



WHO STEPS Instrument for Noncommunicable Disease Risk Factor Surveillance

Republic of Moldova

Survey Information

Location and Date	Response	Code
Cluster ID	<input type="text"/>	I1
Locality name	<input type="text"/>	I2
Interviewer ID	<input type="text"/>	I3
Date of completion of the instrument	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language <i>[Insert Language]</i>	Romanian 1 Russian 2	I6
Time of interview (24-hour clock)	<input type="text"/> : <input type="text"/> hrs mins	I7
Family Surname	<input type="text"/>	I8
First Name	<input type="text"/>	I9
Additional Information that may be helpful		
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 Female 2	C1																
What is your date of birth? <i>Don't Know 77 77 7777</i>	<table border="0"> <tr> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></td> <td><i>If Known, Go to C4</i></td> </tr> <tr> <td>dd</td> <td>mm</td> <td>year</td> <td></td> </tr> </table>	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>If Known, Go to C4</i>	dd	mm	year		C2
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>If Known, Go to C4</i>							
dd	mm	year																
How old are you?	Years <table border="1"><tr><td></td><td></td></tr></table>			C3														
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <table border="1"><tr><td></td><td></td></tr></table>			C4														

EXPANDED: Demographic Information				
What is the highest level of education you have completed?	No formal schooling/Less than 1 Primary school completed (gr. 1-4) 2 Gymnasium (gr.5-9) completed 3 Lyceum/General Secondary School/Trade School completed 4 College completed 5 University completed 6 Post graduate degree 7 Refused 88	C5		
What is your <i>ethnic group</i> background?	Romanian/Moldovan 1 Ukrainian 2 Russian 3 Gagauz 4 Roma 5 Other ethnic group 6 Refused 88	C6		
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7		
Which of the following best describes your main work status over the past 12 months?	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8		
How many people older than 18 years, including yourself, live in your household?	Number of people <table border="1"><tr><td></td><td></td></tr></table> <i>If Not Known, Go to C11</i>			C9

EXPANDED: Demographic Information, Continued										
Question	Response	Code								
Taking the past year , can you tell me what the average earnings of the household have been?	per year <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T1</i>									C10c
Refused 88	C10d									
Can you give an estimate of the monthly household income if I read some options to you? Is it (<i>READ OPTIONS</i>)	<div> <div>≤ 2500</div> <div>1</div> </div> <div> <div>More than 2500, ≤ 4000</div> <div>2</div> </div> <div> <div>More than 4000, ≤ 7000</div> <div>3</div> </div> <div> <div>More than 7000, ≤ 10 000</div> <div>4</div> </div> <div> <div>More than 10 000</div> <div>5</div> </div> <div> <div>Don't Know</div> <div>77</div> </div> <div> <div>Refused</div> <div>88</div> </div>	C11								

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about tobacco use.

Next few questions will be on traditional and new smoked tobacco products such as cigarettes, cigars, pipes or heated tobacco products (HTP). These heated tobacco products (HTPs) heat tobacco to produce aerosols containing nicotine and other chemicals and inhaled through the mouth. Some examples of HTPs are IQOS, Ploom TECH, Glo and PAX. (see showcard).

You will also be asked questions about electronic cigarettes (e-cigarettes) which includes electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS). (see showcard) These are devices that heat e-liquid that may or may not contain nicotine to produce aerosols or vapor which is inhaled through the mouth. These do not include heated tobacco products (HTPs).

Question	Response	Code									
Which of the following products do you currently smoke? USE SHOWCARDS for each of the products	Cigarettes 1 Cigars 2 Pipes 3 Shisha (Water pipes) 4 Heated tobacco products (HTP) 5 Electronic cigarettes (e-cigs) 6 None 7	T1									
Which of the following products do you currently smoke daily ? USE SHOWCARDS for each of the products	Cigarettes 1 Cigars 2 Pipes 3 Shisha (Water pipes) 4 Heated tobacco products (HTP) 5 Electronic cigarettes (e-cigs) 6 None 7	T2									
How old were you when you first started smoking any of the smoked tobacco products?	Age (years) Don't know 77 <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a/T5aw</i>				T3						
Do you remember how long ago it was?	In Years <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a/T5aw</i>				T4a						
(RECORD ONLY 1, NOT ALL 3)	OR in Months <table border="1"><tr><td></td><td></td><td></td></tr></table> <i>If Known, go to T5a/T5aw</i>				T4b						
Don't know 77	OR in Weeks <table border="1"><tr><td></td><td></td><td></td></tr></table>				T4c						
On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	<div style="display: flex; justify-content: space-around;"> DAILY↓ WEEKLY↓ </div>										
	Manufactured cigarettes <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>										
Hand-rolled cigarettes <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>											T5b/T5bw
Pipes full of 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>											T5c/T5cw
Cigars, cheroots, cigarillos <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>											T5d/T5dw
Number of Shisha sessions <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>											T5e/T5ew
Heated tobacco cigarettes (HTPs) <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>											T5f/T5fw
Sessions of electronic cigarettes (with nicotine) <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>											T5g/T5gw
Sessions of electronic cigarettes (without nicotine) <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>											T5h/T6hw
Other (please specify name of product): <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> If other, go to T5other, else go to T6											T5i/T5iw

5-1-5

Tobacco Policy

Tobacco Policy							
You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchases.							
Question	Response	Code					
During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? (RECORD FOR EACH)							
Newspapers or magazines	Yes 1	TP1a					
	No 2						
	Don't know 77						
Television	Yes 1	TP1b					
	No 2						
	Don't know 77						
Radio	Yes 1	TP1c					
	No 2						
	Don't know 77						
During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold?	Yes 1 No 2 Don't know 77	TP2					
During the past 30 days, have you noticed any of the following types of cigarette promotions? (RECORD FOR EACH)							
Free samples of cigarettes	Yes 1	TP3a					
	No 2						
	Don't know 77						
Cigarettes at sale prices	Yes 1	TP3b					
	No 2						
	Don't know 77						
Coupons for cigarettes	Yes 1	TP3c					
	No 2						
	Don't know 77						
Free gifts or special discount offers on other products when buying cigarettes	Yes 1	TP3d					
	No 2						
	Don't know 77						
Clothing or other items with a cigarette brand name or logo	Yes 1	TP3e					
	No 2						
	Don't know 77						
Cigarette promotions in the mail	Yes 1	TP3f					
	No 2						
	Don't know 77						
<i>The next questions TP4 – TP7 are administered to current smokers only.</i>							
During the past 30 days, did you notice any health warnings on cigarette packages ?	Yes 1 No 2 <i>If no, go to TP6</i> Did not see any cigarette packages 3 <i>If "did not see any cigarette packages", go to TP6</i> Don't know 77 <i>If Don't know, go to TP6</i>	TP4					
During the past 30 days, have warning labels on cigarette packages led you to think about quitting ?	Yes 1 No 2 Don't know 77	TP5					
The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total?	Number of cigarettes <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Don't know or Don't smoke or purchase manuf. cigarettes 7777 <i>If "Don't know or don't smoke or purchase manuf. cig.", end section</i>						TP6
In total, how much money did you pay for this purchase? (DIGITS TO BE ADAPTED TO COUNTRY NEEDS)	Amount <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Don't know 7777 Refused 8888						TP7

CORE: Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question	Response	Code		
Have you ever consumed any alcohol such as beer, wine, alcoholic cocktails, liqueurs, "rachiu" or <i>other alcoholic drinks</i> ?	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? (<i>READ RESPONSES, USE SHOWCARD</i>)	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 <table border="1"><tr><td></td><td></td></tr></table> <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? (<i>USE SHOWCARD</i>)	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			A9
During each of the past 7 days , how many standard drinks did you have each day? (<i>USE SHOWCARD</i>) <i>Don't Know 77</i>	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	
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	

CORE: Alcohol Consumption, continued				
I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.				
Question	Response	Code		
During the past 7 days , did you consume any homebrewed alcohol , any alcohol brought over the border/from another country , any alcohol not intended for drinking or other not bought/illegally received alcohol? (USE SHOWCARD)	Yes 1 No 2 If No, go to A13	A11		
On average, how many standard drinks of the following did you consume during the past 7 days ? (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. "rachiu", cherry brandy and other <table border="1"><tr><td></td><td></td></tr></table>			A12a
	Homebrewed wine <table border="1"><tr><td></td><td></td></tr></table>			A12b
	Alcohol brought over the border/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 not bought/illegally received alcohol <table border="1"><tr><td></td><td></td></tr></table>			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 fruit? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to D3			D1
How many servings of fruit 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></tr></table>			D2
In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td> </td><td> </td></tr></table> If Zero days, go to O1			D3
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></tr></table>			D4
Sugary soft drinks consumption				
How often do you drink sugared soft drinks (for example, Coca Cola, Pepsi, Fanta, Sprite, Mirinda, Kvas, Baikal, Buratino, Tarkhun etc.), bottled ice tea (for example, Nestea, Lipton Ice Tea, etc.) and sugar sweetened compote? Exclude light, diet and non-sugar drinks.	Once or more per day 1 4-6 times per week 2 1-3 times per week 3 Less than once per week 4 Never 5 Don't know 6 Refused 7	DX1		

Oral Health			
The next questions ask about your oral health status and related behaviours.			
Question	Response		Code
How many natural teeth do you have?	No natural teeth 1 to 9 teeth 10 to 19 teeth 20 teeth or more Don't know	1 <i>If No natural teeth, go to O4</i> 2 3 4 77	O1
How would you describe the state of your teeth ?	Excellent Very Good Good Average Poor Very Poor Don't Know	1 2 3 4 5 6 77	O2
How would you describe the state of your gums ?	Excellent Very Good Good Average Poor Very Poor Don't Know	1 2 3 4 5 6 77	O2
How would you describe the state of your mouth (mucosa) ?	Excellent Very Good Good Average Poor Very Poor Don't Know	1 2 3 4 5 6 77	O2
Do you have any removable dentures ?	Yes No	1 2 <i>If No, go to O7</i>	O5
Which of the following removable dentures do you have? (RECORD FOR EACH)			
An upper jaw denture	Yes No	1 2	O6a
A lower jaw denture	Yes No	1 2	O6b
During the past 12 months, did your teeth, gums or mouth cause any pain or discomfort ?	Yes No	1 2	O7
How long has it been since you last saw a dentist ?	Less than 6 months 6-12 months More than 1 year but less than 2 years 2 or more years but less than 5 years 5 or more years Never received dental care	1 2 3 <i>If Yes, go to OXx</i> 4 <i>If Yes, go to OXx</i> 5 <i>If Yes, go to OXx</i> 6 <i>If Never, go to OXx</i>	O8
What was the main reason for your last visit to the dentist?	Consultation / advice Pain or trouble with teeth, gums or mouth Treatment / Follow-up treatment Routine check-up treatment Other	1 2 3 4 5 <i>If Other, go to O9other</i>	O9
	Other (please specify)	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	O9other
If your last visit to the dentist took place more than 12 months ago, what was the main reason do not visit a dentist during last 12 months	Did not need it Did not have money There is not a dentist in the neighborhood Fear Other (please specify)	1 2 3 4 5	Xx

Oral Health, Continued		
Question	Response	Code
How often do you clean your teeth?	Never 1 <i>If Never, go to O14a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7	O10
Do you use toothpaste containing fluoride?	Yes 1 No 2 Don't know 77	O12
Do you use any of the following to clean your teeth? (RECORD FOR EACH)		
Toothbrush	Yes 1 No 2	O13a
Wooden toothpicks	Yes 1 No 2	O13b
Plastic toothpicks	Yes 1 No 2	O13c
Thread (dental floss)	Yes 1 No 2	O13d
Other	Yes 1 <i>If Yes, go to O13other</i> No 2	O13g
Other (please specify) 		O13other
Have you experienced any of the following problems during the past 12 months because of the state of your teeth, gums or mouth? (RECORD FOR EACH)		
Difficulty in chewing foods	Yes 1 No 2	O14a
Difficulty with speech/trouble pronouncing words	Yes 1 No 2	O14b
Mouth feels dry	Yes 1 No 2	O14c
Have a persistent wound and/or swelling in the mouth for more than three weeks	Yes 1 No 2	O14d
Have a red or red and white patch in the mouth	Yes 1 No 2	O14e
Felt tense because of problems with teeth or mouth	Yes 1 No 2	O14f
Embarrassed about appearance of teeth	Yes 1 No 2	O14g
Avoid smiling because of teeth	Yes 1 No 2	O14h
Sleep is often interrupted	Yes 1 No 2	O14i
Days not at work because of teeth or mouth	Yes 1 No 2	O14j
Difficulty doing usual activities	Yes 1 No 2	O14k
Less tolerant of spouse or people close to you	Yes 1 No 2	O14l
Reduced participation in social activities	Yes 1 No 2	O14m

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. 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 work for at least 10 minutes continuously? (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 for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 7	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 church, to place of worship.		
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
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

CORE: Physical Activity, Continued

Question	Response	Code
Recreational activities		
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (<i>leisure</i>).		
Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like running or football for at least 10 minutes continuously? (<i>USE SHOWCARD</i>)	<p>Yes 1</p> <p>No 2 <i>If No, go to P13</i></p>	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	<p>Number of days <input type="text"/></p>	P11

How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13				
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <table border="1"><tr><td></td></tr></table>		P14			
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> 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, train, reading, playing cards or other games watching television or using a computer, but do not include time spent sleeping.
(USE SHOWCARD)

How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table> hrs mins					P16 (a-b)

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 No Refused	1 2 — <i>If No, go to MH3</i> 88	MH1								
Did you seek professional help for these thoughts?	Yes No Refused	1 2 88	MH2								
During the past 12 months , have you made a plan about how you would attempt suicide?	Yes No Refused	1 2 88	MH3								
Have you ever attempted suicide ?	Yes No Refused	1 2 — <i>If No, go to MH9</i> 88	MH4								
During the past 12 months , have you attempted suicide ?	Yes No Refused	1 2 88	MH5								
What was the main method you used the last time you attempted suicide? (<i>SELECT ONLY ONE</i>)	Razor, knife or other sharp instrument	1	MH6								
	Overdose of medication (e.g. prescribed, over-the-counter)	2									
Overdose of other substance (e.g. heroin, crack, alcohol)	3										
Poisoning with pesticides (e.g. rat poison, insecticide, weed killer)	4										
Other poisoning (e.g. plant/seed, household product)	5										
Poisonous gases from charcoal	6										
Other	7 — <i>If Other, go to MH6other</i>										
Refused	88										
	Other (specify)	<table><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>	_____	_____	_____	_____	_____	_____	_____	_____	MH6other
_____	_____	_____	_____	_____	_____	_____	_____				
Did you seek medical care for this attempt?	Yes No Refused	1 2 — <i>If No, go to MH9</i> 88	MH7								
Were you admitted to hospital overnight because of this attempt?	Yes No Refused	1 2 88	MH8								
Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide?	Yes No Refused	1 2 88	MH9								
Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide?	Yes No Refused	1 2 88	MH10								

CORE: Depressive symptoms						
The next questions ask about thoughts, moods and feelings. Please answer the questions even if you do not talk often about these issues.						
Question	Response	Code				
Have you ever been told by a doctor or health care professional that you have depression?	Yes 1 No 2 <i>If No, go to DA6</i> Refused 88 <i>If Refused, go to DA6</i>	DA1				
When were you diagnosed?	Year <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> <i>If known, go to DA4</i>					DA2
How many years passed since your doctor or health care provider told you for the first time that you have depression?	Years <table border="1"><tr><td></td><td></td></tr></table>			DA3		
Have you been taking any medications or other treatment, like counseling or psychotherapy, either alone or in group, for depression in the last 12 months?	Yes 1 <i>If Yes, go to DA6</i> No 2 Refused 88 <i>If Refused, go to DA6</i>	DA4				
Have you been taking any medications or other treatment, like counseling or psychotherapy, either alone or in group, for depression in the last 2 weeks?	Yes 1 No 2 Refused 88	DA5				
During the last 12 months, have you had a period lasting several days when you felt sad, empty or depressed?	Yes 1 No 2 Refused 88	DA6				
During the last 12 months, have you had a period lasting several days when you lost interest in most things you usually enjoy such as personal relationships, work or hobbies/recreation?	Yes 1 No 2 Refused 88	DA7				
During the last 12 months, have you had a period lasting several days when you have been feeling your energy decreased or that you are tired all the time?	Yes 1 No 2 Refused 88	DA8				
Questions DA9–DA23 asked only if at least one of answers DA6, DA7 or DA8 was Yes. If all answers to DA6, DA7 or DA8 were No or Refused, finish the depression module						
Was this period of sadness, loss of interest or low energy for more than 2 weeks?	Yes 1 No 2	DA9				
Was this period of sadness, loss of interest or low energy most of the day, nearly every day?	Yes 1 No 2	DA10				
During this period:						
Did you lose your appetite?	Yes 1 No 2	DA11				
Did you notice any slowing down in your thinking?	Yes 1 No 2	DA12				
Did you notice any problems falling asleep?	Yes 1 No 2	DA13				
Did you notice any problems waking up too early?	Yes 1 No 2	DA14				
Did you have any difficulties concentrating; for example, listening to others, working, watching TV, listening to the radio?	Yes 1 No 2	DA15				
Did you notice any slowing down in your moving around?	Yes 1	DA16				

	No 2	
Did you feel anxious and worried most days?	Yes 1 No 2	DA17
Were you so restless or jittery nearly every day that you paced up and down and couldn't sit still?	Yes 1 No 2	DA18
Did you feel negative about yourself or like you had lost confidence?	Yes 1 No 2	DA19
Did you frequently feel hopeless - that there was no way to improve things?	Yes 1 No 2	DA20
Did your interest in sex decrease?	Yes 1 No 2	DA21
Did you think of death, or wish you were dead?	Yes 1 No 2	DA22
During this period, did you ever try to end your life?	Yes 1 No 2	DA23

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

Have you received at least two HbA1C (glycated hemoglobin) tests in the past year as part of diabetes control?	Yes 1 No 2	HX1
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 4	HX2
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 4	HX3

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?	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		
Question	Response	Code
During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No, go to M1</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	H20g

CORE (for women only): Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. 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.

Question	Response	Code
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	

Step 2 Physical Measurements

CORE: Blood Pressure							
Question	Response	Code					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1	
Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2			
Cuff size used	Small 1 Medium 2 Large 3	M3					
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		
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		
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		
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					
Heart Rate							
Reading 1	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16a	
Reading 2	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16b	
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16c	
CORE: Height and Weight							
For women: Are you pregnant?	Yes 1 <i>If Yes, END</i> No 2	M8					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9	
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				
Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M11
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></tr></table>						M12
CORE: Waist							
Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M13			
Waist circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M14
EXPANDED: Hip Circumference							
Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15

Step 3 Biochemical Measurements

CORE: Blood Glucose

Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	<div><div></div><div></div><div></div></div>	B2
Device ID	<div><div></div><div></div></div>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <div><div></div><div></div></div> : <div><div></div><div></div></div> hrs mins	B4
Fasting blood glucose	mmol/l <div><div></div><div></div></div> . <div><div></div><div></div></div>	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6

CORE: Blood Lipids

Device ID	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	B7
Total cholesterol	mmol/l <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	B8
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	<div style="display: flex; justify-content: space-between; padding: 0 10px;"> Yes 1 </div> <div style="display: flex; justify-content: space-between; padding: 0 10px;"> No 2 </div>	B9

EXPANDED: HDL Cholesterol

Question	Response	Code
HDL Cholesterol	mmol/l <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	B17