**WHO STEPS Instrument**

**(MONGOLIA)**



The WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS)

World Health Organization

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*For further information:* [www.who.int/ncds/steps](http://www.who.int/ncds/steps)

STEPS Instrument

#### Overview

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| Introduction | This is the generic STEPS Instrument which countries will use to develop their tailored instrument. It contains the:   * CORE items (unshaded boxes) * EXPANDED items (shaded boxes). |

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| Core Items | The Core items for each section ask questions required to calculate basic variables. For example:   * current daily smokers * mean BMI. |
|  | **Note:** All the core questions should be asked, removing core questions will impact the analysis. |

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| Expanded items | The Expanded items for each section ask more detailed information. Examples include:   * use of smokeless tobacco * sedentary behavior. |

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| Guide to the columns | The table below is a brief guide to each of the columns in the Instrument. |

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| Column | Description | Country Tailoring |
| Question | Each question is to be read to the participants | * Select sections to use. * Add expanded and optional questions as desired. |
| Response | This column lists the available response options which the interviewer will be circling or filling in the text boxes. The skip instructions are shown on the right hand side of the responses and should be carefully followed during interviews. | * Add country-specific responses for demographic responses (e.g. C6). * Change skip question identifiers where necessary. |
| Code | The column is designed to match data from the instrument into the data entry tool, data analysis syntax, data book, and fact sheet. | This should never be changed or removed. The code is used as a general identifier for the data entry and analysis. |

WHO STEPS Instrument

for Non-communicable Disease and injury   
Risk Factor Surveillance

<Mongolia>

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| **Survey Information** |

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| Location and Date | Response | Code |
| Cluster/Village ID number  *Enter Cluster, Centre or Village ID from list provided.* | └─┴─┴─┘ | I1 |
| Cluster/Village name  *Enter Cluster, Centre or Village name as appropriate.* | └─┴─┴─┴─┘ | I2 |
| Interviewer ID number  *Enter interviewer's identification.* | └─┴─┘ | I3 |
| Date of completion of the instrument  *Enter date when instrument actually completed* | └─┴─┘ └─┴─┘ └─┴─┴─┴─┘  dd mm year | I4 |

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| Consent, Interview Language and Name | Response | | Code |
| Consent has been read and obtained  *Select relevant response.* | Yes | 1 | I5 |
| No | 2 **If NO, END** |
| Interview Language  *Select relevant response* | Mongolian | 1 | I6 |
| *Kazak* | 2 |
| *Others* | 3 |
| Time of interview  (24 hour clock)  *Enter time interview started.* | └─┴─┘: └─┴─┘  hrs mins | | I7 |
| Family Surname  *Enter family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).* |  | | I8 |
| First Name  *Enter first name of respondent (reassure the participant on the confidential nature of this information and that this is only needed for follow up).* |  | | I9 |
| **Additional Information that may be helpful** | | | |
| Contact phone number where possible  *Enter phone number (reassure the participant on the confidential nature of this information and that this is only needed for follow up).* |  | | I10 |

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| **Step 1 Demographic Information** |

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| **CORE: Demographic Information** | | | | |
| **Question** | **Response** | | | **Code** |
| Sex (*Record Male / Female as observed)* | Male | | 1 | C1 |
| Female | | 2 |
| What is your date of birth?  *Don't Know 77 77 7777* | └─┴─┘ └─┴─┘ └─┴─┴─┴─┘ *If Known, Go to C4*  dd mm year | | | C2 |
| How old are you? | Years | | └─┴─┘ | C3 |
| In total, how many years have you spent at school and in full-time study (excluding pre-school)? | Years | └─┴─┘ | | C4 |

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| **EXPANDED: Demographic Information** | | | |
| What is the **highest level of education** you have completed? | No formal schooling  Less than primary school  Primary school completed  Secondary school completed  High school completed  College completed  University completed  Post graduate degree | 1  2  3  4  5  6  7  8 | C5 |
| Refused | 88 |
| What is your *[insert relevant ethnic group / racial group / cultural subgroup / others]* **background**? | Khalkh | 1 | C6 |
| Kazak | 2 |
| Durvud | 3 |
| Buriad | 4 |  |
| Others | 5 If others specify go C6other |
| Refused | 88 |
|  | C6 other (Please specify)└─┴─┴─┴─┴─┴─┘ | | C6 other |
| What is your **marital status**? | Never married | 1 | C7 |
| Currently married | 2 |
| Cohabitating | 3 |
| Separated | 4 |
| Divorced | 5 |
| Widowed | 6 |
| Refused | 88 |
| Which of the following best describes your **main** **work** status over the past 12 months?  (*USE SHOWCARD)* | Government employee  Non-government employee  Self-employed  Non-paid  Student  Homemaker  Retired  Unemployed (able to work)  Unemployed (unable to work)  Refused | 1  2  3  4  5  6  7  8  9  88 | C8 |
| How many people live in your household? | Number of people | └─┴─┘ | X1 |
| How many people older than 15 years, including yourself, live in your household? | Number of people | └─┴─┘ | C9 |

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| **EXPANDED: Demographic Information,** Continued | | | |
| **Question** | **Response** | | **Code** |
| Taking **the past year**, can you tell me what the average earnings of the household have been?  *(RECORD ONLY ONE, NOT ALL 3)* | Per week | └─┴─┴─┴─┴─┴─┴─┘ *Go to T1* | C10a |
| Per month | └─┴─┴─┴─┴─┴─┴─┘ *Go to T1* | C10b |
| OR per year | └─┴─┴─┴─┴─┴─┴─┘  *Go to T1* | C10c |
| Refused | 88 *Go to T1* | C10d |

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| **Step 1 Behavioral Measurements** |

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| **CORE: Tobacco Use** | | | |
| Now I am going to ask you some questions about tobacco use. | | | |
| **Question** | **Response** | | **Code** |
| Do you **currently** smoke any **tobacco** products, such as cigarettes, cigars or pipes?  *(USE SHOWCARD)* | Yes | 1 | T1 |
| No | 2 *If No, go to T8* |
| Do you currently smoke tobacco products **daily**? | Yes  No | 1  2 | T2 |
| How old were you when you **first started** smoking? | Age (years) | **└─┴─┘***If Known, go to T5a/T5aw*  77 | T3 |
| Don’t know 77 |
| Do you remember how long ago it was?  *(RECORD ONLY 1, NOT ALL 3)* | In Years | **└─┴─┘** *If Known, go to T5a/T5aw* | T4a |
| OR in Months | **└─┴─┘** *If Known, go to T5a/T5aw* | T4b |
| OR in Weeks | **└─┴─┘** | T4c |
| *Don’t know* | *77* | T4d |
| 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* | 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 |
| Kreteks | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** | T5f/T5fw |
| Number of water pipe sessions | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** | T5g/T5gw |
| Other | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** *If Other, go to T5other, else go to T6* | T5h/T5hw |
| Other (please specify): | └─┴─┴─┴─┴─┴─┘ | T5other/  T5otherw |
| During the past 12 months, have you tried to **stop smoking**? | Yes | 1 | T6 |
| No | 2 |
| During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco? | Yes | 1 *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* |
| In the past, did you **ever** **smoke** any tobacco products?  *(USE SHOWCARD)* | Yes | 1 | T8 |
| No | 2 *If No, go to T12* |
| 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* |

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| **EXPANDED: Tobacco Use** | | | | | |
| **Question** | | | **Response** | | **Code** |
| How old were you when you **stopped** smoking? | | | Age (years) | **└─┴─┘** *If Known, go to T12* | T10 |
| Don’t Know 77 |
| 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 |
| Do you **currently use** any **smokeless tobacco** products such as *[snuff, chewing tobacco, betel]*? *(USE SHOWCARD)* | | | Yes | 1 | T12 |
| No | 2 *If No, go to T15* |
| Do you **currently use** **smokeless tobacco** products **daily?** | | | Yes  No | 1  2 *If No, go to T14aw* | T13 |
| On average, how many **times a day/week** do you use ….  *(IF LESS THAN DAILY, RECORD WEEKLY)*  *(RECORD FOR EACH TYPE, USE SHOWCARD)*  *Don’t Know 7777* | | | DAILY**↓** WEEKLY↓ | | |
| Snuff, by mouth | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** | T14a/  T14aw |
| Snuff, by nose | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** | T14b/  T14bw |
| Chewing tobacco | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** | T14c/  T14cw |
| Betel, quid | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** | T14d/  T14dw |
| Other | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** *If Other, go to T14other, if T13=No, go to T16, else go to T17* | T14e/  T14ew |
| Other (please specify): | └─┴─┴─┴─┴─┴─┘  *If T13=No, go to T16, else go to T17* | T14other/  T14otherw |
| In the **past**, did you **ever use** smokeless tobacco products such as *[snuff, chewing tobacco, or betel]*? | | | Yes  No | 1  2 *If No, go to T17* | T15 |
| In the **past**, did you **ever use** smokeless tobacco products such as *[snuff, chewing tobacco, or betel]* **daily**? | | | Yes  No  Don`t know | 1  2  77 | T16 |
| During the past 30 days, did someone smoke **in your home**? | | | Yes | 1 | T17 |
| No | 2 |
| In the past 30 days, how often does anyone **smoke inside your home**?  Would you say daily, weekly, less than weekly or monthly? | | | Daily  Weekly  2-3 times in a month  Every month  Don`t know | 1  2  3  4  77 | X2 |
| During the past 30 days, did someone smoke in closed areas **in your workplace** (in the building, in a work area or a specific office)? | | | Yes | 1 | T18 |
| No | 2 *If No, go to TPa1* |
| Don't work in a closed area | 3 *If Don’t work, go to TP1a* |
| In the past 30 days, how often did anyone smoke **in closed area in your workplace**? | | | Daily  Weekly  2-3 times in a month  Every month  Don`t know | 1  2  3  4  77 | X3 |
|  | | | | | |
| **Tobacco Policy** | | | | | |
| You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchases. | | | | | |
| **Question** | | **Response** | | | **Code** |
| During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media?  *(RECORD FOR EACH)* | | | | | |
| Newspapers or magazines | Yes  No  Don't know | | | 1  2  77 | TP1a |
| Television | Yes  No  Don't know | | | 1 | TP1b |
| 2 |
| 77 |
| Radio | Yes | | | 1 | TP1c |
| No | | | 2 |
| Don't know | | | 77 |
| During the past 30 days, have you noticed any **advertisements** or **signs** promoting cigarettes in stores where cigarettes are sold? | Yes  No  Don't know | | | 1 | TP2 |
| 2 |
| 77 |
| During the past 30 days, have you noticed any of the following types of cigarette promotions?  *(RECORD FOR EACH)* | | | | | |
| Free samples of cigarettes | Yes  No  Don't know | | | 1 | TP3a |
| 2 |
| 77 |
| Cigarettes at sale prices | Yes  No  Don't know | | | 1 | TP3b |
| 2 |
| 77 |
| Coupons for cigarettes | Yes  No  Don't know | | | 1 | TP3c |
| 2 |
| 77 |
| Free gifts or special discount offers on other products when buying cigarettes | Yes  No  Don't know | | | 1 | TP3d |
| 2 |
| 77 |
| Clothing or other items with a cigarette brand name or logo | Yes  No  Don't know | | | 1  2  77 | TP3e |
| Cigarette promotions in the mail | Yes  No  Don't know | | | 1 | TP3f |
| 2 |
| 77 |
| *The next questions TP4 – TP7 are administered to current smokers only.* | | | | | |
| During the past 30 days, did you notice any **health warnings on cigarette packages**? | Yes | | | 1 | TP4 |
| No | | | 2 *If no, go to TP6* |
| Did not see any cigarette packages | | | 3 *If "did not see any cigarette packages", go to TP6* |
| Don't know | | | 77 *If Don't know, go to TP6* |
| During the past 30 days, have warning labels on cigarette packages led you to **think about quitting**? | Yes  No  Don't know | | | 1 | TP5 |
| 2 |
| 77 |
| The last time you bought manufactured cigarettes for yourself, **how many cigarettes** did you buy in total? | Number of cigarettes | | | └─┴─┴─┴**─┘**  *If "Don't know or don't smoke or purchase manuf. cig.", end section* | TP6 |
| Don't know or Don't smoke or purchase manuf. cigarettes 7777 | | |
| In total, **how much money** did you pay for this purchase? | MNT | | | └─┴─┴─┴─**┘** | TP7 |
| Don't know | | | 7777 |
| Refused | | | 8888 |
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| **CORE: Alcohol Consumption** | | | | |
| The next questions ask about the consumption of alcohol. | | | | |
| **Question** | **Response** | | **Code** | |
| Have you **ever** consumed any alcohol such as beer, wine, spirits or fermented mare milk or traditional vodka?  *(USE SHOWCARD OR SHOW EXAMPLES)* | Yes | 1 | A1 | |
| No | 2  *If No, go to A16* |
| Have you consumed any alcohol within the **past 12 months**? | Yes | 1  *If Yes, go to A4* | A2 | |
| No | 2 |
| Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker? | Yes | 1 *If Yes, go to A16* | A3 | |
| No | 2 *If No, go to A16* |
| During the past 12 months, **how frequently** have you had at least one standard 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  Never | 1  2  3  4  5  6  7 | A4 | |
|  | |
| Have you consumed any alcohol within the **past 30 days**? | Yes | 1 | A5 | |
| No | 2 *If No, go to A13* |
| During the past 30 days, on how many **occasions** did you have at least one standard alcoholic drink? | Number  Don't know 77 | └─┴─┘ *If Zero, go to A13* | A6 | |
| During the past 30 days, when you drank alcohol, how many **standard** **drinks on average** did you have during one drinking occasion?  *(USE SHOWCARD)* | Number  Don't know 77 | └─┴─┘ | A7 | |
| During the past 30 days, what was the **largest number** of standard drinks you had on a single occasion, counting all types of alcoholic drinks together? | Largest number  Don't Know 77 | └─┴─┘ | A8 | |
| During the past 30 days, how many times did you have  **six or more** standard drinks in a single drinking occasion? | Number of times Don't Know 77 | └─┴─┘ | 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 | |
| During the **past 7 days**, did you consume any **homebrewed** alcohol, any alcohol **brought over the border/from another country**, any alcohol **not intended for drinking** or other **untaxed** alcohol?  *(USE SHOWCARD)* | Yes  No | 1  2 *If No, go to A13* | | A11 |
| On average, **how many standard drinks** of the following did you consume **during the past 7 days**?  *(USE SHOWCARD)*  *Don't Know 77* | Homebrewed spirits, e.g. moonshine | **└─┴─┘** | | A12a |
| Homebrewed beer or wine, e.g. beer, palm or fruit wine | **└─┴─┘** | | 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 | 1 | | A13 |
| Weekly | 2 | |
| Monthly | 3 | |
| Less than monthly | 4 | |
| Never | 5 | |
| During the **past 12 months,** how often have you failed to do what was normally expected from you because of drinking? | Daily or almost daily | 1 | | A14 |
| Weekly | 2 | |
| Monthly | 3 | |
| Less than monthly | 4 | |
| Never | 5 | |
| During the **past 12 months,** how often have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Daily or almost daily | 1 | | A15 |
| Weekly | 2 | |
| Monthly | 3 | |
| Less than monthly | 4 | |
| Never | 5 | |
| During the **past 12 months**, have you had family problems or problems with your partner due to **someone else’s** drinking? | Yes, more than monthly | 1 | | A16 |
| Yes, monthly | 2 | |
| Yes, several times but less than monthly | 3 | |
| Yes, once or twice | 4 | |
| No | 5 | |

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| **CORE: Diet** | | | | | | | |
| The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year. | | | | | | | |
| **Question** | **Response** | | | | | **Code** | |
| In a typical week, on how many days do you **eat fruit**?  *(USE SHOWCARD)* | Number of days  Don't Know 77 | | | └─┴─┘ If Zero days, go to D3 | | D1 | |
| How many **servings** of fruit do you eat on **one** of those days? (*USE SHOWCARD)* | Number of servings  Don't Know 77 | | | └─┴─┘ | | D2 | |
| 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 | |
| **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 | | X4 | |
| Lard or suet | | | 2 | |
| Butter or ghee | | | 3 | |
| Margarine | | | 4 | |
| Other | | | 5  *If Other, go to X4 other* | |
| None in particular | | | 6 | |
| None used | | | 7 | |
| Don’t know | | | 77 | |
| Other | | | └─┴─┴─┴─┴─┴─┴─┘ | | X4other | |
| On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner. | Number  Don’t know 77 | | | └─┴─┘ | | X5 | |
| **Dietary salt** | | | | | | | |
| **Question** | | | **Response** | | | | **Code** |
| 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 show card). 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. | | | | | | | |
| How often do you **add salt or a salty sauce such as soy sauce** to your food right before you eat it or as you are eating it?  *(SELECT ONLY ONE)*  *(USE SHOWCARD)* | | Always | | | 1 | | D5 |
| Often | | | 2 | |
| Sometimes | | | 3 | |
| Rarely | | | 4 | |
| Never | | | 5 | |
| Don't know | | | 77 | |
| How often is **salt, salty seasoning or a salty sauce added** in cooking or preparing foods in your household? | | Always | | | 1 | | D6 |
| Often | | | 2 | |
| Sometimes | | | 3 | |
| Rarely | | | 4 | |
| Never | | | 5 | |
| Don't know | | | 77 | |
| How often do you eat **processed food high in salt**? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat *[add country specific examples].*  *[INSERT EXAMPLES] (USE SHOWCARD)* | | Always | | | 1 | | D7 |
| Often | | | 2 | |
| Sometimes | | | 3 | |
| Rarely | | | 4 | |
| Never | | | 5 | |
| Don't know | | | 77 | |
| **How much salt or salty sauce** do you think you consume? | | Far too much  Too much  Just the right amount  Too little  Far too little  Don't know | | | 1  2  3  4  5  77 | | D8 |

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| **EXPANDED: Diet** | | | | | | | |
| **Question** | | **Response** | | | **Code** | | |
| How important to you is **lowering the salt** in your diet? | Very important | | 1 | | D9 | | |
| Somewhat important | | 2 | |
| Not at all important | | 3 | |
| Don't know | | 77 | |
| Do you think that too much salt or salty sauce in your diet could cause a **health problem**? | Yes | | 1 | | D10 | | |
| No | | 2 | |
| Don't know | | 77 | |
| Do you do any of the following on a regular basis to **control your salt intake**?  *(RECORD FOR EACH)* | | | | | | |
| Limit consumption of processed foods | Yes | | | 1 | | D11a |
| No | | | 2 | |
| Look at the salt or sodium content on food labels | Yes | | | 1 | | D11b |
| No | | | 2 | |
| Buy low salt/sodium alternatives | Yes | | | 1 | | D11c |
| No | | | 2 | |
| Use spices other than salt when cooking | Yes | | | 1 | | D11d |
| No | | | 2 | |
| Avoid eating foods prepared outside of a home | Yes | | | 1 | | D11e |
| No | | | 2 | |
| Do other things specifically to control your salt intake | Yes | | | 1  *If Yes, go to D11other* | | D11f |
| No | | | 2 | |
| Other (please specify) | └─┴─┴─┴─┴─┴─┴─┘ | | | | | D11other |

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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?  *(USE SHOWCARD)* | Yes  No | 1  2  *If No, go to P4* | P1 |
| In a typical week, on how many days do you do vigorous-intensity activities as part of your work? | Number of days | └─┘ | 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?  *(USE SHOWCARD)* | Yes | 1 | P4 |
| No | 2 *If No, go to P7* |
| 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) |
| **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) |

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| **CORE: Physical Activity, Continued** | | | |
| **Question** | **Response** | | **Code** |
| **Recreational activities** | | | |
| The next questions exclude the work and transport activities that you have already mentioned.  Now I would like to ask you about sports, fitness and recreational activities (leisure), *[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, 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) |

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| **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** | | | |
| **Question** | **Response** | | **Code** |
| 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 |
| Were you first 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 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 | | | Н5 |
|  | | | |
| **CORE: History of Diabetes** | | | |
| Have you ever had your blood sugar measured by a doctor or other health worker? | Yes | 1 | H6 |
| No | 2 *If No, go to H12* |
| Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? | Yes | 1 | H7a |
| No | 2  *If No, go to H12* |
| Were you first told in the past 12 months? | Yes | 1 | H7b |
| No | 2 |
| In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker? | Yes  No | 1  2 | H8 |
| 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** | | | | |
| **Question** | | | **Response** | | | **Code** |
| 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* |
| Were you first 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  No | 1  2 | H14 |
| 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 (cerebrovascular 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** | | | | | |
| **Question** | **Response** | | **Code** |
| During the past 12 months, have you visited a doctor or other health worker? | Yes | 1 | H20 |
| No | 2 *If No and C1=1, go to M1*  *If No and C1=2, go to CX1* |
| During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following?  *(RECORD FOR EACH)* | | | |
| Quit using tobacco or don’t start | Yes | 1 | H20a |
| No | 2 |
| Reduce salt in your diet | Yes | 1 | H20b |
| No | 2 |
| Eat at least five servings of fruit and/or vegetables each day | Yes | 1 | H20c |
| No | 2 |
| Reduce fat in your diet | Yes | 1 | H20d |
| No | 2 |
| Start or do more physical activity | Yes | 1 | H20e |
| No | 2 |
| Maintain a healthy body weight or lose weight | Yes | 1 | H20f |
| No | 2 |
| Reduce sugary beverages in your diet | Yes | 1  *If C1=1 go to V1* | H20g |
| No | 2  *If C1=1 go to V1* |

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| **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. | | | | | | | | | | |
| Have you ever had a screening test for cervical cancer, using any of these methods described above? | | | | Yes | | | | 1 | | CX1 |
| No | | | | 2 If No, go to CX11 | |
| Don’t know | | | | 77 | |
| At what age were you first tested for cervical cancer? | Age  Don’t know  Refused | | | | └─┴─┘  77  88 | | | CX2 |
| When was your last (most recent) test for cervical cancer? | Less than 1 year ago  1-2 years ago  3-5 years ago  More than 5 years ago  Don’t know  Refused | | | | 1  2  3  4  77  88 | | | CX3 |
| What is the main reason you had your last test for cervical cancer? | Part of a routine exam  Following up on abnormal or inconclusive result  Recommended by health care provider  Recommended by other source  Experiencing pain or other symptoms  Other  Don’t know  Refused | | | | 1  2  3  4  5  6  77  88 | | | CX4 |
| Where did you receive your last test for cervical cancer?  [*INSERT COUNTRY-SPECIFIC CATEGORIES*] | Family or Soum health centers  Province or district health centers  Specialized health organizations  Private health organizations  Other  Don`t know  Refused | | | | 1  2  3  4  5  77  88 | | | CX5 |
| What was the result of your last (most recent) test for cervical cancer? | Did not receive result  Normal/ Negative  Abnormal/ Positive  Suspect cancer  Inconclusive  Don’t know  Refused | | | | 1 *If CХ6=1, go to next section*  2 *If CХ6=2, go to next section*  3  4  5  77  88 | | | CX6 |
| Did you have any follow-up visits because of your test results? | Yes  No  Don’t know  Refused | | | | 1  2  77  88 | | | CX7 |
| Did you receive any treatment to your cervix because of your test result? | Yes  No  Don’t know  Refused | | | | *1 If Yes, go to X6*  *2*  *77 If Don`t know, go to X6*  *88 If Refused, go to X6* | | | CX8 |
| What is the main reason you did not receive treatment? | Was not told I needed treatment  Did not know how/where to get treatment  Embarrassment  Too expensive  Didn`t have time  Clinic too far away  Poor service quality  Fear (afraid of procedure, afraid of social stigma)  Cultural belief  Family member would not allow it  Don’t know  Refused | | | | 1 If respond to all, go to X6  2 If respond to all, go to X6  3 If respond to all, go to X6  4 If respond to all, go to X6  5 If respond to all, go to X6  6 If respond to all, go to X6  7 If respond to all, go to X6  8 If respond to all, go to X6  9 If respond to all, go to X6  10 If CX10=10, go to CX10Spec, else go to next section  77 If respond to all, go to X6  88 If respond to all, go to X6 | | | CX10 |
| Family member (please specify) | | | | └─┴─┴─┴─┴─┴─┴─┘ | | | CX10 Spec |
| What is the main reason you have never had a cervical cancer test? | Did not know how/where to get treatment  Embarrassment  Too expensive  Didn`t have time  Clinic too far away  Poor service quality  Fear (afraid of procedure, afraid of social stigma)  Cultural belief  Family member would not allow it  Don’t know  Refused | | | | 1  2  3  4  5  6  7  8  9 If CX11=9, go to CX11Spec, else go to next section  77  88 | | | CX11 |
|  | Family member (please specify) | | | | └─┴─┴─┴─┴─┴─┴─┘ | | | CX11 Spec |
| **EXPANDED: Cervical Cancer** | | | | | | | | |
| Have you ever heard about human papilloma virus? | Yes | | | | 1 | | | X6 |
| No | | | | 2 If No, go to V1 | | |
| Don’t know | | | | 77 If Don’t know go to V1 | | |
| Have you heard about human papilloma virus causes cervical and penis cancer? | Yes | | | | 1 | | | X7 |
| No | | | | 2 If No, go to V1 | | |
| Don’t know | | | | 77 If Don’t know go to V1 | | |
| Have ever heard about vaccine to protect from human papilloma virus infection? | Yes | | | | 1 | | | X8 |
| No | | | | 2 If No, go to V1 | | |
| Don’t know | | | | 77 If Don’t know, go to V1 | | |
| If yes, what do you think about this vaccination? | Important  Not important  Don’t know | | | | 1  2  77 | | | X9 |
| **CORE: Injury** | | | | | | | | |
| The next questions ask about different experiences and behaviors that are related to road traffic injuries. | | | | | | | | |
| **Question** | | **Response** | | | | | | **Code** |
| In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle? | | All of the time  Sometimes  Never  Have not been in a vehicle in past 30 days  No seat belt in the car I usually am in  Don't Know  Refused | | | | | 1  2  3  4  5  77  88 |  |
|  |
| V1 |
| In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter? | | All of the time  Sometimes  Never  Have not been on a motorcycle or  motor-scooter in past 30 days  Do not have a helmet  Don't Know  Refused | | | | | 1  2  3  4  5  77  88 |  |
|  | | V2 |
| 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 *If No, go to V5*  77 *If Don`t know, go to V5*  88 *If Refused, go to V5* |  |
|  | | V3 |
|  | |
| Did you have any injuries in this road traffic crash which required medical attention? | | Yes  No  Don`t know  Refused | | | | | 1  2 *If No, go to V5*  77  88 | V4 |
| Did you get primary medical assistance when you were injured due to traffic accident? | | Yes  No  *Don't know*  *Refused* | | | | | *1*  *2 If No, go to V5*  *77 If DK, go to V5*  *88 If Refused, go to V5* | X10 |
| If you received primary medical care, who did you get? | | Doctor, medical staff  Policeman  Volunteer  Individual  Others | | | | | 1  2  3  4  5 | X11 |
|  | | Other (please specify)  └─┴─┴─┴─┴─┴─┴─┘  X19other | | | | |  | X11other |
| How long did it take until you receive primary care after the accident? | | 10 – 20 min  20-30 min  30 – 40 min  More than 40 min  Don’t know/ don’t remember | | | | | 1  2  3  4  77 | X12 |
|  | | Other (please specify) | | | | | └─┴─┴─┴─┴─┴─┴─┘ | X12other |
| **The next questions ask about the most serious accidental injury you have had in the past 12 months.** | | | | | | | | |
| In the past 12 months, were you injured accidentally, other than in a road traffic injury -which required medical attention? | | Yes  No  Don’t know  Refused | | 1  2 If No, go to V9  77 If *don't know, go to V9*  88 If Refused, go to V9 | | | | V5 |
| Please indicate which of the following was the cause of this injury. | | Fall  Burn  Poisoning  Cut  Near-drowning  Animal bite  Frostbite  Hit by object / object fell on me  Other  Don't know Refused | | 1  2  3  4  5  6  7  8  9 If other go to V6other  77  88 | | | | V6 |
|  | | Other (please specify)  V6other | └─┴─┴─┴─┴─┴─┴─┘ | | | | | V6other |
| Where were you when you had this injury? | | Home School  Workplace  Road/Street/Highway/Manhole  Farm  Sports / athletic area Other  Don’t know  Refused | | 1  2  3  4  5  6  7 If other go to V7other  77  88 | | | | V7 |
|  | | Other (please specify) | | └─┴─┴─┴─┴─┴─┴─┘ | | | | V7other |
| **EXPANDED: UNINTENTIONAL INJURY** | | | | | | | | |
| The next question asks about behaviors related to your safety and whether or not you drink alcohol while driving or being a passenger. | | | | | | | | | |
| **Questions** | | | | **Response** | | | | | | **Code** |
| In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks?  (USE SHOWCARD) | | Number of times  Don’t know  Refused | | └─┴─┘  77  88 | | | | V9 |
| In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks?  (USE SHOWCARD) | | Number of times  Don’t know  Refused | | └─┴─┘  77  88 | | | | V10 |

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| **CORE: Violence** | | | | | | | |
| The following questions are about different experiences and behaviors that are related to violence. | | | | | | | |
| **Questions** | | **Response** | | | | | **Code** |
| In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention? | | | Never  Rarely (1-2 times )  Sometimes (3-5 times)  Often (6 or more times)  Don`t know  Refused | | 1 *If never, go to V14*  2  3  4  77 *If don`t know, go to V14*  88 *If refused, go to V14* | V11 | |
| The next questions ask about the most serious violent incidence you have had in the past 12 months. | | | | | | | |
| Please indicate which of the following caused your most serious injury in the last 12 months?  (*USE SHOWCARD*) | | | Being shot with a firearm  A weapon (other than a firearm) was used by the person who injured me  Being injured without any weapon (slapped, pushed)  Don`t know  Refused | | 1  2  3  77  88 | V12 | |
| Please indicate the relationship between yourself and the person(s) who caused you injury. | | | Intimate partner  Parent  Child, sibling, or other relative  Friend or acquaintance  Unrelated caregiver  Stranger  Official or legal authorities  Other (Specify)  Refused | | 1  2  3  4  5  6  7  8  88 | V13 | |
|  | | | Other (please specify) | └─┴─┴─┴─┴─┴─┴─┘ | | V13 other | |
| Looking back on your childhood (before age 18 years), did a parent or adult in the household ever push, grab, shove, slap, hit, burn, or throw something at you? | | | Never  Very rarely  Once a month  Once a week  Almost daily  Don`t know  Refused | | 1  2  3  4  5  77  88 | V14 | |
| Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have a sex? | | | Yes  No  Refused | | 1  2  88 | V15 | |
| Since your 18th birthday, have you ever experienced a sex act involving either vaginal, oral or anal penetration against your will? | | | Never  Once  A few times (2 to 3 times)  Many times (4 or more times)  Don`t know  Refused | | 1  2  3  4  77  88 | V16 | |
| **EXPANDED: Violence** | | | | | | | |
| The next question ask about behaviors related to your safety. | | | | | | | |
| **Questions** | **Response** | | | | | | **Code** |
| In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)? | | | Yes  No  Refused | | 1  2 *If no, go to V19*  88 *If refused, go to V19* | V17 | |
| Please specify of whom you were most often frightened. | | | Intimate partner  Parent  Child, sibling, or other relative  Friend or acquaintance  Unrelated caregiver  Stranger  Official or legal authorities  Other (Specify)  Refused | | 1  2  3  4  5  6  7  8  88 | V18 | |
| Other (please specify) | | └─┴─┴─┴─┴─┴─┴─┘ | V18 other | |
| Have you carried a loaded firearm on your person outside the home in the last 30 day? | | | No  Yes, for protection  Yes, for work  Yes, for sport (e.g. hunting target practice)  Refused | | 1  2  3  4  88 | V19 | |

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| **CORE: ORAL HEALTH** | | | | | | |
| The next question ask about oral health status and related behaviors. | | | | | | |
| Questions | **Answers** | | | | **Code** | |
| How many natural teeth do you have? | | No natural teeth  1-9 teeth  10-19 teeth  20 teeth or more  Don’t know | | 1  2  3  4  77 | О1 |
| How would you describe the state of your teeth? | | Excellent  Very Good  Good  Average  Poor  Very Poor  Don`t Know | | 1  2  3  4  5  6  77 | O2 |
| Do you have any removable dentures? | | Yes  No | | 1  2 | О5 |
| During the past 12 months, did your teeth or mouth cause any pain or discomfort? | | Yes  No | | 1  2 | O7 |
| How long has it been since you last saw a dentist? | | Less than 6 months | | 1 | O8 |
| 6-12 months | | 2 |
| More than 1 year but less than 2 years | | 3 |
| 2 or more years but less than 5 years | | 4 |
| 5 or more years | | 5 |
| Never received dental care | | 6 *If never, go to O10* |
| What was the main reason for your last visit to the dentist? | | Consultation/advice | | 1 | O9 |
| Pain or trouble with teeth, gums or mouth | | 2 |
| Treatment / follow-up treatment | | 3 |
| Routine check-up treatment | | 4 |
| Other | | 5 *If other, go to O9 other* |
| Other (please specify) | | └─┴─┴─┴─┴┘ | O9  other |
| How often do you clean your teeth? | | Never  Once a month  2-3 times a month  Once a week  2-6 times a week  Once a day  Twice or more a day | | 1 *If never, go to next section*  2  3  4  5  6  7 | O10 |
| Do you use toothpaste to clean your teeth? | | Yes  No | | 1  2 *If No, go to O13a* | O11 |
| Did you use toothpaste containing fluoride? | | Yes  No  Don`t know | | 1  2  77 | O12 |
| Do you use any of the following to clean your teeth?  (*RECORD FOR EACH*) | | | | | |
| Toothbrush | | Yes  No | | 1  2 | O13a |
| Wooden toothpicks | | Yes  No | | 1  2 | O13b |
| Plastic toothpicks | | Yes  No | | 1  2 | O13c |
| Thread (dental floss) | | Yes  No | | 1  2 | O13d |
| Charcoal | | Yes  No | | 1  2 | O13e |
| Chewstick/miswack | | Yes  No | | 1  2 | O13f |
| Other | | Yes  No | | 1 *If Yes, go to O13 other*  2 | OP13g |
|  | | | Other (please specify)  └─┴─┴─┴─┴─┴─┴─┘ | | O13 other |

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| **Health Care Services** | | | | | | |
| **Health Care Module** | | | | | | |
| Next I am going to ask you about your health insurance coverage and your use of health services in relation to any noncommunicable disease (NCD) you may have. NCDs include cardiovascular diseases (such as heart diseases, cerebrovascular disease and stroke, peripheral arterial disease, and deep vein thrombosis and pulmonary embolism), cancers, chronic respiratory diseases (such as asthma, chronic obstructive pulmonary disease, occupational lung diseases or pulmonary hypertension) and diabetes. | | | | | | |
| **Health Care Coverage** | | | | | | |
| Please provide information about your current health insurance coverage. | | | | | | |
| Do you currently have any kind of health insurance or health care coverage? | Yes  No | | | 1  2 *If No, go to HC3* | | HC1 |
| What kind of health insurance or health care coverage do you currently have?  *[INSERT COUNTRY-SPECIFIC CATEGORIES]* | Private health insurance plan purchased directly  Private health insurance plan from employer  Other  Don't know | | | 1  2  3 *If Other, go to HC2other*  77 | | HC2 |
| Other | | | └─┴─┴─┴─┴─┴─┴─┘ | | HC2 other |
| During the past 12 months, did you have to pay **yourself** for medicines or health services such as consultations, treatment, hospitalization or patient care? | Yes 1  No 2 *If no go to HC4* | | | | | X13 |
| During the past 12 months, which of the following financial sources did you use to pay for any health expenditures such as medicine, consultations, treatment, hospitalization or patient care? | Salary/whole/ | | | Yes  No | 1  2 | HC3a |
| Savings | | | Yes  No | 1  2 | HC3b |
| Payment or reimbursement of a health insurance plan | | | Yes  No | 1  2 | HC3c |
| Sold items (eg furniture, animals, jewellery) | | | Yes  No | 1  2 | HC3d |
| Family members or friends form outside the household | | | Yes  No | 1  2 | HC3e |
| Borrowed from someone other than a friend or family | | | Yes  No | 1  2 | HC3f |
| Other | | | Yes  No | 1 *If Other, go to HC3other*  2 | HC3g |
| Other | | | └─┴─┴─┴─┴─┴─┴─┘ | | HC3 other |
| **Health Care Utilization, out of pocket expense** | | | | | | |
| Please think about all your visits to any health center and the treatments you received there which were related to an NCD you have. | | | | | | |
| Have you ever had or do you currently have a non-communicable disease (NCD) such as cardiovascular disease including heart disease and stroke, cancer, chronic respiratory disease, or diabetes? | Yes  No | | 1  2  *If No, go to [next section]* | | | HC4 |
| During the past 30 days, have you visited any health care facility due to an NCD you have? Please exclude any hospitalization. | | Yes  No | 1  2  *If No, go to HC12* | | | HC8 |
| During the past 30 days, how many times have you visited a health care facility due to an NCD you have?  *(RECORD FOR EACH)*  *Don’t know 77* | | Health Center | **└─┴─┘** | | | HC9a |
| Public hospital (excl. emergency room) | **└─┴─┘** | | | HC9b |
| Emergency Room | **└─┴─┘** | | | HC9c |
| Private hospital | **└─┴─┘** | | | HC9d |
| Care/diagnostics in foreign country | **└─┴─┘** | | | HC9e |
| Pharmacy | **└─┴─┘** | | | HC9f |
| During the past 30 days, taking all your visits of a health care facility due to an NCD into account, how much did you pay for these visits in total?  *(RECORD FOR EACH OR PUT TOTAL AMOUNT)*  *Don’t know 77777* | | Care / Tests | └─┴─┴─┴─┴─┘[local currency] | | | HC10a |
| Medicine/vitamin | └─┴─┴─┴─┴─┘[local currency] | | | HC10b |
| Accommodation, food, transportation | └─┴─┴─┴─┴─┘[local currency] | | | HC10c |
| In kind (cash) given health workers | └─┴─┴─┴─┴─┘[local currency] | | | HC10d |
| **OR Total Amount** | └─┴─┴─┴─┴─┘[local currency] | | | HC10e |
| During the past 12 months, have you been hospitalized due to an NCD? | | Yes  No | 1  2 *If No, go to HC15* | | | HC12 |
| During the past 12 months, taking all your visits of a hospital due to an NCD into account, how much did you pay for these visits in total?  *(RECORD FOR EACH OR PUT TOTAL AMOUNT)*  *Don’t know 77777* | | Care | └─┴─┴─┴─┴─┘[local currency] | | | HC14a |
| Medicine/vitamin | └─┴─┴─┴─┴─┘[local currency] | | | HC14b |
| Tests | └─┴─┴─┴─┴─┘[local currency] | | | HC14c |
| Accommodation, food, transportation | └─┴─┴─┴─┴─┘[local currency] | | | HC14d |
| In kind (cash) given health workers | └─┴─┴─┴─┴─┘[local currency] | | | HC14e |
| **OR Total Amount** | └─┴─┴─┴─┴─┘[local currency] | | | HC14f |
| **Home Care** | | | | | | |
| Please think about home care from family members and/or friends because of an NCD you have. | | | | | | |
| During the past 30 days, has a family member or friend provided care for you at home due to your NCD? | | Yes  No | 1  2 *If No, go to HC17* | | | HC15 |
| During the past 30 days, how many hours per week has this person/have these people provided care for you?  *Don’t know 777* | | Hours per week | └─┴─┴─┘  hrs | | | HC16 |
| **Loss of Productivity** | | | | | | |
| Please think about the time you couldn't do your usual activity (work, work at home, school) because of an NCD you have. | | | | | | |
| During the past 30 days, have you missed any time of your usual activity (work, work at home, school) due to an NCD? | | Yes  No | 1  2 *If No, go to [next section]* | | | HC17 |
| During the past 30 days, how many days of your usual activity have you missed due to an NCD?  *Don’t know 77* | | Days | └─┴─┘  days | | | HC18 |

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| **Step 2 Physical Measurements** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CORE: Blood Pressure** | | | | |
| **Question** | **Response** | | | **Code** |
| 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 |
| Reading 2 | Systolic ( mmHg) | | └─┴─┴─┘ | M5a |
| Diastolic (mmHg) | | └─┴─┴─┘ | M5b |
| Reading 3 | Systolic ( mmHg) | | └─┴─┴─┘ | M6a |
| Diastolic (mmHg) | | └─┴─┴─┘ | M6b |
| During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker? | Yes | | 1 | M7 |
| No | | 2 |
| **For women:** Are you pregnant? | Yes | | 1 *If Yes, go to M 16* | M8 |
| No | | 2 |
| **CORE: Height and Weight** | | | | |
| 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 |
| **CORE: Waist** | | | | |
| Device ID for waist |  | | └─┴─┘ | M13 |
| Waist circumference | in Centimeters (cm) | | └─┴─┴─┘.└─┘ | M14 |
| Body fat percent (%) | By percentage | | └─┴─┘. └─┘ | X19 |
| **EXPANDED: Heart Rate** | | | | |
| Heart Rate | | | |  | |
| Reading 1 | Beats per minute | └─┴─┴─┘ | | M16a | |
| Reading 2 | Beats per minute | └─┴─┴─┘ | | M16b | |
| Reading 3 | Beats per minute | └─┴─┴─┘ | | 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? | Yes | 1 Postpone | 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 | mmol/l | └─┴─┘. └─┴─┘ | B5 |
| Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose? | Yes | 1 | B6 |
| No | 2 |
| **CORE: Blood Total cholesterol** | | | |
| Device ID |  | └─┴─┘ | B7 |
| Total cholesterol | mmol/l | └─┴─┘. └─┴─┘ | B8 |
| During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker? | Yes  No | 1  2 | B9 |
| **CORE: Triglycerides, HDL-C and LDL-C** | | | |
| **Question** | **Response** | | **Code** | |
| Triglycerides | mmol/l | └─┴─┘. └─┴─┘ | B16 | |
| HDL-Cholesterol | mmol/l | └─┘. └─┴─┘ | B17 | |
| LDL-Cholesterol | mmol/l | └─┘. └─┴─┘ | ldl | |
| **CORE: Urinary sodium and creatinine** | | | |
| Have you been fasting prior to the urine collection? | Yes  No | 1  2 | B10 |
| Technician ID |  | └─┴─┴─┘ | B11 |
| Urine sample ID |  | └─┴─┘ | X19 |
| Time of the day urine sample taken (24-hour clock) | Hours: minutes | └─┴─┘: └─┴─┘  Hrs mins | B13 |
| Urinary sodium | mmol/l | └─┴─┴─┘.└─┘ | B14 |
| Urinary creatinine | mmol/l | └─┴─┘. └─┴─┘ | B15 |