

**STEP Survey Questionnaire:**

Participant Identification Number

\_\_\_\_\_

**Survey Information**

Location and Date	Response	Code
Cluster/Centre/Village ID <i>Enter Cluster, Centre or Village ID from list provided.</i>	_____	I1
Cluster/Centre/Village name <i>Enter Cluster, Centre or Village name as appropriate.</i>	_____	I2
Interviewer ID <i>Enter interviewer's identification.</i>	_____	I3
Date of completion of the instrument <i>Enter date when instrument actually completed.</i>	_____ dd      mm      year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained <i>Select relevant response.</i>	Yes 1 No 2 <b>If NO, END</b>	I5
Interview Language [Insert Language] <i>Select relevant response.</i>	English 1 [Add others] 2 [Add others] 3 [Add others] 4	I6
Time of interview (24 hour clock) <i>Enter time interview started.</i>	_____ : _____ hrs      mins	I7
Family Surname <i>Enter family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>	_____	I8
First Name <i>Enter first name of respondent (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>	_____	I9
<b>Additional Information that may be helpful</b>		
Contact phone number where possible <i>Enter phone number (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>	_____	I10

## Step 1 Demographic Information

### CORE: Demographic Information

Question	Response	Code
Sex (Record Male / Female as observed) Select Male / Female as observed.	Male 1 Female 2	C1
What is your date of birth? Don't Know 77 77 7777 Enter date of birth of participant. If unknown, select "don't know".	<input type="text"/> If known, Go to dd mm year	C2
How old are you? If the age is unknown, help participant estimate their age by interviewing them about their recollection of widely known major events.	Years <input type="text"/>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)? Enter total number of years of education (excluding pre-school and kindergarten).	Years <input type="text"/>	C4

### EXPANDED: Demographic Information

What is the <b>highest level of education</b> you have completed?  [INSERT COUNTRY-SPECIFIC CATEGORIES]  If a person attended a few months of the first year of secondary school but did not complete the year, select "primary school completed". If a person only attended a few years of primary school, select "less than primary school". Select appropriate response.	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
What is your <b>[insert relevant ethnic group / racial group / cultural subgroup / others] background</b> ?  Select the relevant ethnic/cultural group to which the participant belongs.	[Locally defined] 1 [Locally defined] 2 [Locally defined] 3 Refused 88	C6
What is your <b>marital status</b> ?  Select the appropriate response.	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabitating 6 Refused 88	C7
Which of the following best describes your <b>main work</b> status over the past 12 months?  [INSERT COUNTRY-SPECIFIC CATEGORIES]  (USE SHOWCARD) The purpose of this question is to help answer other questions such as whether people in different kinds of occupations may be confronted with different risk factors. Select appropriate response.	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	C8



Country/Unit Name

	Refused 88	
How many people older than 18 years, including yourself, live in your household? <i>Enter the total number of people living in the household who are 18 years or older.</i>	Number of people [ ] <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? <i>(RECORD ONLY ONE, NOT ALL 3)</i> <i>Enter the average earnings of the household by week, month, or year. If refused to answer, skip to C11.</i>	Per week [ ] <i>Go to T1</i>	C10a
	OR per month [ ] <i>Go to T1</i>	C10b
	OR per year [ ] <i>Go to T1</i>	C10c
	Refused 88	C10d
Can you give an estimate of the annual household income if I read some options to you? Is it <i>[INSERT QUINTILE VALUES IN LOCAL CURRENCY]</i> <i>(READ OPTIONS)</i> <i>Select the appropriate quintile value for the annual household income.</i>	≤ Quintile (Q) 1 1	C11
	More than Q 1, ≤ Q 2 2	
	More than Q 2, ≤ Q 3 3	
	More than Q 3, ≤ Q 4 4	
	More than Q 4 5	
	Don't Know 77	
	Refused 88	

**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> Ask the participant to think of any tobacco products he/she is smoking currently.	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily? <i>This question is only for current smokers of tobacco products.</i>	Yes 1 No 2	T2
How old were you when you first started smoking? <i>For current smokers only. Ask the participant to think of the time when he/she started to smoke any tobacco products.</i>	Age (years) Don't know 77 [ ] <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> Don't know 77 If the participant doesn't remember his/her age when started smoking, then record the time in years, months or weeks as appropriate.	In Years [ ] <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months [ ] <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks [ ]	T4c
	DAILY↓	WEEKLY↓



Country/Unit Name

<p>On average, how many of the following products do you smoke <b>each day/week</b>?</p> <p>(IF LESS THAN DAILY, RECORD WEEKLY)</p> <p>(RECORD FOR EACH TYPE, USE SHOWCARD)</p> <p><i>Don't Know 7777</i></p> <p><i>For current smokers only.</i> Specify zero if no products were used in each category instead of leaving categories blank.</p> <p>Record daily consumption for daily smokers. If products are smoked less than daily by daily smokers, enter weekly consumption. Also enter weekly consumption for current, non-daily smokers.</p>	Manufactured cigarettes	<input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes	<input type="text"/>	T5b/T5bw
	Pipes full of tobacco	<input type="text"/>	T5c/T5cw
	Cigars, cheroots, cigarillos	<input type="text"/>	T5d/T5dw
	Number of Shisha sessions	<input type="text"/>	T5e/T5ew
	Other	<input type="text"/>	T5f/T5fw
	<i>If Other, go to T5other, else go to T6</i>		
	Other (please specify):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other/T5otherw
During the past 12 months, have you tried to <b>stop smoking</b> ?	Yes	1	T6
<i>For current smokers only. Ask the participant to think of any quit attempt during the past 12 months.</i>	No	2	
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>	T7
<i>For current smokers only. Ask the participant to think of visits to a doctor or other health worker during the past 12 months. If no visit, select "no visit during the past 12 months".</i>	No	2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	
<i>No visit during the past 12 months</i>	3	<i>If T2=Yes, go to T12; if T2=No, go to T9</i>	
In the past, did you <b>ever smoke</b> any tobacco products? (USE SHOWCARD)	Yes	1	T8
<i>Ask the participant to think of the time when he/she may have been smoking tobacco products.</i>	No	2 <i>If No, go to T12</i>	
In the past, did you <b>ever smoke daily</b> ?	Yes	1 <i>If T1=Yes, go to T12, else go to T10</i>	T9
<i>Ask the participant to think of the time when he/she may have been smoking tobacco products on a daily basis.</i>	No	2 <i>If T1=Yes, go to T12, else go to T10</i>	

EXPANDED: Tobacco Use			
Question	Response		Code
How old were you when you <b>stopped</b> smoking? <i>Ask the participant to think of the time when he/she stopped smoking tobacco products.</i>	Age (years)  Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>		T10
How <b>long ago</b> did you stop smoking? (RECORD ONLY 1, NOT ALL 3) <i>Don't Know 77</i> <i>If the participant doesn't remember his/her age when they stopped smoking, then record the time in weeks, months or years as appropriate.</i>	Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>  OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>  OR Weeks ago <input type="text"/> <input type="text"/>		T11a T11b T11c
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as [snuff, chewing tobacco, betel]?  (USE SHOWCARD) <i>Ask the participant to think of any smokeless tobacco products that he/she is using currently.</i>	Yes 1  No 2 <i>If No, go to T15</i>		T12
Do you <b>currently use</b> <b>smokeless tobacco</b> products <b>daily</b> ? <i>For current users of smokeless tobacco products only.</i>	Yes 1  No 2 <i>If No, go to T14aw</i>		T13

<p>On average, how many <b>times a day/week</b> do you use ....</p> <p>(IF LESS THAN DAILY, RECORD WEEKLY)</p> <p>(RECORD FOR EACH TYPE, USE SHOWCARD)</p> <p>Don't Know 7777</p> <p>For current users of smokeless tobacco only.</p> <p>Record for each type of smokeless tobacco products.</p> <p>Specify zero if no products were used in each category instead of leaving categories blank.</p> <p>Record daily consumption for daily users. If products are used less than daily by daily users, enter weekly consumption. Also enter weekly consumption for current, non-daily users.</p>	DAILY↓	WEEKLY↓	T14a/ T14aw  T14b/ T14bw  T14c/ T14cw  T14d/ T14dw  T14e/ T14ew
Snuff, by mouth	<input type="text"/>	<input type="text"/>	
Snuff, by nose	<input type="text"/>	<input type="text"/>	
Chewing tobacco	<input type="text"/>	<input type="text"/>	
Betel, quid	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	<p>If Other, go to T14other, if T13=No, go to T16, else go to T17</p>
Other (please specify):	<input type="text"/>	<input type="text"/>	<p>If T13=No, go to T16, else go to T17</p>
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes	1	T15
Ask the participant to think of the time when he/she may have been using smokeless tobacco products.	No	2    If No, go to T17	
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco, or betel] <b>daily</b> ?	Yes	1	T16
Ask the participant to think of the time when he/she may have been using smokeless tobacco products on a <b>daily</b> basis.	No	2	
During the past 30 days, did someone smoke <b>in your home</b> ?	Yes	1	T17
The participant should only think about other people, not about him-/herself. Smokers should exclude themselves. The question is asking about inside the participant's home. This only includes fully enclosed areas of the home.	No	2	
During the past 30 days, did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office)?	Yes	1	T18
For those not working in a closed area, record "don't work in a closed area".	No	2	
Ask the participant to think of seeing somebody smoke or smelling the smoke in indoor areas at work during the past 30 days.	Don't work in a closed area	3	



CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
<p>Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits or <i>[add other local examples?]</i>  <i>(USE SHOWCARD OR SHOW EXAMPLES)</i></p> <p><i>Ask the participant to think of any alcohol, with the exception of alcohol-based medication that is taken due to health reasons. Even if the participant has only consumed a few sips of alcohol, the response should be "Yes".</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to A16</i></p>	A1
<p>Have you consumed any alcohol within the <b>past 12 months?</b>  <i>Ask the participant to think of any alcohol, with the exception of alcohol-based medication that is taken due to health reasons. Even if the participant has only consumed a few sips of alcohol in the past 12 months, the response should be "Yes".</i></p>	<p>Yes 1 <i>If Yes, go to A4</i></p> <p>No 2</p>	A2
<p>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?  <i>This question is for those participants that did not drink during the past 12 months, but that have drunk in their lifetime.</i></p>	<p>Yes 1 <i>If Yes, go to A16</i></p> <p>No 2 <i>If No, go to A16</i></p>	A3
<p>During the past 12 months, <b>how frequently</b> have you had at least one <b>standard alcoholic drink?</b>  <i>(READ RESPONSES, USE SHOWCARD)</i></p> <p><i>For those that have consumed alcohol in the past 12 months. A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits. Depending on the country, these amounts will vary between 8 and 13 grams of ethanol. See showcard. For those participants that only consumed a few sips of alcohol during the past 12 months, the answer should be "Never".</i></p>	<p>Daily 1</p> <p>5-6 days per week 2</p> <p>3-4 days per week 3</p> <p>1-2 days per week 4</p> <p>1-3 days per month 5</p> <p>Less than once a month 6</p> <p>Never 7</p>	A4
<p>Have you consumed any alcohol within the <b>past 30 days?</b>  <i>Select the appropriate response. Even if the participant has only consumed a few sips of alcohol in the past 30 days, the response should be "Yes".</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to A13</i></p>	A5
<p>During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?  <i>Ask the participant to think of the past 30 days only. Record the number of occasions. Note that there can be more than one occasion in which alcohol is consumed in a given day. For those participants that only drank a few sips of alcohol during the past 30 days, the answer should be "Zero" occasions.</i></p>	<p>Number</p> <p>Don't know 77</p> <p><input type="text"/> <i>If Zero, go to A13</i></p>	A6
<p>During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> did you have during one drinking occasion?  <i>(USE SHOWCARD)</i></p> <p><i>Help the participant to average out the total number of drinks by using the showcard that shows standard alcoholic drinks.</i></p>	<p>Number</p> <p>Don't know 77</p> <p><input type="text"/></p>	A7
<p>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?  <i>Ask the participant to think of the past 30 days only. This question is about the largest number of drinks that the participant had on one single occasion.</i></p>	<p>Largest number</p> <p>Don't Know 77</p> <p><input type="text"/></p>	A8
<p>During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion?</p>	<p>Number of times</p> <p>Don't Know 77</p> <p><input type="text"/></p>	A9



Country/Unit Name

Ask the participant to think of the past 30 days only, and to report the number of occasions when he/she had six or more standard drinks.

CORE: Alcohol Consumption, continued		
Question	Response	Code
During each of the <b>past 7 days</b> , how many standard drinks did you have each day?  (USE SHOWCARD)  Don't Know 77  Ask the participant to think of each of the past 7 days. Use the showcard that shows standard alcoholic drinks to help the participant report the number of standard drinks for each of the past 7 days.  Record for each day the number of standard drinks. If no drinks record 0.	Monday <input type="text"/> Tuesday <input type="text"/> Wednesday <input type="text"/> Thursday <input type="text"/> Friday <input type="text"/> Saturday <input type="text"/> Sunday <input type="text"/>	A10a A10b A10c A10d A10e A10f A10g
I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought 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.		
During the <b>past 7 days</b> , did you consume any <b>homebrewed alcohol</b> , any alcohol <b>brought over the border/from another country</b> , any alcohol <b>not intended for drinking</b> or other <b>untaxed alcohol</b> ? (USE SHOWCARD)  [AMEND ACCORDING TO LOCAL CONTEXT]  Ask the participant to only think of homebrewed alcohol, any alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol.	Yes 1  No 2 If No, go to A13	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ?  [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD)  Don't Know 77  Ask the participant to think of the past 7 days. Use the showcard that specifies what standard drinks are for each type of alcohol. Alcohol not intended for drinking should be treated like spirits.  Record for each type of alcohol the number of standard drinks. If no drinks record 0.	Homebrewed spirits, e.g. moonshine <input type="text"/> Homebrewed beer or wine, e.g. beer, palm or fruit wine <input type="text"/> Alcohol brought over the border/from another country <input type="text"/> Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/> Other untaxed alcohol in the country <input type="text"/>	A12a A12b A12c A12d A12e
EXPANDED: Alcohol Consumption		
During the <b>past 12 months</b> , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4	A13



Ask the participant to think of the past 12 months. Read out all the answer options.	Never 5	
During the <b>past 12 months</b> , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
Ask the participant to think of the past 12 months. Read out all the answer options.	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 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 Yes, monthly 2 Yes, several times but less than 3 Yes, once or twice 4 No 5	A16
<i>Ask the participant to think of the past 12 months. Read out all the answer options.</i> <i>The participant should not think of his/her own drinking, but of someone else's drinking.</i>		

### 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 fruit</b> ? <i>(USE SHOWCARD)</i>	Number of days Don't Know 77  <input type="text"/> If Zero days, go to D3	D1
Ask the participant to think of any fruit on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period.		
How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? <i>(USE SHOWCARD)</i> <i>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.</i>	Number of servings Don't Know 77  <input type="text"/>	D2
In a typical week, on how many days do you <b>eat vegetables</b> ? <i>(USE SHOWCARD)</i>	Number of days Don't Know 77  <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? <i>(USE SHOWCARD)</i> <i>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.</i>	Number of servings Don't know 77  <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 soy sauce or fish sauce (see showcard). 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 [insert country specific examples], and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

*Read this opening statement out loud. Don't forget to use the showcard which will help the respondent when answering to the questions.*

How often do you <b>add salt or a salty sauce such as soy sauce</b> to your food right before you eat it or as you are eating it?	Always 1 Often 2	D5
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Country/Unit Name

(SELECT ONLY ONE) (USE SHOWCARD) Read out all the answer options. Use the showcard that shows salt and salty sauces.	Sometimes 3 Rarely 4 Never 5 Don't know 77	
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?  Read out all the answer options. Select the appropriate response.	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 and processed meat [add country specific examples]. [INSERT EXAMPLES] (USE SHOWCARD) Read out all the answer options. Use the showcard that shows processed food high in salt.	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?  Read out all the answer options and select the appropriate response.	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8
<b>EXPANDED: Diet</b>		
Question	Response	Code
How important to you is lowering the salt in your diet? Select the appropriate response.	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9
Do you think that too much salt or salty sauce in your diet could cause a health problem? Select the appropriate response.	Yes 1 No 2 Don't know 77	D10
Do you do any of the following on a regular basis to control your salt intake? (RECORD FOR EACH) Select the appropriate response for each option. Ask the participant to only consider actions that he/she undertakes specifically to control salt intake, and not for any other purpose.		
Limit consumption of processed foods	Yes 1 No 2	D11a
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b
Buy low salt/sodium alternatives	Yes 1 No 2	D11c
Use spices other than salt when cooking	Yes 1 No 2	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
Do other things specifically to control your salt intake	Yes 1 If Yes, go to D11other No 2	D11f



Other (please specify)	<input type="text"/>	D11other
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CORE: Physical Activity		
Question	Response	Code
<b>Work</b>		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work]?  [INSERT EXAMPLES] (USE SHOWCARD)  Ask the participant to think about vigorous-intensity activities at work only. Activities are regarded as vigorous intensity if they cause large increases in breathing and/or heart rate.	Yes 1  No 2 If No, go to P 4	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?  "Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.	Number of days  <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?  Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in vigorous-intensity activities at work. The participant should only consider those activities undertaken continuously. Probe very high responses (over 4 hrs) to verify.	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]?  [INSERT EXAMPLES] (USE SHOWCARD)  Ask the participant to think about moderate-intensity activities at work only. Activities are regarded as moderate intensity if they cause small increases in breathing and/or heart rate.	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?  "Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.	Number of days  <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?  Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in moderate-intensity activities at work. The participant should only consider those activities undertaken continuously. Probe very high responses (over 4 hrs) to verify.	Hours : minutes  <input type="text"/> : <input type="text"/> hrs mins	P6 (a-b)
<b>Travel to and from places</b>		



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. [Insert other examples if needed]

*The introductory statement to the following questions on transport-related physical activity is very important. It asks and helps the participant to now think about how they travel around getting from place-to-place. This statement should not be omitted.*

<p>Do you walk or use a bicycle (pedal cycle) to get to and from places? Select the appropriate response.</p>	<p>Yes 1 No 2 If No, go to P 10</p>	<p>P7</p>
<p>In a typical week, on how many days do you walk or bicycle to get to and from places? <i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p>	<p>P8</p>

### CORE: Physical Activity, Continued

Question	Response	Code
<p>How much time do you spend walking or bicycling for travel on a typical day? Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in transport-related activities. The participant should only consider those activities undertaken continuously. Probe very high responses (over 4 hrs) to verify.</p>	<p>Hours : minutes</p> <p>_____ : _____</p> <p>hrs                    mins</p>	<p>P9 (a-b)</p>
<h4>Recreational activities</h4>		
<p>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) [Insert relevant terms]. This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time. It includes sports and exercise but is not limited to participation in competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned. This statement should not be omitted.</p>		
<p>Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football]? [INSERT EXAMPLES] (USE SHOWCARD)</p> <p>Ask the participant to think about recreational vigorous-intensity activities only. Activities are regarded as vigorous intensity if they cause large increases in breathing and/or heart rate.</p>	<p>Yes 1 No 2 If No, go to P 13</p>	<p>P10</p>
<p>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities? <i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p>	<p>P11</p>
<p>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in recreational vigorous-intensity activities. The participant should only consider those activities undertaken continuously. Probe very high responses (over 4 hrs) to verify.</p>	<p>Hours : minutes</p> <p>_____ : _____</p> <p>hrs                    mins</p>	<p>P12 (a-b)</p>
<p>Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball]? [INSERT EXAMPLES] (USE SHOWCARD)</p> <p>Ask the participant to think about recreational moderate-intensity activities only. Activities are regarded as moderate intensity if they cause small increases in breathing and/or heart rate.</p>	<p>Yes 1 No 2 If No, go to P16</p>	<p>P13</p>
<p>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities? <i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days</p>	<p>P14</p>



How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?  <i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in recreational moderate-intensity activities. The participant should only consider those activities undertaken continuously. Probe very high responses (over 4 hrs) to verify.</i>	Hours : minutes _____ : _____ hrs      mins	P15 (a-b)
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<b>EXPANDED: Physical Activity</b>		
<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, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>		
How much time do you usually spend sitting or reclining on a typical day?  <i>Ask the participant to consider total time spent sitting at work, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. The participant should not include time spent sleeping.</i>	Hours : minutes _____ : _____ hrs      mins	P16 (a-b)

<b>CORE: History of Raised Blood Pressure</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
Have you ever had your blood pressure measured by a doctor or other health worker?  <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	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?  <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Were you first told in the past 12 months?  <i>Only for those that have previously been diagnosed with raised blood pressure.</i>	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?  <i>Ask the participant to only consider drugs for raised blood pressure prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension?  <i>Select the appropriate response.</i>	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?  <i>Select the appropriate response.</i>	Yes 1 No 2	H5

<b>CORE: History of Diabetes</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
Have you ever had your blood sugar measured by a doctor or other health worker?  <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	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?  <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Were you first told in the past 12 months?	Yes 1	H7b



Country/Unit Name

Only for those that have previously been diagnosed with diabetes.	No 2	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for diabetes prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider insulin that was prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar? <i>Select the appropriate response.</i>	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes? <i>Select the appropriate response.</i>	Yes 1 No 2	H11

### CORE: History of Raised Total Cholesterol

Questions	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	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? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Were you first told in the past 12 months? <i>Only for those that have previously been diagnosed with raised total cholesterol.</i>	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? <i>Ask the participant to only consider drugs for raised total cholesterol prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol? <i>Select the appropriate response.</i>	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)? <i>Select the appropriate response.</i>	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease? <i>"Regularly" means on a daily or almost daily basis.</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? <i>"Regularly" means on a daily or almost daily basis.</i>	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 and C1=1, go to M1 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? <i>(RECORD FOR EACH)</i>		
<i>Select the appropriate response. Ask the participant to only consider advice from a doctor or other health worker.</i>		
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 M1 No 2 If C1=1 go to M1</i>	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.

*Read this opening statement out loud. It should not be omitted.*

Have you ever had a screening test for cervical cancer, using any of these methods described above? <i>Select the appropriate response.</i>	Yes 1 No 2 Don't know 77	CX1
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## Step 2 Physical Measurements

### CORE: Blood Pressure

Interviewer ID Record interviewer ID (in most cases interviewer would be the same as for behavioural measurements).	<input type="text"/>	M1
Device ID for blood pressure Record device ID.	<input type="text"/>	M2
Cuff size used Select cuff size used.	Small 1 Medium 2 Large 3	M3
Reading 1 Record first measurement after the participant has rested for 15 minutes. Wait 3 minutes before taking second measurement.	Systolic ( mmHg) <input type="text"/>	M4a
	Diastolic (mmHg) <input type="text"/>	M4b
Reading 2 Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement.	Systolic ( mmHg) <input type="text"/>	M5a
	Diastolic (mmHg) <input type="text"/>	M5b
Reading 3 Record third measurement.	Systolic ( mmHg) <input type="text"/>	M6a
	Diastolic (mmHg) <input type="text"/>	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? Select appropriate response.	Yes 1 No 2	M7

### CORE: Height and Weight

Question	Response	Code
For women: Are you pregnant? Pregnant women skip over height, weight, waist and hip measurements.	Yes 1 If Yes, go to M16 No 2	M8
Interviewer ID Record interviewer ID (in most cases interviewer would be the same as for behavioural and blood pressure measurements).	<input type="text"/>	M9
Device IDs for height and weight Record device IDs.	Height <input type="text"/> Weight <input type="text"/>	M10a M10b
Height Record participant's height in cm with one decimal point.	in Centimetres (cm) <input type="text"/>	M11
Weight If too large for scale 666.6 Record participant's weight in kg with one decimal point.	in Kilograms (kg) <input type="text"/>	M12
CORE: Waist		
Device ID for waist Record device ID.	<input type="text"/>	M13
Waist circumference Record participant's waist circumference in centimetres with one decimal point.	in Centimetres (cm) <input type="text"/>	M14


**EXPANDED: Hip Circumference and Heart Rate**

Hip circumference <i>Record participant's hip circumference in centimetres with one decimal point.</i>	in Centimeters (cm) <input type="text"/> . <input type="text"/>	M15
Heart Rate <i>Record the three heart rate readings.</i>		
Reading 1	Beats per minute <input type="text"/> . <input type="text"/>	M16a
Reading 2	Beats per minute <input type="text"/> . <input type="text"/>	M16b
Reading 3	Beats per minute <input type="text"/> . <input type="text"/>	M16c

**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? <i>It is essential that the participant has fasted.</i>	Yes 1 No 2	B1
Technician ID <i>Record ID of the person taking the measurement.</i>	<input type="text"/> . <input type="text"/>	B2
Device ID <i>Record device ID.</i>	<input type="text"/> . <input type="text"/>	B3
Time of day blood specimen taken (24 hour clock) <i>Enter time measurement started.</i>	Hours : minutes <input type="text"/> : <input type="text"/> hrs                    mins	B4
Fasting blood glucose <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i> <i>Double check that the participant has fasted.</i>	mmol/l <input type="text"/> . <input type="text"/> mg/dl <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? <i>Select appropriate response.</i>	Yes 1 No 2	B6

**CORE: Blood Lipids**

Device ID <i>Record device ID.</i>	<input type="text"/> . <input type="text"/>	B7
Total cholesterol <i>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]</i> <i>Record value for total cholesterol.</i>	mmol/l <input type="text"/> . <input type="text"/> mg/dl <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? <i>Select appropriate response.</i>	Yes 1 No 2	B9

**CORE: Urinary sodium and creatinine**

Had you been fasting prior to the urine collection? <i>It is essential that the participant did not fast prior to urine collection.</i>	Yes 1 No 2	B10
Technician ID <i>Record technician ID.</i>	<input type="text"/> . <input type="text"/>	B11



Device ID Record device ID.	_____	B12
Time of day urine sample taken (24 hour clock) Record time of day urine sample taken as reported by the participant.	Hours : minutes _____ : _____ hrs mins	B13
Urinary sodium Record value for urinary sodium.	mmol/l _____ . _____	B14
Urinary creatinine Record value for urinary creatinine.	mmol/l _____ . _____	B15

### EXPANDED: Triglycerides and HDL Cholesterol

Triglycerides [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] Record value for triglycerides.	mmol/l _____ . _____	B16
	mg/dl _____ . _____	
HDL Cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] Record value for HDL cholesterol.	mmol/l _____ . _____	B17
	mg/dl _____ . _____	

Mental health / Suicide		
Question	Response	Code
During the <b>past 12 months</b> , have you seriously considered attempting suicide?	Yes 1 No 2 <i>If No, go to MH3</i> Refused 88	MS1
Did you seek <b>professional help</b> for these thoughts?	Yes 1 No 2 Refused 88	MS2
During the <b>past 12 months</b> , have you made a <b>plan about how</b> you would attempt suicide?	Yes 1 No 2 Refused 88	MS3
Have you <b>ever attempted</b> suicide?	Yes 1 No 2 <i>If No, go to MH9</i> Refused 88	MS4
During the <b>past 12 months</b> , have you <b>attempted</b> suicide?	Yes 1 No 2 Refused 88	MS5
What was the main <b>method you used</b> the last time you attempted suicide?  (SELECT ONLY ONE)	Razor, knife or other sharp instrument 1 Overdose of medication (e. g. prescribed, over-the-counter) 2 Overdose of other substance (e.g. heroin, crack, alcohol) 3 Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer) 4	MS6



	Other poisoning (e.g. plant/seed, household product)	5	MH6other
	Poisonous gases from charcoal	6	
	Other	7 <i>If Other, go to MH6other</i>	
	Refused	88	
	Other (specify)	<input type="text"/>	
Did you seek <b>medical care</b> for this attempt?	Yes	1	MS7
	No	2 <i>If No, go to MH9</i>	
	Refused	88	
Were you <b>admitted to hospital overnight</b> because of this attempt?	Yes	1	MS8
	No	2	
	Refused	88	
Has anyone in <b>your close family</b> (mother, father, brother, sister or children) ever attempted suicide?	Yes	1	MS9
	No	2	
	Refused	88	
Has anyone in <b>your close family</b> (mother, father, brother, sister or children) ever died from suicide?	Yes	1	MS10
	No	2	
	Refused	88	

### **Mental health (depression)**

**The next questions are about feelings of sadness, depression, and loss of interest and pleasure.**

Question	Response	Code
In the last 12 months, have you, for a period of at least 2 weeks, felt <b>sad or depressed</b> for <b>most of the day, nearly every day?</b>	Yes 1 No 2 Refused 88	MH1
In the last 12 months, have you, for a period of at least 2 weeks, been <b>a lot less interested</b> in, or experienced a lot <b>less pleasure</b> from, doing the things you normally enjoy?	Yes 1 No 2 <i>If No and MH1=2, go to next module</i> Refused 88	MH2
Please tell me when in the last 12 months you experienced the <b>worst</b> period of [LOW MOOD and/or LOSS OF INTEREST OR PLEASURE] that lasted for at least 2 weeks?	Period (e.g., month): <input type="text"/>	MH3
The next questions I am going to ask you will all refer specifically to this time, that is [INSERT ANSWER TO MH3]. Try to remember as best you can what you were experiencing <b>during that time</b> , rather than what you might have experienced at other times.	Yes 1 No 2	MH4



<p>During this time in which your [LOW MOOD and/or LOSS OF INTEREST] were at its worst, that is [SPECIFY PERIOD FROM MH3], did you have more <b>trouble concentrating</b> and <b>staying focused</b> on things than usual <b>OR</b> did you struggle more than usual to make <b>decisions</b> most of the day, nearly every day for at least 2 weeks?</p>	<p>Refused 88</p>	
<p>During that same 2-week period, in [SPECIFY PERIOD], did you feel <b>less valuable</b> as a person or even <b>worthless</b> most of the day, nearly every day?</p>	<p>Yes 1 Go to MH7 No 2 Refused 88</p>	MH5
<p>During that same 2-week period, did you feel <b>overly guilty</b> about things you did or neglected to do most of the day, nearly every day?</p>	<p>Yes 1 No 2 Refused 88</p>	MH6
<p>During that same 2-week period, did you feel more <b>hopeless</b> about the future, like things would never turn out well for you most of the day, nearly every day?</p>	<p>Yes 1 No 2 Refused 88</p>	MH7
<p>The next question can be a sensitive question. During that same 2-week period, in [SPECIFY PERIOD], on most days did you think about <b>death</b> or suicide, or did you try to end your life?</p>	<p>Yes 1 No 2 Refused 88</p>	MH8
<p>On most days during that same 2-week period, did you have more <b>trouble sleeping</b> than usual (for example falling or staying asleep), or did you sleep a lot more than you usually do?</p>	<p>Yes 1 No 2 Refused 88</p>	MH9
<p>On most days during that same 2-week period, did you <b>not want to eat</b> even when food was available, <b>OR</b> did you <b>eat more</b> than before your [LOW MOOD, and/or LOSS OF INTEREST] started?</p>	<p>Yes 1 No 2 Refused 88</p>	MH10
<p>On most days during that same 2-week period, did you have <b>less energy</b> than before your [LOW MOOD, and/or LOSS OF INTEREST] started <b>OR</b> were you much more tired than usual even when doing some small task?</p>	<p>Yes 1 No 2 Refused 88</p>	MH11
<p>On most days during that same 2-week period, did others notice you were moving or speaking <b>more slowly</b> than is normal for you, <b>OR</b> the opposite — did others notice you were <b>fidgeting or pacing around</b> a lot?</p>	<p>Yes 1 No 2 Refused 88</p>	MH12
<p>If less than five of the following symptoms are coded Yes: [MH1], [MH2], [MH4], [MH5 OR MH6], [MH7], [MH8], [MH9], [MH10], [MH11], [MH12], go to next module</p>	<p>Yes, some difficulty in daily life 1</p>	MH13



<p>During this time when you experienced [LIST ALL ENDORSED SYMPTOMS], did these difficulties affect your ability to function in daily life (for example your work or school, your social life, your relationships)?</p> <p>...</p>	Yes, considerable difficulty in multiple aspects of daily life	2	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>
	Yes, serious difficulty continuing to function in most aspects of	3	
	No	4 Go to next module	
	Refused	88	

  

Treatment coverage			
<p>In the past 12 months, have you taken <b>anti-depressant medication</b> prescribed by a doctor or other health worker?</p> <p>...</p>	Yes, for less than 3 months	1	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>
	Yes, for 3 months or more	2	
	No	3	
	Refused	88	
<p>In the past 12 months, have you received <b>psychological therapy/counselling sessions for at least 30 minutes by a doctor or other health worker</b> for the difficulties we've just talked about?</p> <p>...</p>	Yes: 1 to 3 sessions	1	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>
	Yes, 4 sessions or more	2	
	No	3	
	Refused	88	