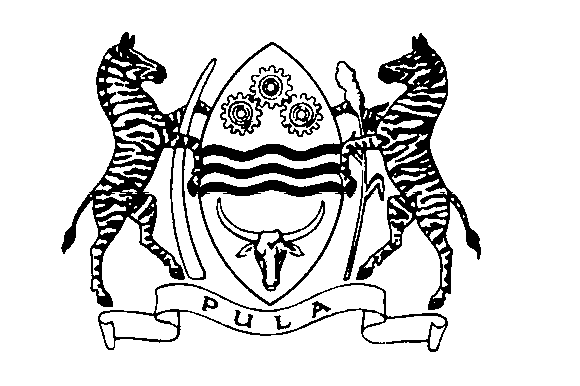
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**Republic of Botswana**

**STEPS Instrument**

**For Non-Communicable Diseases**

**Risk Factors Survey**





Republic of Botswana

Republic of Botswana



Chronic Disease   
Risk Factor Surveillance

Botswana

|  |
| --- |
| **Survey Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| Location and Date | | Response | Code |
| 1. 1 | District name (code) | └─┴─┴─┘ | I1 |
| 1. 2 | Village name (code) |  | I2 |
| 1. 3 | Locality |  | X1 |
| 1. 4 | Enumeration Area |  | X2 |
| 1. 5 | Plot number/House number |  | X3 |
| 1. 6 | Interviewer ID | └─┴─┴─┘ | I3 |
| 1. 8 | Date of completion of the Instrument | └─┴─┘ └─┴─┘ └─┴─┴─┴─┘  dd mm year | I4 |

*✁*

*✁*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant Id Number**  **└─┴─┴─┘└─┴─┴─┘└─┴─┴─┘** | | | | |
| Consent, Interview Language and Name | | Response | | Code |
| 9 | Consent has been read and obtained | Yes | 1 | I5 |
| No | 2 **If NO, END** |
| 10 | Interview Language | English | 1 | I6 |
| Setswana | 2 |
| Others | 3 |
| 11 | Time of interview (24 hour clock) | └─┴─┘: └─┴─┘  hrs mins | | I7 |
| 12 | Family Surname |  | | I8 |
| 13 | First Name |  | | I9 |
| **Additional Information that may be helpful** | | | | |
| 14 | Contact phone number where possible |  | | I10 |

Record and file identification information (I 5 to I 10) separately from the completed questionnaire.

|  |  |  |  |  |  |  |
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| **Step 1 a. Demographic Information** | | | | | | |
| **CORE: Demographic Information** | | | | | | |
| **Question** | | | **Response** | | **Code** | |
| 15 | | Sex (*Record Male / Female as observed)* | Male 1 | Female 2 | C1 | |
| 16 | | What is your date of birth?  *Don't Know 77 777 7777* | └─┴─┘ └─┴─┘ └─┴─┴─┴─┘ *If known, Go to C4*  dd mm year | | C2 | |
| 17 | | How old are you? | Years | └─┴─┘ | C3 | |
| 18 | | In total, how many years have you spent at school or in full-time study (excluding pre-school)? | Years | └─┴─┘ | C4 | |
| **EXPANDED: Demographic Information** | | | | | |
| 19 | What is the **highest level of education** you have completed? | | No formal schooling | 1 | C5 |
| Less than primary school | 2 |
| Primary school completed | 3 |
| Jnr. Secondary school completed | **4** |
| Snr. Secondary school completed | **5** |
| High school completed | 6 |
| Tertiary school completed | **7** |
| College/University completed | 8 |
| Post graduate degree | 9 |
| Refused | 88 |
|  |  |
| 20 | What is your *(ethnic / racial group / cultural subgroup / others* Nationality*]* background? | | Motswana | 1 | C6 |
| Other African | 2 |
| European | 3 |
| Asian | 4 |
| Others | 5 |
| Refused | 88 |
| 21 | What is your current **marital status**? | | Never married | 1 | C7 |
| married | 2 |
| Separated | 3 |
| Divorced | 4 |
| Widowed | 5 |
| Not married but Living with partner/cohabit | 6 |
| Refused | 88 |
| 22 | Which of the following best describes your **main** **work** status over the past 12 months? | | Government employee | 1 | C8 |
| Parastatal | **2** |
| Non-government employee | 3 |
| Self-employed | 4 |
| Non-paid/unpaid family helper | 5 |
| Student | 6 |
| Homemaker/house work | 7 |
| Retired | 8 |
| Unemployed (able to work) | 9 |
| Unemployed (unable to work) | 10 |
| Refused | 88 |
| 23 | How many people older than 15 years, including yourself, live in your household? | | Number of people | └─┴─┘ | C9 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EXPANDED: Demographic Information,** Continued | | | | | |
| **Question** | | **Response** | | | **Code** |
| 24 | Taking **the past year**, can you tell me what the average earnings of the household have been in Pula?  *(RECORD ONLY ONE, NOT ALL 3)* | Per week | └─┴─┴─┴─┴─┴─┴─┘ *Go to T1* | | C10a |
| OR per month | └─┴─┴─┴─┴─┴─┴─┘  *Go to T1* | | C10b |
| OR per year | └─┴─┴─┴─┴─┴─┴─┘ *Go to T1* | | C10c |
| Refused | 88 | | C10d |
| 25 | If you don’t know the amount, can you give an **estimate** of the annual household income if I read some options to you? Is it  *(READ OPTIONS)* | <5,000 Pula | | 1 | C11 |
| 5,000 – 9,999 | | 2 |
| 10,000 – 14,999 | | 3 |
| 15,000 – 19,999 | | 4 |
| ≥ 20,000 | | 5 |
| Don't Know | | 77 |
| Refused | | 88 |

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| **Step 1 b. Behavioural Measurements** | | | | | | | | | | |
| **CORE: Awareness on Tobacco & Use** | | | | | | | | | | |
| Now I am going to ask you some questions about tobacco | | | | | | | | | | |
| **Question** | | | | **Response** | | | | | **Code** | |
| 26 | | | Do you **currently** smoke any **tobacco** products, such as cigarettes, cigars or pipes?  *(USE SHOWCARD)* | Yes | | 1 | | | T1 | |
| No | | 2 *If No, go to T8* | | |
| 27 | | | Do you currently smoke tobacco products **daily**? | Yes | | 1 | | | T2 | |
| No | | 2 | | |
| 28 | | | How old were you when you **first started** smoking? | Age (years) | | **└─┴─┘** *If Known, go to T5a/T5aw* | | | T3 | |
| Don’t know 77 | |
| 29 | | | Do you remember how long ago it was?  *(RECORD ONLY 1, NOT ALL 3)*  *Don’t know 77* | In Years | | **└─┴─┘** *If Known, go to T5a/T5aw* | | | T4a | |
| OR in Months | | **└─┴─┘** *If Known, go to T5a/T5aw* | | | T4b | |
| OR in Weeks | | **└─┴─┘** | | | T4c | |
| 30 | On average, **how many** of the following products do you smoke **each day/week?**  *(IF LESS THAN DAILY, RECORD WEEKLY)*  *(RECORD FOR EACH TYPE, USE SHOWCARD)*  *Don’t Know 7777* | | | **Tobacco products** | | **DAILY** | **WEEKLY** | |  | |
| Manufactured cigarettes | | └─┴─┴─┴**─┘** | └─┴─┴─┴**─┘** | | T5a/T5aw | |
| Hand-rolled cigarettes | | └─┴─┴─┴**─┘** | └─┴─┴─┴**─┘** | | T5b/T5bw | |
| Pipes full of tobacco | | └─┴─┴─┴**─┘** | └─┴─┴─┴**─┘** | | T5c/T5cw | |
| Cigars, cheroots, cigarillos | | └─┴─┴─┴**─┘** | └─┴─┴─┴**─┘** | | T5d/T5dw | |
| Number of Shisha Sessions | | └─┴─┴─┴**─┘** | └─┴─┴─┴**─┘** | | T5e/T5ew | |
|  | |  |  | |  | |
| Other | | └─┴─┴─┴**─┘** | └─┴─┴─┴**─┘** | | T5f/T5fw | |
|  | | |
| Other (please specify): | | └─┴─┴─┴─┴─┴─┘ | | | T5other/  T5otherw | |
| 31 | During the past 12 months, have you tried to **stop smoking**? | | | Yes | | 1 | | | T6 | |
| No | | 2 | | |
| 32 | During any visit to a doctor or other health worker in the past 12 months, were you **advised** to quit smoking tobacco? | | | Yes | | 1 *If T2=Yes, go to T12; if T2=No, go* *to T9* | | | T7 | |
| No | | 2 *If T2=Yes, go to T12; if T2=No, go to T9* | | |
| No visit during the past 12 months | | 3 *If T2=Yes, go to T12; if T2=No, go to T9* | | |
| 33 | In the past, did you **ever** **smoke** any tobacco products?  *(USE SHOWCARD)* | | | Yes | | 1 | | | T8 | |
| No | | 2 *If No, go to T12* | | |
| 34 | In the past, did you **ever** smoke **daily**? | | | Yes | | 1 *If T1=Yes, go to T12, else go to T10* | | | T9 | |
| No | | 2 *If T1=Yes, go to T12, else go to T10* | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXPANDED: Tobacco Use** | | | | | | | | | |
| **Question** | | | **Response** | | | | | | **Code** |
| 35 | How old were you when you **stopped** smoking? | | Age (years) | | | **└─┴─┘** *If Known, go to T12* | | | T10 |
| Don’t Know 77 | | |
| 36 | How **long ago** did you stop smoking?  *(RECORD ONLY 1, NOT ALL 3)*  *Don’t Know 77* | | Years ago | | | **└─┴─┘** *If Known, go to T12* | | | T11a |
| OR Months ago | | | **└─┴─┘** *If Known, go to T12* | | | T11b |
| OR Weeks ago | | | **└─┴─┘** | | | T11c |
| 37 | Do you **currently use** any **smokeless tobacco** products such as *[snuff, chewing tobacco, betel]*? *(USE SHOWCARD)* | | Yes | | | 1 | | | T12 |
| No | | | 1. *If No, go to T15* | | |
| 38 | Do you **currently use** **smokeless tobacco** products **daily?** | | Yes | | | 1 | | | T13 |
| No | | | 2 *If No, go to T15* | | |
| 39 | | On average, how many **times a day/week** do you use ….  *(IF LESS THAN DAILY, RECORD WEEKLY)*  *(RECORD FOR EACH TYPE, and USE SHOWCARD)*  *Don’t Know 7777* | **Smokeless Tobacco** | | **DAILY** | | **WEEKLY** |  | |
| Snuff, by mouth | | └─┴─┴─┴**─┘** | | └─┴─┴─┴**─┘** | T14a/T14aw | |
| Snuff, by nose | | └─┴─┴─┴**─┘** | | └─┴─┴─┴**─┘** | T14b/T14bw | |
| Chewing tobacco | | └─┴─┴─┴**─┘** | | └─┴─┴─┴**─┘** | T14c/T14cw | |
| Betel, quid | | └─┴─┴─┴**─┘** | | └─┴─┴─┴**─┘** | T14d/T14dw | |
| Other | | └─┴─┴─┴ | | └─┴─┴─┴**─┘** | T14e/T14ew | |
|  | | |
| Other (please specify): | | └─┴─┴─┴─┴─┴─┘  *If T13=No, go to, else go toT15* | | | T14other/  T14otherw | |
| 40 | | In the **past**, did you **ever use** smokeless tobacco products such as *[snuff, chewing tobacco, or betel]*? |  | | 1 | | | T15 | |
| No | | 1. *If No, go to T17* | | |
| 41 | | In the **past**, did you **ever use** smokeless tobacco products such as *[snuff, chewing tobacco, or betel]* **daily**? | Yes | | 1 | | | T16 | |
| No | | 2 *If No, go to T17* | | |
| 42 | | During the past 30 days, on how many days did someone **in your home** smoked when you were present? | Number of days  Don't know | **└─┴─┘**  77 | | | | T17 | |
| 4343434348 | | During the past 7 days, on how many days did someone smoked in closed areas **in your workplace** (in the building, in a work area or a specific office) when you were present? | Number of days    Don't know or don't work in a closed area | **└─┴─┘**  77  If none go to X11 | | | | T18 | |
| 44 | | What is the **main reason** that you use tobacco products (smoking, or smokeless)  (SELECT ONLY 1) | Unable to stop / habit  Sign of prestige | 1  2 | | | | **X4** | |
| Relieves stress, relaxation | 3 | | | |
| Seen from parents, neighbours, friends  Peer pressure | 4  5 | | | |
| Recreational, gives pleasure | 6 | | | |
| Advertising/Promotion | 7 | | | |
| To socialize | 8 | | | |
| Other reasons | 9 specify: | | | |

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| 45 | | | During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? *(RECORD FOR EACH)* | | | | | | |
| Newspapers or magazines | Yes | | 1 | | TP1a | |
| No | | 2 | |
| Don't know | | 77 | |
| Television | Yes | | 1 | | TP1b | |
| No | | 2 | |
| Don't know | | 77 | |
| Radio | Yes | | 1 | | TP1c | |
| No | | 2 | |
| Don't know | | 77 | |
| 46 | | | During the past 30 days, have you noticed any **advertisements** or **signs** promoting cigarettes in stores where cigarettes are sold? | Yes | | 1 | | TP2 | |
| No | | 2 | |
| Don't know | | 77 | |
| 47 | | | During the past 30 days, have you noticed any of the following types of cigarettepromotions? *(RECORD FOR EACH)* |  | | | |  | |
| Free samples of cigarettes | Yes  No  Don't know | | 1  2  77 | | TP3a | |
| Cigarettes at sale prices | Yes | | 1  2  77 | | TP3b | |
| No | |
| Don't know | |
| Coupons for cigarettes | Yes  No  Don't know | | 1  2  77 | | TP3c | |
| Free gifts or special discount offers on other products when buying cigarettes | Yes | | 1 | | TP3d | |
| No | | 2 | |
| Don't know | | 77 | |
| Clothing or other items with a cigarette brand name or logo | Yes | | 1 | | TP3e | |
| No | | 2 | |
| Don't know | | 77 | |
| Cigarette promotions in the mail | Yes | | 1 | | TP3f | |
| No | | 2 | |
| Don't know | | 77 | |
| 48 | During the past 30 days, did you notice any **health warnings on cigarette packages**? | | | Yes  No  Did not see any cigarette packages  Don't know | | 1  2  3 *If "did not see any cigarette packages", go to TP6*  77 | | TP4 | |
| 49 | During the past 30 days, have warning labels on cigarette packages led you to **think about quitting**? | | | Yes  No  Don't know | | 1  2  77 | | TP5 | |

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| 50 | The last time you bought manufactured cigarettes for yourself, **how many cigarettes** did you buy in total? | Number of cigarettes  Don't know or Don't smoke or purchase manuf. cigarettes | └─┴─┴─┴─┴─┴─┘  7777 | TP6 |
| 51 | In total, **how much money** did you pay for this purchase?  *(DIGITS TO BE ADAPTED TO COUNTRY NEEDS)* | Amount  Don't know  Refused | └─┴─┴─┴─┴  7777  8888 | TP7 |

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| **EXPANDED - Exposure to other FUMES** | | | |
| 52a During the past 12 months, what source of **energy was used for cooking** by this household?  *(RECORD FOR EACH)* | | | |
| Paraffin | Yes | 1 | X5a |
| No | 2 |
| Wood | Yes | 1 | X5b |
| No | 2 |
| Coal, charcoal | Yes | 1 | X5c |
| No | 2 |
| Gas / bio-gas | Yes | 1 | X5d |
| No | 2 |
| Solar power | Yes | 1 | X5e |
| No | 2 |
| Electricity | Yes | 1 | X5f |
| No | 2 |

|  |  |  |  |
| --- | --- | --- | --- |
| 52b During the past 12 months, what source of **energy was used for** **heating** by this household?  *(RECORD FOR EACH)* | |  |  |
| Paraffin | Yes | 1 | X6a |
| No | 2 |
| Wood | Yes | 1 | X6b |
| No | 2 |
| Coal, charcoal | Yes | 1 | X6c |
| No | 2 |
| Gas / bio-gas | Yes | 1 | X6d |
| No | 2 |
| Solar power | Yes | 1 | X6e |
| No | 2 |
| Electricity | Yes | 1 | X6f |
| No | 2 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CORE: Alcohol Consumption** | | | | | | | | |
| **Question** | | | | **Response** | | | | **Code** |
|  | | Have you **ever** consumed an alcoholic drink such as beer, wine, spirits, chibuku, homemade brews, khadi, mokuru, fermented cider etc.  *(USE SHOWCARD OR SHOW EXAMPLES)* | | Yes  No | 1  2 *If No, go to X14* | | | A1 |
|  | | Have you consumed an alcoholic drink within the **past 12 months**? | | Yes  No | 1  2 *If No, go to X14* | | | A2 |
|  | | Have you **stopped drinking** due to health, such as a negative impact on your health or on the advice of your doctor or other health worker? | | Yes  No | 1 *If Yes, go to A16*  2 *If No, go to A16* | | | A3 |
|  | | During the past 12 months, **how frequently** have you had at least one alcoholic drink?  *(READ RESPONSES, USE SHOWCARD)* | | Daily  5-6 days per week  3-4 days per week  1-2 days per week  1-3 days per month  Less than once a month | 1  2  3  4  5  6 | | | A4 |
|  | | Have you consumed an alcoholic drink within the **past 30 days**? | | Yes  No | 1  2 | | | A5 |
|  | | During the past 30 days, on how many **occasions** did you have at least one alcoholic drink? | | Number  Don't know 77 | └─┴─┘ | | | A6 |
|  | | During the past 30 days, when you drank alcohol, **how many standard** **alcoholic** **drinks** on average did you have during one drinking occasion?  *(USE SHOWCARD)* | | Number  Don't know 77 | └─┴─┘ | | | A7 |
|  | | During the past 30 days, what was the **largest number** of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together? | | Largest number  Don't Know 77 | └─┴─┘ | | | A8 |
|  | | During the past 30 days, how many times did you have **6 or more standard alcoholic drinks** in a single drinking occasion? | | Number of times Don't Know 77 | └─┴─┘ | | | A9 |
|  | | During each of the **past 7 days**, how many standard drinks did you have each day?  *(USE SHOWCARD)*  *Don't Know 77* | Monday | | └─┴─┘ | | A10a | |
| Tuesday | | └─┴─┘ | | A10b | |
| Wednesday | | └─┴─┘ | | A10c | |
| Thursday | | └─┴─┘ | | A10d | |
| Friday | | └─┴─┘ | | A10e | |
| Saturday | | └─┴─┘ | | A10f | |
| Sunday | | └─┴─┘ | | A10g | |
| I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions. | | | | | | | | |
|  | During the past 7 days, did you consume any **homebrewed alcohol;** any alcohol brought over the border/from another country.  *[****AMEND ACCORDING TO LOCAL CONTEXT] (USE*** *SHOWCARD)* | | Yes | | | 1 | A11 | |
| No | | | 2 *If No, go to A13* |
|  | On average, **how many standard drinks** of the following did you consume during **the past 7 days**?  *[INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD)*  *Don't Know 77* | | Homebrewed spirits, | | | **└─┴─┘** | A12a | |
| Homebrewed or Morula beer | | | **└─┴─┘** | A12b | |
| Alcohol brought over the border/from another country | | | **└─┴─┘** | A12c | |
| Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves | | | **└─┴─┘** | A12d | |
| Other untaxed alcohol in the country | | | **└─┴─┘** | A12e | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPANDED: Alcohol Consumption** | | | | |
|  | During the **past 12 months,** how often have you found that you were **not able to stop drinking** once you had started? | Daily or almost daily  Weekly  Monthly  Less than monthly  Never | 1  2  3  4  5 | A13 |
|  | During the **past 12 months,** how often have you **failed to do** what was normally expected from you because of drinking? | Daily or almost daily  Weekly  Monthly  Less than monthly  Never | 1  2  3  4  5 | A14 |
|  | During the **past 12 months,** how often have you needed a **first drink in the morning** to get yourself going after a heavy drinking session? | Daily or almost daily  Weekly  Monthly  Less than monthly  Never | 1  2  3  4  5 | A15 |
|  | During the **past 12 months**, have you had family problems or a problem with your partner due to someone else’s drinking? | Yes, more than monthly  Yes, monthly  Yes, several times but less than monthly  Yes, once or twice  No | 1  2  3  4  5 | A16 |
|  | What is your **main** **reasons** for drinking alcohol?  (SELECT ONLY 1) | Unable to stop / habit  Sign of prestige | 1  2 | **X7** |
| Relieves stress, relaxation | 3 |
| Seen from parents, neighbours, friends /  Peer pressure | 4  5 |
| Recreational, gives pleasure | 6 |
| Advertising / Promotion | 7 |
| To socialize | 8 |
| Other reasons | 9 specify: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
|  | Do you eat **fruits** at least once a **week**? | Yes  No | 1  2  If no go to X9 | **X8** |
|  | In a typical week, on how many days do you **eat fruit**?  *(USE SHOWCARD)* | Number of days Don't Know 77 | └─┴─┘ | D1 |
|  | How many **servings** of fruit do you eat on **one** of those days? (*USE SHOWCARD)* | Number of servings  Don't Know 77 | └─┴─┘ | D2 |
|  | What is the **main reason** for **not eating fruits**? | Not available | 1 | **X9** |
| Not affordable/expensive | 2 |
| Gives me discomfort | 3 |
| Seasonal | 4 |
| Others - specify | 5 |
| Don’t know/No reason | 77 |
|  | Do you eat **vegetables** at least once a **week**? | Yes  No | 1  2 If no go to X11 | **X10** |
|  | In a typical week, on how many days do you **eat vegetables**? *(USE SHOWCARD)* | Number of days Don't Know 77 | └─┴─┘ If Zero days, go to D5 | D3 |
|  | How many **servings** of vegetables do you eat on one of those days? *(USE SHOWCARD)* | Number of servings  Don’t know 77 | └─┴─┘ | D4 |
|  | What is the **main reason** for **not eating vegetables**? | Not available | 1 | **X11** |
| Not affordable/expensive | 2 |
| Gives me discomfort | 3 |
| Others - specify | 4 |
| Don’t know/No reason | 77 |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EXPANDED: Diet** | | | | | | | |
|  | | What type of **oil or fat is most often** used for meal preparation in your household?  *(USE SHOWCARD)*  *(SELECT ONLY ONE* | | Vegetable oil | 1 | D5 | |
| Lard or suet | 2 |
| Butter or ghee | 3 |
| Margarine | 4 |
| Other | 5 |
| None in particular | 6 |
| None used | 7 |
| Don’t know | 77 |
| Specify the type of oil/fat | └─┴─┴─┴─┴─┴─┴─┘ | D5other | |
|  | | On average, how many meals per week do you eat that were not prepared at your home  **Note**: Meal means **breakfast**, **lunch** or **dinner**. | | Number  Don’t know 77 | └─┴─┘ | D6 | |
|  | | **During the past 7 days, on average, how many of the following drinks did you consume per day?**  \***1 standard drink is roughly equivalent to 340 ml** of sugar based fluid in a can, bottle or glass)  **RECORD FOR EACH** | 100% fruit juice | 🞏🞏 | **X12a-f** | |
| Fruit nectar  Fizzy or soft drink | 🞏🞏  🞏🞏 |
| Regular soda or pop | 🞏🞏 |
| Diet pop/Diet soda | 🞏🞏 |
| Regular sports drinks/Energy drinks  Don’t know | 🞏🞏    77 |
|  |  |
|  | | **During the past 7 days, on average, how many** cups/mugs of hot drinks(milk, coffee, tea)  **did you consume with 0 tea spoons, 1-3 tea spoons, or 4+ tea spoons of sugar per day?**  RECORD FOR EACH  (1 CUP/MUG is ≠ 150-200ml capacity) | 0 tsp | 🞏🞏 | **X13** | |
| 1-3tsp  4+tsp | 🞏🞏  🞏🞏 |
|  | | How often is **salt or salty sauce**  added to your daily meal right before you eat or as you are eating | Always  Often  Sometimes  Rarely  Never  Don’t know | 1  2  3  4  5  77 | | **DS1** |
|  | | How often is **salt added** in cooking or preparing foods in your household? | Always  Often  Sometimes  Rarely  Never  Don't know | 1  2  3  4  5  77 | | **DS2** |
|  | | Do you think that **lowering salt** in your diet is important? | Yes very important  Yes somewhat important  Not at all important  Don't know | 1  2  3  77 | | **DS5** |
|  | | Do you think that too much salt in your diet could cause a serious **health problem**? | Yes  No  Don't know | 1  2  77 | | **DS6** |

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| **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. | | | | |
| **Question** | | **Response** | | **Code** |
| **Work** | | | | |
|  | Does your work involve **vigorous-intensity activity** that causes large increases in breathing or heart rate like *[carrying or lifting* *heavy loads, digging or construction work]*  for at least 10 minutes continuously?  *[INSERT EXAMPLES] (USE SHOWCARD)* | Yes | 1 | P1 |
| No | 2  *If No, go to P 4* |
|  | In a typical week, on how many days do you do vigorous-intensity activities as part of your work? | Number of days | └─┘ | P2 |
|  | How much time do you spend doing vigorous-intensity activities at work on a typical day? | Hours : minutes | └─┴─┘: └─┴─┘  hrs mins | P3 (a-b) |
|  | Does your work involve **moderate-intensity activity**, that causes small increases in breathing or heart rate such as brisk walking *[or carrying light loads]* for at least 10 minutes continuously?  *[INSERT EXAMPLES] (USE SHOWCARD)* | Yes | 1 | P4 |
| No | 2 *If No, go to P 7* |
|  | In a typical week, on how many days do you do moderate-intensity activities as part of your work? | Number of days | └─┘ | P5 |
|  | How much time do you spend doing moderate-intensity activities at work on a typical day? | Hours : minutes | └─┴─┘: └─┴─┘  hrs mins | P6 (a-b) |

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| **Travel to and from places** | | | | | | | |
| The next questions exclude the physical activities at work that you have already mentioned.  Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. *[Insert other examples if needed]* | | | | | | | |
|  | Do you **walk or use a bicycle** *(pedal cycle)* for at least 10 minutes continuously to get to and from places? | Yes | | 1 | | P7 | |
| No | | 2  *If No, go to P 10* | |
|  | In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places? | Number of days | | └─┘ | | P8 | |
|  | How much time do you spend walking or bicycling for travel on a typical day? | 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]*. | | | | | | | |
|  | 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]*  for at least 10 minutes continuously?  *[INSERT EXAMPLES] (USE SHOWCARD)* | Yes | | 1 | | P10 | |
| No | | 2  *If No, go to P 13* | |
|  | In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational *(leisure)* activities? | Number of days | | └─┘ | | P11 | |
|  | How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? | 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, and volleyball]* for at least 10 minutes continuously?  *[INSERT EXAMPLES] (USE SHOWCARD)* | Yes | | 1 | | P13 |
| No | | 2  *If No, go to P16* | |
|  | In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational *(leisure)* activities? | Number of days | | └─┘ | | P14 |
|  | How much time do you spend doing moderate-intensity sports, fitness or recreational *(leisure)* activities on a typical day? | Hours : minutes | | └─┴─┘: └─┴─┘  hrs mins | | P15 (a-b) |
|  | | | | | | |
| **EXPANDED: Physical Activity** | | | | | | |
| **Sedentary behavior** | | | | | | |
| 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)* | | | | | | |
|  | How much time do you usually spend sitting or reclining on a typical day? | | Hours : minutes | | └─┴─┘: └─┴─┘  hrs mins | P16  (a-b) |

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

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

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

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| **CORE: History of Cardiovascular Diseases** | | | | |
|  | Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebro-vascular accident or incident)? | Yes | 1 | H17 |
| No | 2 |
|  | Are you currently taking aspirin regularly to prevent or treat heart disease? | Yes | 1 | H18 |
| No | 2 |
|  | Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease? | Yes | 1 | H19 |
| No | 2 |

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| **CORE: Lifestyle Advice** | | | | |
| During the past three years, has a doctor or any other **health worker advised** you to do any of the following?  *(RECORD FOR EACH)* | | | | |
|  | **Quit using tobacco** or don’t start | Yes  No | 1  2 | H20a |
|  | **Reduce salt** in your diet | Yes  No | 1  2 | H20b |
|  | Eat **at least five servings** of **fruit and/or vegetables** each day | Yes  No | 1  2 | H20c |
|  | **Reduce fat** in your diet | Yes  No | 1  2 | H20d |
|  | Start or do more **physical activity** | Yes  No | 1  2 | H20e |
|  | Maintain a **healthy body weight** or lose weight | Yes  No | 1 if c1=1 go to X15  2 if c1=1 go to X15 | H20f |

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| **CORE Cervical Cancer Screening** | | | | |
|  | Have you ever had a screening test for cervical cancer? | Yes  No  Don’t know | 1  2 go to X15  77 | **CX1** |
| Which screening test was done? | Pap smear  Visual Inspection with Acetic Acid (VIA)  Human Papilloma Virus (HPV) test  Don’t know | 1  2  3  77 | ***X14*** |

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| **EXPANDED: History of Other Chronic Diseases/conditions** | | | | | |
|  | During the past 12 months have you been told by a doctor or other health workers that you have/had or suffered from the following problems/conditions? | Eye/vision Problem( like Cataract retinopathy) | Yes  No | 1  2 | **X15a** |
| Kidney problem | Yes  No | 1  2 | **X15b** |
| Nerves problem | Yes  No | 1  2 | **X15c** |
| Skin problem | Yes  No | 1  2 | **X15d** |
| Bronchial asthma | Yes  No | 1  2 | **X15e** |
| Mental Illness  (Such as depression, loneliness, suicidal attempt, no close friends etc.) | Yes  No | 1  2 | **X15f** |
| cancer | Yes  No | 1  2 | **X15g** |
| Any other conditions  Specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No | 1  2 | **X15h** |
| **132** | During the past 3 years, have you heard or had any information/education on lifestyle modifications? | **Yes**  **No** | 1  2 go to V3 | | **X16** |
| **133** | Through which of the following media have you heard or had information/education on lifestyle modifications?  (TICK ONE OR MORE APPROPRIATELY) | TV  Internet/e-mail  Radio  Newspapers  Friends, neighbours  Public gathering/meeting  Health facilities | Y/N  Y/N Y/N  Y/N  Y/N  Y/N  Y/N | | **X17a-g** |
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| **CORE Injury** | | | | |
| **134** | In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist? | Yes (as driver)  Yes (as passenger)  Yes (as pedestrian)  Yes (as a cyclist)  No  Don’t know  Refused | 1  2  3  4  5  77  88 | **V3** |
| **135** | In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention? | Yes  No  Don't know  Refused | 1  2  77 | ***V5*** |
| **136** | Please **indicate** which of the following the cause of the above injury was. | Fall | 1 | ***V6***  ***V6other*** |
| Sports/ Exercise | 2 |
| Burn | 3 |
| Poisoning | 4 |
| Cut | 5 |
| Near-drowning | 6 |
| Animal bite | 7 |
| Other (please specify) | 8 |
| Don't know | 77 |
| Refused | 88 |
| Specifiy Other |  |

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| **Step 2 Physical Measurements** | | | | |
| **CORE: Height and Weight** | | | | |
| **Question** | | **Response** | | **Code** |
|  | Interviewer ID |  | └─┴─┴─┘ | M9 |
|  | Device IDs for height and weight | Height | └─┴─┘ | M10a |
| Weight | └─┴─┘ | M10b |
|  | Height | in Centimetres (cm) | └─┴─┴─┘. └─┘ | M11 |
|  | Weight  *If too large for scale 666.6* | in Kilograms (kg) | └─┴─┴─┘.└─┘ | M12 |
|  | **For women:** Are you pregnant? | Yes | 1 *If Yes, go to M 8* | M8 |
| No | 2 |
| **CORE: Waist/Hip** | | | | |
|  | Device ID for waist |  | └─┴─┘ | M13 |
|  | Waist circumference | in Centimetres (cm) | └─┴─┴─┘.└─┘ | M14 |
|  | Hip circumference | in Centimeters (cm) | └─┴─┴─┘.└─┘ | M15 |
| **CORE: Blood Pressure/Heart Rate (HR)** | | | | |
|  | Interviewer ID |  | └─┴─┴─┘ | M1 |
|  | Device ID for blood pressure |  | └─┴─┘ | M2 |
|  | Cuff size used | Small | 1 | M3 |
| Medium | 2 |
| Large | 3 |
|  | Reading 1 | Systolic ( mmHg) | └─┴─┴─┘ | M4a |
| Diastolic (mmHg) | └─┴─┴─┘ | M4b |
| (HR) Beats per minute | └─┴─┴─┘ | M16a |
|  | Reading 2 | Systolic ( mmHg) | └─┴─┴─┘ | M5a |
| Diastolic (mmHg) | └─┴─┴─┘ | M5b |
| (HR) Beats per minute | └─┴─┴─┘ | M16b |
|  | Reading 3 | Systolic ( mmHg) | └─┴─┴─┘ | M6a |
| Diastolic (mmHg) | └─┴─┴─┘ | M6b |
| (HR) Beats per minute | └─┴─┴─┘ | M16c |
|  | During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker? | Yes | 1 | M7 |
| No | 2 |

**HR** is an expanded measurement.

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| **Step 3 Biochemical Measurements** | | | | | |
| **CORE: Blood Glucose** | | | | | |
| **Question** | | **Response** | | | **Code** |
|  | During the past 12 hours have you had anything to eat or drink, other than water? | Yes | 1 | | B1 |
| No | 2 | |
|  | Technician ID |  | └─┴─┴─┘ | | B2 |
|  | Device ID |  | └─┴─┘ | | B3 |
|  | Time of day blood specimen taken (24 hour clock) | Hours : minutes | └─┴─┘: └─┴─┘  hrs mins | | B4 |
|  | Fasting blood glucose  *Choose accordingly: mmol/l or mg/dl* | mmol/l | └─┴─┘. └─┴─┘ | | B5 |
| mg/dl | └─┴─┴─┘.└─┘ | |
|  | Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose? | Yes | 1 | | B6 |
| No | 2 | |
| **CORE: Blood Lipids** | | | | | |
|  | Device ID |  | | └─┴─┘ | B7 |
|  | Total cholesterol  *Choose accordingly: mmol/l or mg/dl* | mmol/l | | └─┴─┘. └─┴─┘ | B8 |
| mg/dl | | └─┴─┴─┘.└─┘ |
|  | During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker? | Yes | | 1 | B9 |
| No | | 2 |

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| --- | --- | --- | --- | --- |
| **EXPANDED: Triglycerides, LDL and HDL Cholesterol** | | | | |
|  | Triglycerides  *Choose accordingly: mmol/l or mg/dl* | mmol/l | └─┴─┘. └─┴─┘ | B10 |
| mg/dl | └─┴─┴─┘.└─┘ |
|  | HDL Cholesterol  *Choose accordingly: mmol/l or mg/dl* | mmol/l | └─┘. └─┴─┘ | B11 |
| mg/dl | └─┴─┴─┘.└─┘ |