



PAN AMERICAN STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

ARUBA 2023

Survey Information

Location and Date	Response	Code
Sample group ID		
Address point	_ _ _ _ _ _ _ _	I1
Interviewer ID	_ _ _	I3
Date of completion of the instrument	_ _ _ _ _ _ _ _ _ dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language	English 1 Spanish 2 Dutch 3 Papiamento 4	I6
Time of interview (24 hour clock)	_ _ : _ _ hrs mins	I7
Family Surname		I8
First Name		I9
Additional Information that may be helpful		
Contact phone number where possible		I10

Step 1 Demographic Information

CORE: Demographic Information										
Question	Response	Code								
Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1								
What is your date of birth? <i>Don't Know 77 77 7777</i>	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 40px; height: 15px;"></td> <td style="padding-left: 10px;"><i>If known, Go to C4</i></td> </tr> <tr> <td style="text-align: center;">dd</td> <td style="text-align: center;">mm</td> <td style="text-align: center;">year</td> <td></td> </tr> </table>				<i>If known, Go to C4</i>	dd	mm	year		C2
			<i>If known, Go to C4</i>							
dd	mm	year								
How old are you?	Years <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>			C3						
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>			C4						

EXPANDED: Demographic Information																												
What is the highest level of education you have completed?	<table style="width: 100%; border: none;"> <tr><td style="padding-left: 40px;">Less than primary education</td><td style="text-align: right;">1</td></tr> <tr><td style="padding-left: 40px;">Primary school/Special education</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-left: 40px;">Vocationally oriented secondary special education (SPO, Tarabana)</td><td style="text-align: right;">3</td></tr> <tr><td style="padding-left: 40px;">Vocationally oriented secondary education (EPB, LTS, Huishoudschool)</td><td style="text-align: right;">4</td></tr> <tr><td style="padding-left: 40px;">General and higher secondary education (MAVO, MULO)</td><td style="text-align: right;">5</td></tr> <tr><td style="padding-left: 40px;">General and higher secondary education (HAVO, High School)</td><td style="text-align: right;">6</td></tr> <tr><td style="padding-left: 40px;">University preparatory education (VWO)</td><td style="text-align: right;">7</td></tr> <tr><td style="padding-left: 40px;">Middle level professional education (EPI, MAO, MTS)</td><td style="text-align: right;">8</td></tr> <tr><td style="padding-left: 40px;">Higher level professional education (HBO, FEF, IPA)</td><td style="text-align: right;">9</td></tr> <tr><td style="padding-left: 40px;">University</td><td style="text-align: right;">10</td></tr> <tr><td style="padding-left: 40px;">Doctoral degree PhD</td><td style="text-align: right;">11</td></tr> <tr><td style="padding-left: 40px;">Other</td><td style="text-align: right;">12 <i>If Other, go to C5other</i></td></tr> <tr><td style="padding-left: 40px;">Refused</td><td style="text-align: right;">88</td></tr> </table>	Less than primary education	1	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	C5
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What is your country of birth?	<table style="width: 100%; border: none;"> <tr><td style="padding-left: 40px;">Aruba</td><td style="text-align: right;">1</td></tr> <tr><td style="padding-left: 40px;">The Netherlands</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-left: 40px;">Colombia</td><td style="text-align: right;">3</td></tr> <tr><td style="padding-left: 40px;">Dominican Republic</td><td style="text-align: right;">4</td></tr> <tr><td style="padding-left: 40px;">Venezuela</td><td style="text-align: right;">5</td></tr> <tr><td style="padding-left: 40px;">Curaçao</td><td style="text-align: right;">6</td></tr> <tr><td style="padding-left: 40px;">Other</td><td style="text-align: right;">77</td></tr> <tr><td style="padding-left: 40px;">Refused</td><td style="text-align: right;">88</td></tr> </table>	Aruba	1	The Netherlands	2	Colombia	3	Dominican Republic	4	Venezuela	5	Curaçao	6	Other	77	Refused	88	X1										
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What is your nationality?	<table style="width: 100%; border: none;"> <tr><td style="padding-left: 40px;">Dutch</td><td style="text-align: right;">1</td></tr> <tr><td style="padding-left: 40px;">Colombian</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-left: 40px;">Dominican</td><td style="text-align: right;">3</td></tr> <tr><td style="padding-left: 40px;">Venezuelan</td><td style="text-align: right;">4</td></tr> <tr><td style="padding-left: 40px;">Haitian</td><td style="text-align: right;">5</td></tr> <tr><td style="padding-left: 40px;">Other</td><td style="text-align: right;">77</td></tr> <tr><td style="padding-left: 40px;">Refused</td><td style="text-align: right;">88</td></tr> </table>	Dutch	1	Colombian	2	Dominican	3	Venezuelan	4	Haitian	5	Other	77	Refused	88	X2												
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What is your marital status ?	<table style="width: 100%; border: none;"> <tr><td style="padding-left: 40px;">Never married</td><td style="text-align: right;">1</td></tr> <tr><td style="padding-left: 40px;">Currently married</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-left: 40px;">Legally divorced from spouse</td><td style="text-align: right;">3</td></tr> </table>	Never married	1	Currently married	2	Legally divorced from spouse	3	X3																				
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	Separated from bed and board 4 Widow(er) of spouse 5 Cohabitation agreement with registered partner 6 Divorced from registered partner (according to a cohabitation agreement) 7 Widow(er) from registered partner (according to a cohabitation agreement) 8 Refused 88	
Are you currently living on a durable basis with your spouse or (life) partner?	Yes 1 No 2	X4
Which of the following best describes your main work status over the past 12 months?	Employee 1 Self-employed 2 Contributing family worker 3 Paid apprentice/Intern 4 Unpaid apprentice/Intern/Volunteer 5 Student/Attending school 6 Pensioned 7 Housewife/Houseman 8 Unemployed (able to work) 9 Refused 88	C8
How many people 18 years and older, including yourself, live in your household?	Number of people <input type="text"/>	C9
EXPANDED: Demographic Information, Continued		
Question	Response	Code
Can you give an estimate of the monthly household income if I read some options to you? Is it (READ OPTIONS)	Afl. 1,000 or less 1 Afl. 1,001-2,000 2 Afl. 2,001-2,500 3 Afl. 2,501-3,000 4 Afl. 3,001-3,500 5 Afl. 3,501-4,000 6 Afl. 4,001-5,000 7 Afl. 5,001-6,000 8 Afl. 6,001-7,000 9 Afl. 7,001-8,000 10 Afl. 8,001-10,000 11 Afl. 10,001-12,000 12 Afl 12,001 or more 13 Don't know 77 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 currently smoke any tobacco products, such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1																					
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2																					
How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T3																					
Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i>	In Years <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4a																					
<i>Don't know 77</i>	OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4b																					
<i>Don't know 77</i>	OR in Weeks <input type="text"/>	T4c																					
On average, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	<div style="text-align: center; margin-bottom: 5px;">DAILY↓ WEEKLY↓</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Manufactured cigarettes</td> <td style="width: 40%; padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="width: 10%; padding: 5px;">T5a/T5aw</td> </tr> <tr> <td style="padding: 5px;">Hand-rolled cigarettes</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5b/T5bw</td> </tr> <tr> <td style="padding: 5px;">Pipes full of tobacco</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5c/T5cw</td> </tr> <tr> <td style="padding: 5px;">Cigars, cheroots, cigarillos</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5d/T5dw</td> </tr> <tr> <td style="padding: 5px;">Number of Shisha sessions</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/></td> <td style="padding: 5px;">T5e/T5ew</td> </tr> <tr> <td style="padding: 5px;">Other</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i></td> <td style="padding: 5px;">T5f/T5fw</td> </tr> <tr> <td style="padding: 5px;">Other (please specify):</td> <td style="padding: 5px;"><input type="text"/></td> <td style="padding: 5px;">T5other/ T5otherw</td> </tr> </table>	Manufactured cigarettes	<input type="text"/> <input type="text"/>	T5a/T5aw	Hand-rolled cigarettes	<input type="text"/> <input type="text"/>	T5b/T5bw	Pipes full of tobacco	<input type="text"/> <input type="text"/>	T5c/T5cw	Cigars, cheroots, cigarillos	<input type="text"/> <input type="text"/>	T5d/T5dw	Number of Shisha sessions	<input type="text"/> <input type="text"/>	T5e/T5ew	Other	<input type="text"/> <input type="text"/> <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw	Other (please specify):	<input type="text"/>	T5other/ T5otherw	
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Other (please specify):	<input type="text"/>	T5other/ T5otherw																					
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6																					
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7																					
In the past, did you ever smoke any tobacco products? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T12</i>	T8																					
In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9																					

EXPANDED: Tobacco Use		
Question	Response	Code
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T10
How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T11a
	OR Months ago <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>	T11b
	OR Weeks ago <input type="text"/> <input type="text"/> <input type="text"/>	T11c
Do you currently use any smokeless tobacco products such as snuff, chewing tobacco, betel? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to A1</i>	T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to A1</i>	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. <i>(USE SHOWCARD)</i>		
Do you currently use electronic cigarettes or any other vaping device?	Yes 1 No 2 <i>If No, go to A1</i>	X6
Do you currently use electronic cigarettes or any other vaping device daily ?	Yes 1 No 2	X7

CORE: Alcohol Consumption

The next questions ask about the consumption of alcohol.

Question	Response	Code
Have you ever consumed any alcohol such as beer, wine or spirits? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A16</i>	A1
Have you consumed any alcohol within the past 12 months ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 <i>If Yes, go to A16</i> No 2 <i>If No, go to A16</i>	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6 Never 7	A4
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 <i>If No, go to A13</i>	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Zero, go to A13</i>	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/>	A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/>	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/>	A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <input type="text"/> <input type="text"/> <input type="text"/>	A10a
	Tuesday <input type="text"/> <input type="text"/> <input type="text"/>	A10b
	Wednesday <input type="text"/> <input type="text"/> <input type="text"/>	A10c
	Thursday <input type="text"/> <input type="text"/> <input type="text"/>	A10d
	Friday <input type="text"/> <input type="text"/> <input type="text"/>	A10e
	Saturday <input type="text"/> <input type="text"/> <input type="text"/>	A10f
	Sunday <input type="text"/> <input type="text"/> <input type="text"/>	A10g

CORE: Alcohol Consumption, continued

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought 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 past 7 days , did you consume any homebrewed alcohol, any alcohol brought to the country without going through Customs, any alcohol not intended for drinking or other untaxed alcohol? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to A13</i>	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? (USE SHOWCARD) <i>Don't Know 77</i>	Homebrewed spirits, e.g. moonshine <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <input type="text"/>	A12b
	Alcohol 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 past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 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 eat fruits ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Zero days, go to D3</i>	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/>	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Zero days, go to D5</i>	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/> <input type="text"/> <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 add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6
How often do you eat processed food high in salt ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon, processed meat, pastechi and croquet (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8

CORE: 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 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.

Question	Response	Code
Work		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction? (USE SHOWCARD)	Yes 1 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"/> hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or carrying light loads? (USE SHOWCARD)	Yes 1 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"/> 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.		
Do you walk or use a bicycle (<i>pedal cycle</i>) to get to and from places?	Yes 1 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"/> hrs mins	P9 (a-b)

CORE: Physical Activity, Continued		
Question	Response	Code
Recreational activities		
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure)		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like cycling, running, baseball, basketball or football? (USE SHOWCARD)	Yes 1 No 2 If No, go to P13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, swimming, volleyball? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)

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

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

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

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

CORE: History of Raised Total Cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Were you first told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease? <i>Also include acetylsalicylic acid</i>	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

CORE: Lifestyle Advice		
During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No and C1=1 go to S1 If No and C1=2 go to CX1</i>	H20
During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 No 2	H20f
Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to S1</i> No 2 <i>If C1=1 go to S1</i>	H20g

CORE (for women only): Cervical Cancer Screening		
<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 No 2 Don't know 77 Refused 88	CX1
When was your last test for cervical cancer?	Less than 1 year ago 1 1-2 years ago 2 3-5 years ago 3 More than 5 years ago 4 Don't know 77 Refused 88	CX2

Pan-Am Optional module

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

Mental Health/Suicide

The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues.

Question	Response	Code
During the past 12 months, have you seriously considered attempting suicide?	Yes 1 No 2 <i>If No, go to MH3</i> Refused 88 <i>If No, go to MH3</i>	MH1
Did you seek professional help for these thoughts?	Yes 1 No 2 Refused 88	MH2
During the past 12 months, have you made a plan about how you would attempt suicide?	Yes 1 No 2 Refused 88	MH3
Have you ever attempted suicide?	Yes 1 No 2 <i>If No, go to AD1</i> Refused 88	MH4
During the past 12 months, have you attempted suicide?	Yes 1 No 2 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 Several days 2 More than half the days 3 Nearly every day 4	AD1
Not being able to stop or control worrying	Not at all 1 Several days 2 More than half the days 3 Nearly every day 4	AD2
Feeling down, depressed or hopeless	Not at all 1 Several days 2 More than half the days 3 Nearly every day 4	AD3
Little interest or pleasure in doing things	Not at all 1 Several days 2 More than half the days 3 Nearly every day 4	AD4

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

Step 2 Physical Measurements

CORE: Blood Pressure		
Question	Response	Code
Interviewer ID	_ _ _ _	M1
Device ID for blood pressure	_ _ _	M2
Cuff size used	Universal 4	M3
Reading 1	Systolic (mmHg) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
	Beats per minute _ _ _ _	M16a
Reading 2	Systolic (mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
	Beats per minute _ _ _ _	M16b
Reading 3	Systolic (mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	M6b
	Beats per minute _ _ _ _	M16c
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M7
CORE: Height and Weight		
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M16</i> No 2	M8
Interviewer ID	_ _ _ _	M9
Device IDs for height and weight	Height _ _ _	M10a
	Weight _ _ _	M10b
Height	in Centimetres (cm) _ _ _ _ . _	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	M12
CORE: Waist		
Device ID for waist	_ _ _	M13
Waist circumference	in Centimetres (cm) _ _ _ _ . _	M14
EXPANDED: Hip Circumference		
Hip circumference	in Centimeters (cm) _ _ _ _ . _	M15

Step 3 Biochemical Measurements

CORE: Blood Lipids		
Question	Response	Code
Location where biochemical measurements are taken	Household 1 DVG 2 Ibisa San Nicolas 3	B0
Technician ID	_ _ _ _	B2
Device ID	_ _	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
Total cholesterol	mmol/l _ _ _ _ _ _ _	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
CORE: 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> No 2	B1
Fasting blood glucose	mmol/l _ _ _ _ _ _ _	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6