



## Step 1 Demographic Information

### CORE: Demographic Information

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

### EXPANDED: Demographic Information

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| What is the <b>highest level of education</b> you have completed?<br><br>[INSERT COUNTRY-SPECIFIC CATEGORIES]<br><i>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".</i><br>Select appropriate response. | No formal schooling 1<br>Less than primary school 2<br>Primary school completed 3<br>Secondary school completed 4<br>High school completed 5<br>College/University completed 6<br>Post graduate degree 7<br>Refused 88 | C5 |
| What is your [insert relevant ethnic group / racial group / cultural subgroup / others] <b>background</b> ?<br><i>Select the relevant ethnic/cultural group to which the participant belongs.</i>                                                                                                                                                                                             | [Locally defined] 1<br>[Locally defined] 2<br>[Locally defined] 3<br>Refused 88                                                                                                                                        | C6 |
| What is your <b>marital status</b> ?<br><i>Select the appropriate response.</i>                                                                                                                                                                                                                                                                                                               | Never married 1<br>Currently married 2<br>Separated 3<br>Divorced 4<br>Widowed 5<br>Cohabiting 6<br>Refused 88                                                                                                         | C7 |
| Which of the following best describes your <b>main work</b> status over the past 12 months?<br><br>[INSERT COUNTRY-SPECIFIC CATEGORIES]<br><br>(USE SHOWCARD)<br><i>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.</i><br>Select appropriate response.                | Government employee 1<br>Non-government employee 2<br>Self-employed 3<br>Non-paid 4<br>Student 5<br>Homemaker 6<br>Retired 7<br>Unemployed (able to work) 8<br>Unemployed (unable to work) 9                           | C8 |



Country/Unit Name

|                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                       |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
|                                                                                                                                                                                                                                                                    | Refused 88                                                                                                                                                                                                                                                                                                                                                                            |             |
| How many people older than 18 years, including yourself, live in your household?<br><i>Enter the total number of people living in the household who are 18 years or older.</i>                                                                                     | Number of people<br><div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <i>If Not Known, Go to C11</i>                                                                                                                                                                                               | C9          |
| <b>EXPANDED: Demographic Information, Continued</b>                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                       |             |
| <b>Question</b>                                                                                                                                                                                                                                                    | <b>Response</b>                                                                                                                                                                                                                                                                                                                                                                       | <b>Code</b> |
| Taking <b>the past year</b> , can you tell me what the average earnings of the household have been?<br><i>(RECORD ONLY ONE, NOT ALL 3)</i><br><i>Enter the average earnings of the household by week, month, or year. If refused to answer, skip to C11.</i>       | Per week <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <i>Go to T1</i>                                                                                                                                                                                                                         | C10a        |
|                                                                                                                                                                                                                                                                    | OR per month <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <i>Go to T1</i>                                                                                                                                                                                                                     | C10b        |
|                                                                                                                                                                                                                                                                    | OR per year <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <i>Go to T1</i>                                                                                                                                                                                                                      | C10c        |
|                                                                                                                                                                                                                                                                    | Refused 88                                                                                                                                                                                                                                                                                                                                                                            | C10d        |
| Can you give an <b>estimate</b> of the annual household income if I read some options to you? Is it<br><i>[INSERT QUINTILE VALUES IN LOCAL CURRENCY]</i><br><i>(READ OPTIONS)</i><br><i>Select the appropriate quintile value for the annual household income.</i> | <div> <div>≤ Quintile (Q) 1</div> <div>1</div> </div> <div> <div>More than Q 1, ≤ Q 2</div> <div>2</div> </div> <div> <div>More than Q 2, ≤ Q 3</div> <div>3</div> </div> <div> <div>More than Q 3, ≤ Q 4</div> <div>4</div> </div> <div> <div>More than Q 4</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.

| Question                                                                                                                                                                                                                    | Response                                                                                            | Code |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------|
| Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars or pipes?<br>(USE SHOWCARD)<br>Ask the participant to think of any tobacco products he/she is smoking currently.                      | Yes 1<br><br>No 2 If No, go to T8                                                                   | T1   |
| Do you currently smoke tobacco products <b>daily</b> ?<br>This question is only for current smokers of tobacco products.                                                                                                    | Yes 1<br><br>No 2                                                                                   | T2   |
| How old were you when you <b>first started</b> smoking?<br>For current smokers only. Ask the participant to think of the time when he/she started to smoke any tobacco products.                                            | Age (years)<br><br>Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw | T3   |
| Do you remember how long ago it was?<br>(RECORD ONLY 1, NOT ALL 3)<br>Don't know 77<br>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 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw                         | T4a  |
|                                                                                                                                                                                                                             | OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw                     | T4b  |
|                                                                                                                                                                                                                             | OR in Weeks <input type="text"/> <input type="text"/>                                               | T4c  |
|                                                                                                                                                                                                                             | DAILY↓ WEEKLY↓                                                                                      |      |



Country/Unit Name

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

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



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DAILY↓                        | WEEKLY↓                                                                                   |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------|------------------------|
| On average, how many <b>times a day/week</b> do you use ....<br>(IF LESS THAN DAILY, RECORD WEEKLY)<br>(RECORD FOR EACH TYPE, USE SHOWCARD)<br>Don't Know 7777<br><br>For current users of smokeless tobacco only.<br>Record for each type of smokeless tobacco products.<br>Specify zero if no products were used in each category<br>instead of leaving categories blank.<br>Record daily consumption for daily users. If products are<br>used less than daily by daily users, enter weekly<br>consumption. Also enter weekly consumption for current,<br>non-daily users. | Snuff, by mouth               | <input type="text"/>                                                                      | T14a/<br>T14aw         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Snuff, by nose                | <input type="text"/>                                                                      | T14b/<br>T14bw         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Chewing tobacco               | <input type="text"/>                                                                      | T14c/<br>T14cw         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Betel, quid                   | <input type="text"/>                                                                      | T14d/<br>T14dw         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other                         | <input type="text"/><br>If Other, go to T14other, if T13=No, go<br>to T16, else go to T17 | T14e/<br>T14ew         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other (please specify):       | <input type="text"/><br>If T13=No, go to T16, else go to T17                              | T14other/<br>T14otherw |
| In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products<br>such as [snuff, chewing tobacco, or betel]?<br>Ask the participant to think of the time when he/she may<br>have been using smokeless tobacco products.                                                                                                                                                                                                                                                                                                                                            | Yes 1                         |                                                                                           | T15                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No 2                          | If No, go to T17                                                                          |                        |
| In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products<br>such as [snuff, chewing tobacco, or betel] <b>daily</b> ?<br>Ask the participant to think of the time when he/she may<br>have been using smokeless tobacco products on a daily<br>basis.                                                                                                                                                                                                                                                                                                          | Yes 1                         |                                                                                           | T16                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No 2                          |                                                                                           |                        |
| During the past 30 days, did someone smoke <b>in your<br/>home</b> ?<br>The participant should only think about other people, not<br>about him-/herself. Smokers should exclude themselves.<br>The question is asking about inside the participant's home.<br>This only includes fully enclosed areas of the home.                                                                                                                                                                                                                                                           | Yes 1                         |                                                                                           | T17                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No 2                          |                                                                                           |                        |
| During the past 30 days, did someone smoke in closed<br>areas <b>in your workplace</b> (in the building, in a work area or<br>a specific office)?<br>For those not working in a closed area, record "don't work in<br>a closed area".<br>Ask the participant to think of seeing somebody smoke or<br>smelling the smoke in indoor areas at work during the past<br>30 days.                                                                                                                                                                                                  | Yes 1                         |                                                                                           | T18                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No 2                          |                                                                                           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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 [add other local examples]?</p> <p>(USE SHOWCARD OR SHOW EXAMPLES)</p> <p>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".</p>                                                                                                                                                                                                    | <p>Yes 1</p> <p>No 2 If No, go to A16</p>                                                                                                                                  | A1   |
| <p>Have you consumed any alcohol within the <b>past 12 months</b>?</p> <p>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".</p>                                                                                                                                                                                                                                                          | <p>Yes 1 If Yes, go to A4</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?</p> <p>This question is for those participants that did not drink during the past 12 months, but that have drunk in their lifetime.</p>                                                                                                                                                                                                                                                                                                 | <p>Yes 1 If Yes, go to A16</p> <p>No 2 If No, go to A16</p>                                                                                                                | A3   |
| <p>During the past 12 months, <b>how frequently</b> have you had at least one <b>standard alcoholic drink</b>?</p> <p>(READ RESPONSES, USE SHOWCARD)</p> <p>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".</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>?</p> <p>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".</p>                                                                                                                                                                                                                                                                                                                                                              | <p>Yes 1</p> <p>No 2 If No, go to A13</p>                                                                                                                                  | A5   |
| <p>During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?</p> <p>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.</p>                                                                                                                                                       | <p>Number</p> <p>Don't know 77</p> <p>____ If Zero, go to A13</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?</p> <p>(USE SHOWCARD)</p> <p>Help the participant to average out the total number of drinks by using the showcard that shows standard alcoholic drinks.</p>                                                                                                                                                                                                                                                                                        | <p>Number</p> <p>Don't know 77</p> <p>____</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?</p> <p>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.</p>                                                                                                                                                                                                                                                      | <p>Largest number</p> <p>Don't Know 77</p> <p>____</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>____</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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------|
| <p>During each of the <b>past 7 days</b>, how many standard drinks did you have each day?<br/>(USE SHOWCARD)<br/>Don't Know 77<br/>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.<br/>Record for each day the number of standard drinks. If no drinks record 0.</p>                                                                      | Monday <input type="text"/>                                                                                  | A10a |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tuesday <input type="text"/>                                                                                 | A10b |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Wednesday <input type="text"/>                                                                               | A10c |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Thursday <input type="text"/>                                                                                | A10d |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Friday <input type="text"/>                                                                                  | A10e |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Saturday <input type="text"/>                                                                                | A10f |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Sunday <input type="text"/>                                                                                  | A10g |
| <p>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.</p>                                                                              |                                                                                                              |      |
| <p>During the <b>past 7 days</b>, did you consume any <b>homebrewed</b> alcohol, any alcohol <b>brought over the border/from another country</b>, any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> alcohol? (USE SHOWCARD)<br/>[AMEND ACCORDING TO LOCAL CONTEXT]<br/>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.</p>                   | <p>Yes 1</p> <p>No 2 If No, go to A13</p>                                                                    | A11  |
| <p>On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b>?<br/>[INSERT COUNTRY-SPECIFIC EXAMPLES]<br/>(USE SHOWCARD)<br/>Don't Know 77<br/>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.<br/>Record for each type of alcohol the number of standard drinks. If no drinks record 0.</p> | 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 brought over the border/from another country <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

|                                                                                                                                 |                                                                                            |     |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----|
| <p>During the <b>past 12 months</b>, how often have you found that you were not able to stop drinking once you had started?</p> | <p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> | A13 |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----|





Country/Unit Name

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----|
| 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?<br><br>Ask the participant to think of the past 12 months. Read out all the answer options.                                                                                                   | Daily or almost daily 1<br>Weekly 2<br>Monthly 3<br>Less than monthly 4<br>Never 5                               | A14 |
| During the <b>past 12 months</b> , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?<br><br>Ask the participant to think of the past 12 months. Read out all the answer options.                                                                               | Daily or almost daily 1<br>Weekly 2<br>Monthly 3<br>Less than monthly 4<br>Never 5                               | A15 |
| During the <b>past 12 months</b> , have you had family problems or problems with your partner due to <b>someone else's</b> drinking?<br>Ask the participant to think of the past 12 months. Read out all the answer options.<br>The participant should not think of his/her own drinking, but of someone else's drinking. | Yes, more than monthly 1<br>Yes, monthly 2<br>Yes, several times but less than 3<br>Yes, once or twice 4<br>No 5 | A16 |

**CORE: Diet**

The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.

| Question                                                                                                                                                                                                                                                                                                                       | Response                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Code |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| In a typical week, on how many days do you <b>eat fruit</b> ?<br>(USE SHOWCARD)<br>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.          | Number of days<br>Don't Know 77<br><div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="margin-left: 10px;">If Zero days, go to D3</div></div> | D1   |
| How many <b>servings</b> of fruit do you eat on <b>one</b> of those days?<br>(USE SHOWCARD)<br>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.                                                                                                                      | Number of servings<br>Don't Know 77<br><div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div></div>                                                         | D2   |
| In a typical week, on how many days do you <b>eat vegetables</b> ?<br>(USE SHOWCARD)<br>Ask the participant to think of any vegetable 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. | Number of days<br>Don't Know 77<br><div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="margin-left: 10px;">If Zero days, go to D5</div></div> | D3   |
| How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)<br>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.                                                                                                                           | Number of servings<br>Don't know 77<br><div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div><div style="border-bottom: 1px solid black; width: 20px; height: 10px; margin-right: 5px;"></div></div>                                                         | 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<br>Often 2 | D5 |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------|----|





Country/Unit Name

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------|
| (SELECT ONLY ONE)<br>(USE SHOWCARD)<br>Read out all the answer options. Use the showcard that shows salt and salty sauces.                                                                                                                                                                                                                                                                                                                                                                  | Sometimes 3<br>Rarely 4<br>Never 5<br>Don't know 77                                                          |             |
| How often is <b>salt, salty seasoning or a salty sauce</b> added in cooking or preparing foods in your household?<br><br>Read out all the answer options. Select the appropriate response.                                                                                                                                                                                                                                                                                                  | Always 1<br>Often 2<br>Sometimes 3<br>Rarely 4<br>Never 5<br>Don't know 77                                   | D6          |
| How often do you eat <b>processed food high in salt</b> ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat [add country specific examples].<br>[INSERT EXAMPLES] (USE SHOWCARD)<br>Read out all the answer options. Use the showcard that shows processed food high in salt. | Always 1<br>Often 2<br>Sometimes 3<br>Rarely 4<br>Never 5<br>Don't know 77                                   | D7          |
| How much <b>salt or salty sauce</b> do you think you consume?<br><br>Read out all the answer options and select the appropriate response.                                                                                                                                                                                                                                                                                                                                                   | Far too much 1<br>Too much 2<br>Just the right amount 3<br>Too little 4<br>Far too little 5<br>Don't know 77 | D8          |
| <b>EXPANDED: Diet</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |             |
| <b>Question</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Response</b>                                                                                              | <b>Code</b> |
| How important to you is <b>lowering the salt</b> in your diet?<br>Select the appropriate response.                                                                                                                                                                                                                                                                                                                                                                                          | Very important 1<br>Somewhat important 2<br>Not at all important 3<br>Don't know 77                          | D9          |
| Do you think that too much salt or salty sauce in your diet could cause a <b>health problem</b> ?<br>Select the appropriate response.                                                                                                                                                                                                                                                                                                                                                       | Yes 1<br>No 2<br>Don't know 77                                                                               | D10         |
| Do you do any of the following on a regular basis to <b>control your salt intake</b> ?<br>(RECORD FOR EACH)<br>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<br>No 2                                                                                                | D11a        |
| Look at the salt or sodium content on food labels                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes 1<br>No 2                                                                                                | D11b        |
| Buy low salt/sodium alternatives                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes 1<br>No 2                                                                                                | D11c        |
| Use spices other than salt when cooking                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes 1<br>No 2                                                                                                | D11d        |
| Avoid eating foods prepared outside of a home                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes 1<br>No 2                                                                                                | D11e        |
| Do other things specifically to control your salt intake                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes 1 If Yes, go to D11other<br>No 2                                                                         | D11f        |



Country/Unit Name

|                        |                      |          |
|------------------------|----------------------|----------|
| Other (please specify) | <input type="text"/> | D11other |
|------------------------|----------------------|----------|

## 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. *[Insert other examples if needed]*. 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.

*Read this opening statement out loud. It should not be omitted. The respondent will have to think first about the time he/she spends doing work (paid or unpaid work, household chores, harvesting food, fishing or hunting for food, seeking employment [Insert other examples if needed]), then about the time he/she travels from place to place, and finally about the time spent in vigorous as well as moderate physical activity during leisure time.*

*Remind the respondent when he/she answers the following questions that '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. Don't forget to use the showcard which will help the respondent when answering to the questions.*

| Question                                                                                                                                                                                                                                                                                                                                                                                                                         | Response                                                                   | Code        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------|
| <b>Work</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |             |
| Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> ?<br><i>[INSERT EXAMPLES] (USE SHOWCARD)</i><br>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<br><br>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?<br><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i>                                                                                                                                                                                             | Number of days<br><input type="text"/>                                     | P2          |
| How much time do you spend doing vigorous-intensity activities at work on a typical day?<br>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<br><input type="text"/> : <input type="text"/><br>hrs mins | P3<br>(a-b) |
| Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> ?<br><i>[INSERT EXAMPLES] (USE SHOWCARD)</i><br>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<br><br>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?<br><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i>                                                                                                                                                                                             | Number of days<br><input type="text"/>                                     | P5          |
| How much time do you spend doing moderate-intensity activities at work on a typical day?<br>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<br><input type="text"/> : <input type="text"/><br>hrs mins | P6<br>(a-b) |
| <b>Travel to and from places</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |             |



Country/Unit Name

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.*

Do you walk or use a bicycle (pedal cycle) to get to and from places?  
Select the appropriate response.

Yes 1  
No 2 If No, go to P 10

P7

In a typical week, on how many days do you walk or bicycle to get to and from places?

*"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.*

Number of days  
\_\_\_\_\_

P8

### CORE: Physical Activity, Continued

#### Question

#### Response

#### Code

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.*

Hours : minutes  
\_\_\_\_ : \_\_\_\_  
hrs mins

P9  
(a-b)

### 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) *[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.*

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)*

*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.*

Yes 1  
No 2 If No, go to P 13

P10

In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?

*"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.*

Number of days  
\_\_\_\_\_

P11

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.*

Hours : minutes  
\_\_\_\_ : \_\_\_\_  
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, *[cycling, swimming, volleyball]*?

*[INSERT EXAMPLES] (USE SHOWCARD)*

*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.*

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?

*"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.*

Number of days  
\_\_\_\_\_

P14



Country/Unit Name

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|
| <p>How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?</p> <p><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></p> | <p>Hours : minutes    <input type="text"/> : <input type="text"/></p> <p>hrs                      mins</p> | P15<br>(a-b) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|

**EXPANDED: Physical Activity****Sedentary behaviour**

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.

*[INSERT EXAMPLES] (USE SHOWCARD)*

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|
| <p>How much time do you usually spend sitting or reclining on a typical day?</p> <p><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></p> | <p>Hours : minutes    <input type="text"/> : <input type="text"/></p> <p>hrs                      mins</p> | P16<br>(a-b) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|

**CORE: History of Raised Blood Pressure**

| Question                                                                                                                                                                                                                                                                       | Response                                           | Code |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------|
| <p>Have you ever had your blood pressure measured by a doctor or other health worker?</p> <p><i>Ask the participant to only consider measurements done by a doctor or other health worker.</i></p>                                                                             | <p>Yes 1</p> <p>No 2    <i>If No, go to H6</i></p> | H1   |
| <p>Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?</p> <p><i>Select the appropriate response.</i></p>                                                                                                          | <p>Yes 1</p> <p>No 2    <i>If No, go to H6</i></p> | H2a  |
| <p>Were you first told in the past 12 months?</p> <p><i>Only for those that have previously been diagnosed with raised blood pressure.</i></p>                                                                                                                                 | <p>Yes 1</p> <p>No 2</p>                           | H2b  |
| <p>In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?</p> <p><i>Ask the participant to only consider drugs for raised blood pressure prescribed by a doctor or other health worker.</i></p> | <p>Yes 1</p> <p>No 2</p>                           | H3   |
| <p>Have you ever seen a traditional healer for raised blood pressure or hypertension?</p> <p><i>Select the appropriate response.</i></p>                                                                                                                                       | <p>Yes 1</p> <p>No 2</p>                           | H4   |
| <p>Are you currently taking any herbal or traditional remedy for your raised blood pressure?</p> <p><i>Select the appropriate response.</i></p>                                                                                                                                | <p>Yes 1</p> <p>No 2</p>                           | H5   |

**CORE: History of Diabetes**

|                                                                                                                                                                                                 |                                                     |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----|
| <p>Have you ever had your blood sugar measured by a doctor or other health worker?</p> <p><i>Ask the participant to only consider measurements done by a doctor or other health worker.</i></p> | <p>Yes 1</p> <p>No 2    <i>If No, go to H12</i></p> | H6  |
| <p>Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?</p> <p><i>Select the appropriate response.</i></p>                                  | <p>Yes 1</p> <p>No 2    <i>If No, go to H12</i></p> | H7a |
| <p>Were you first told in the past 12 months?</p>                                                                                                                                               | <p>Yes 1</p>                                        | H7b |



|                                                                                                                                                                                                                                           |               |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|
| 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?<br><i>Ask the participant to only consider drugs for diabetes prescribed by a doctor or other health worker.</i> | Yes 1<br>No 2 | H8  |
| Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?<br><i>Ask the participant to only consider insulin that was prescribed by a doctor or other health worker.</i>                               | Yes 1<br>No 2 | H9  |
| Have you ever seen a traditional healer for diabetes or raised blood sugar?<br><i>Select the appropriate response.</i>                                                                                                                    | Yes 1<br>No 2 | H10 |
| Are you currently taking any herbal or traditional remedy for your diabetes?<br><i>Select the appropriate response.</i>                                                                                                                   | Yes 1<br>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?<br><i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>                                                                    | Yes 1<br>No 2 <i>If No, go to H17</i> | H12  |
| Have you ever been told by a doctor or other health worker that you have raised cholesterol?<br><i>Select the appropriate response.</i>                                                                                                                                            | Yes 1<br>No 2 <i>If No, go to H17</i> | H13a |
| Were you first told in the past 12 months?<br><i>Only for those that have previously been diagnosed with raised total cholesterol.</i>                                                                                                                                             | Yes 1<br>No 2                         | H13b |
| In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?<br><i>Ask the participant to only consider drugs for raised total cholesterol prescribed by a doctor or other health worker.</i> | Yes 1<br>No 2                         | H14  |
| Have you ever seen a traditional healer for raised cholesterol?<br><i>Select the appropriate response.</i>                                                                                                                                                                         | Yes 1<br>No 2                         | H15  |
| Are you currently taking any herbal or traditional remedy for your raised cholesterol?<br><i>Select the appropriate response.</i>                                                                                                                                                  | Yes 1<br>No 2                         | H16  |

### CORE: History of Cardiovascular Diseases

|                                                                                                                                                                                                       |               |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|
| Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?<br><i>Select the appropriate response.</i>                             | Yes 1<br>No 2 | H17 |
| Are you currently taking aspirin regularly to prevent or treat heart disease?<br><i>"Regularly" means on a daily or almost daily basis.</i>                                                           | Yes 1<br>No 2 | H18 |
| Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?<br><i>"Regularly" means on a daily or almost daily basis.</i> | Yes 1<br>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<br>No 2 <i>If No and C1=1, go to M1<br/>If No and C1=2, go to CX1</i> | H20  |
| During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following?<br>(RECORD FOR EACH)<br><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<br>No 2                                                               | H20a |
| Reduce salt in your diet                                                                                                                                                                                                                                                           | Yes 1<br>No 2                                                               | H20b |
| Eat at least five servings of fruit and/or vegetables each day                                                                                                                                                                                                                     | Yes 1<br>No 2                                                               | H20c |
| Reduce fat in your diet                                                                                                                                                                                                                                                            | Yes 1<br>No 2                                                               | H20d |
| Start or do more physical activity                                                                                                                                                                                                                                                 | Yes 1<br>No 2                                                               | H20e |
| Maintain a healthy body weight or lose weight                                                                                                                                                                                                                                      | Yes 1<br>No 2                                                               | H20f |
| Reduce sugary beverages in your diet                                                                                                                                                                                                                                               | Yes 1 <i>If C1=1 go to M1</i><br>No 2 <i>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?<br><i>Select the appropriate response.</i> | Yes 1<br>No 2<br>Don't know 77 | CX1 |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----|



## Step 2 Physical Measurements

### CORE: Blood Pressure

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

### CORE: Height and Weight

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

### CORE: Waist

|                                                                                                               |                                          |     |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|
| Device ID for waist<br><i>Record device ID.</i>                                                               | <input type="text"/>                     | M13 |
| Waist circumference<br><i>Record participant's waist circumference in centimetres with one decimal point.</i> | in Centimetres (cm) <input type="text"/> | M14 |



**EXPANDED: Hip Circumference and Heart Rate**

|                                                                                                           |                                                                                                                                                   |      |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Hip circumference<br><i>Record participant's hip circumference in centimetres with one decimal point.</i> | in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | M15  |
| Heart Rate<br><i>Record the three heart rate readings.</i>                                                |                                                                                                                                                   |      |
| Reading 1                                                                                                 | Beats per minute <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                              | M16a |
| Reading 2                                                                                                 | Beats per minute <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                              | M16b |
| Reading 3                                                                                                 | Beats per minute <input type="text"/> <input type="text"/> <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?<br><i>It is essential that the participant has fasted.</i>                                            | Yes 1<br>No 2                                                                                                                                                                           | B1   |
| Technician ID<br><i>Record ID of the person taking the measurement.</i>                                                                                                                 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                     | B2   |
| Device ID<br><i>Record device ID.</i>                                                                                                                                                   | <input type="text"/> <input type="text"/>                                                                                                                                               | B3   |
| Time of day blood specimen taken (24 hour clock)<br><i>Enter time measurement started.</i>                                                                                              | Hours : minutes <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/><br>hrs mins                                                                       | B4   |
| Fasting blood glucose<br>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]<br><i>Double check that the participant has fasted.</i>                                                                  | mmol/l <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | B5   |
| Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?<br><i>Select appropriate response.</i> | Yes 1<br>No 2                                                                                                                                                                           | B6   |

**CORE: Blood Lipids**

|                                                                                                                                                                                       |                                                                                                                                                                                         |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Device ID<br><i>Record device ID.</i>                                                                                                                                                 | <input type="text"/> <input type="text"/>                                                                                                                                               | B7 |
| Total cholesterol<br>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]<br><i>Record value for total cholesterol.</i>                                                                              | mmol/l <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | B8 |
| During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?<br><i>Select appropriate response.</i> | Yes 1<br>No 2                                                                                                                                                                           | B9 |

**CORE: Urinary sodium and creatinine**

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



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|                                                                                                                                |                                                                         |     |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----|
| Device ID<br><i>Record device ID.</i>                                                                                          | <input type="text"/>                                                    | B12 |
| Time of day urine sample taken (24 hour clock)<br><i>Record time of day urine sample taken as reported by the participant.</i> | Hours : minutes <input type="text"/> : <input type="text"/><br>hrs mins | B13 |
| Urinary sodium<br><i>Record value for urinary sodium.</i>                                                                      | mmol/l <input type="text"/> . <input type="text"/>                      | B14 |
| Urinary creatinine<br><i>Record value for urinary creatinine.</i>                                                              | mmol/l <input type="text"/> . <input type="text"/>                      | B15 |

**EXPANDED: Triglycerides and HDL Cholesterol**

|                                                                                                      |                                                    |     |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----|
| Triglycerides<br>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]<br><i>Record value for triglycerides.</i>     | mmol/l <input type="text"/> . <input type="text"/> | B16 |
|                                                                                                      | mg/dl <input type="text"/> . <input type="text"/>  |     |
| HDL Cholesterol<br>[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]<br><i>Record value for HDL cholesterol.</i> | mmol/l <input type="text"/> . <input type="text"/> | B17 |
|                                                                                                      | mg/dl <input type="text"/> . <input type="text"/>  |     |

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



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|                                                                                                              |                                                      |                                   |          |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|----------|
|                                                                                                              | 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)                                      | <input type="text"/>              | MH6other |
| 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<br>No 2<br>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<br>No 2 <i>If No and MH1=2, go to next module</i><br>Refused 88 | MH2  |
| Please tell me when in the last 12 months you experienced the <u>worst</u> 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<br>No 2                                                         | MH4  |



|                                                                                                                                                                                                                                                                                                                                                    |                                    |    |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----|-----------|
| 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? | Refused                            | 88 |           |
| 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?                                                                                                                                                                                     | Yes                                | 1  | Go to MH7 |
|                                                                                                                                                                                                                                                                                                                                                    | No                                 | 2  |           |
|                                                                                                                                                                                                                                                                                                                                                    | Refused                            | 88 | MH5       |
| 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?                                                                                                                                                                                                       | Yes                                | 1  |           |
|                                                                                                                                                                                                                                                                                                                                                    | No                                 | 2  |           |
|                                                                                                                                                                                                                                                                                                                                                    | Refused                            | 88 | MH6       |
| 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?                                                                                                                                                                               | Yes                                | 1  |           |
|                                                                                                                                                                                                                                                                                                                                                    | No                                 | 2  |           |
|                                                                                                                                                                                                                                                                                                                                                    | Refused                            | 88 | MH7       |
| The next question can be a sensitive question.<br>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?                                                                                                                                                  | Yes                                | 1  |           |
|                                                                                                                                                                                                                                                                                                                                                    | No                                 | 2  |           |
|                                                                                                                                                                                                                                                                                                                                                    | Refused                            | 88 | MH8       |
| 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?                                                                                                                                                        | Yes                                | 1  |           |
|                                                                                                                                                                                                                                                                                                                                                    | No                                 | 2  |           |
|                                                                                                                                                                                                                                                                                                                                                    | Refused                            | 88 | MH9       |
| 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?                                                                                                                                          | Yes                                | 1  |           |
|                                                                                                                                                                                                                                                                                                                                                    | No                                 | 2  |           |
|                                                                                                                                                                                                                                                                                                                                                    | Refused                            | 88 | MH10      |
| 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?                                                                                                                           | Yes                                | 1  |           |
|                                                                                                                                                                                                                                                                                                                                                    | No                                 | 2  |           |
|                                                                                                                                                                                                                                                                                                                                                    | Refused                            | 88 | MH11      |
| 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?                                                                                                                 | Yes                                | 1  |           |
|                                                                                                                                                                                                                                                                                                                                                    | No                                 | 2  |           |
|                                                                                                                                                                                                                                                                                                                                                    | Refused                            | 88 | MH12      |
| 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                                                                                                                                                                                       |                                    |    |           |
|                                                                                                                                                                                                                                                                                                                                                    | Yes, some difficulty in daily life | 1  | MH13      |



Country/Unit Name

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <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>Yes, considerable difficulty in multiple aspects of daily life 2</p> <p>Yes, serious difficulty continuing to function in most aspects of daily life 3</p> <p>No 4 <i>Go to next module</i></p> <p>Refused 88</p> |      |
| <b>Treatment coverage</b>                                                                                                                                                                                                |                                                                                                                                                                                                                      |      |
| <p>In the past 12 months, have you taken <b>anti-depressant medication</b> prescribed by a doctor or other health worker?</p>                                                                                            | <p>Yes, for less than 3 months 1</p> <p>Yes, for 3 months or more 2</p> <p>No 3</p> <p>Refused 88</p>                                                                                                                | MH14 |
| <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>Yes: 1 to 3 sessions 1</p> <p>Yes, 4 sessions or more 2</p> <p>No 3</p> <p>Refused 88</p>                                                                                                                         | MH15 |