/>                     | M13  |
| Waist circumference   | in Centimetres (cm) <input type="text"/> | M14  |
| EXPANDED: Hip Circumference   |  |      |
| Hip circumference   | in Centimeters (cm) <input type="text"/> | M15  |

## Step 3 Biochemical Measurements

| CORE: Blood Lipids   |  |      |
|--|--|------|
| Question   | Response   | Code |
| Location where biochemical measurements are taken  | Household 1<br>DVG 2<br>Ibisa San Nicolas 3  | B0   |
| Technician ID  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  | B2   |
| Device ID  | <input type="text"/> <input type="text"/> <input type="text"/>   | B3   |
| Time of day blood specimen taken (24 hour clock)   | Hours : minutes<br><input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>hrs mins                   | B4   |
| Total cholesterol  | mmol/l <input type="text"/> <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<br>No 2  | B9   |
| CORE: Blood Glucose  |  |      |
| During the past 12 hours have you had anything to eat or drink, other than water?  | Yes 1 <i>If Yes, END</i><br>No 2   | B1   |
| Fasting blood glucose  | mmol/l <input type="text"/> <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<br>No 2  | B6   |