**Survey instrument** (V2.2 with Samoa contextual revisions)

WHO STEPS Instrument



for Chronic Disease   
Risk Factor Surveillance

Samoa

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| **Survey Information** |

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| Location and Date | | Response | Code |
| 1 | Cluster/Centre/Village ID | └─┴─┴─┘ | I1 |
| 2 | Cluster/Centre/Village name |  | I2 |
| 3 | Interviewer ID | └─┴─┴─┘ | I3 |
| 4 | Date of completion of the instrument | └─┴─┘ └─┴─┘ └─┴─┴─┴─┘  dd mm year | I4 |

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| **Participant Id Number**  **└─┴─┴─┘└─┴─┴─┘└─┴─┴─┘** | | | | |
| Consent, Interview Language and Name | | Response | | Code |
| 5 | Consent has been read and obtained | Yes | 1 | I5 |
| No | 2 **If NO, END** |
| 6 | Interview Language | English | 1 | I6 |
| Samoan | 2 |
| 7 | Time of interview  (24 hour clock) | └─┴─┘: └─┴─┘  hrs mins | | I7 |
| 8 | Family Surname |  | | I8 |
| 9 | First Name |  | | I9 |
| **Additional Information that may be helpful** | | | | |
| 10 | Contact phone number where possible |  | | I10 |

Record and file identification information (I5 to I10) separately from the completed questionnaire.

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| **Step 1 Demographic Information** |

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| **CORE: Demographic Information** | | | | | |
| **Question** | | **Response** | | | **Code** |
| 11 | Sex (*Record Male / Female as observed)* | Male | | 1 | C1 |
| Female | | 2 |
| 12 | What is your date of birth?  *Don't Know 77 77 7777* | └─┴─┘ └─┴─┘ └─┴─┴─┴─┘ *If known, Go to C4*  dd mm year | | | C2 |
| 13 | How old are you? | Years | | └─┴─┘ | C3 |
| 14 | In total, how many years have you spent at school or in full-time study (excluding pre-school)? | Years | └─┴─┘ | | C4 |

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| **EXPANDED: Demographic Information** | | | | |
| 15 | What is the **highest level of education** you have completed? | No formal schooling | 1 | C5 |
| Less than primary school | 2 |
| Primary school completed | 3 |
| Secondary school completed | 4 |
| High school completed | 5 |
| College/University completed | 6 |
| Post graduate degree | 7 |
| Refused | 88 |
| 16 | Which of the following best describes your **main** **work** status over the past 12 months?  (*USE SHOWCARD)* | Employer | 1 | C8 |
| Employee | 2 |
| Self-employed | 3 |
| Make/manufacture goods for sale | 4 |
| Student | 5 |
| Domestic duties | 6 |
| Street Vendor | 7 |
| Produce Subsistence | 8 |
| Unemployed (unable to work) | 9 |
| Look for a Job | 10 |
|  |  | Not reported | 11 |  |
| Not applicable | 12 |  |
| Refused | 88 |  |
| 17 | How many people, including yourself, live in your household? | Number of people | └─┴─┘ | C9 |

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| **EXPANDED: Demographic Information,** Continued | | | | | |
| **Question** | | **Response** | | | **Code** |
| 18 | Taking **the past year**, can you tell me what the average earnings of the household have been?  *(RECORD ONLY ONE, NOT ALL 3)*  *(USE SHOWCARD)* | Per week | └─┴─┴─┴─┴─┴─┴─┘ *Go to T1* | | C10a |
| OR per month | └─┴─┴─┴─┴─┴─┴─┘  *Go to T1* | | C10b |
| OR per year | └─┴─┴─┴─┴─┴─┴─┘ *Go to T1* | | C10c |
| Refused | 88 | | C10d |
| 19 | 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  *[INSERT QUINTILE VALUES IN LOCAL CURRENCY]*  *(READ OPTIONS)* | ≤ Quintile (Q) 1 | | 1 | C11 |
| More than Q 1, ≤ Q 2 | | 2 |
| More than Q 2, ≤ Q 3 | | 3 |
| More than Q 3, ≤ Q 4 | | 4 |
| More than Q 4 | | 5 |
| Don't Know | | 77 |
| Refused | | 88 |

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| **Step 1 Behavioural Measurements** |

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| **CORE: Tobacco Use** | | | | |
| Now I am going to ask you some questions about tobacco use. | | | | |
| **Question** | | **Response** | | **Code** |
| 20 | 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* |
| 21 | Do you currently smoke tobacco products **daily**? | Yes | 1 | T2 |
| No | 2 |
| 22 | How old were you when you **first started** smoking? | Age (years) | **└─┴─┘** *If Known, go to T5a/T5aw* | T3 |
| Don’t know 77 |
| 23 | 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 |
| 24 | 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, Samoan rolled tobacco | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** | T5d/T5dw |
| Other | └─┴─┴─┴**─┘**└─┴─┴─┴**─┘** *If Other, go to T5other, else go to T6* | T5f/T5fw |
| Other (please specify): | └─┴─┴─┴─┴─┴─┘ | T5other/  T5otherw |
| 25 | During the past 12 months, have you tried to **stop smoking**? | Yes | 1 | T6 |
| No | 2 |
| 26 | 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* |
| 27 | In the past, did you **ever** **smoke** any tobacco products?  *(USE SHOWCARD)* | Yes | 1 | T8 |
| No | 2 *If No, go to T12* |
| 28 | 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** |
| 29 | How old were you when you **stopped** smoking? | Age (years) | **└─┴─┘** *If Known, go to T12* | T10 |
| Don’t Know 77 |
| 30 | 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 |
| 31 | Do you **currently use** any **smokeless tobacco** products such as *[snuff, chewing tobacco, betel]*? *(USE SHOWCARD)* | Yes | 1 | T12 |
| No | 2 |
| 32 | During the past 7 days, on how many days did someone **in your home** smoke when you were present? | Number of days | **└─┴─┘** | T17 |
| Don't know 77 |
| 33 | During the past 7 days, on how many days did someone smoke in closed areas **in your workplace** (in the building, in a work area or a specific office) when you were present? | Number of days | **└─┴─┘** | T18 |
| Don't know or don't  work in a closed area 77 |

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| **CORE: Alcohol Consumption** | | | | |
| The next questions ask about the consumption of alcohol. | | | | |
| **Question** | | **Response** | | **Code** |
| 34 | Have you ever consumed an alcoholic drink such as beer, wine, spirits, home brew or ready-to-drink (RTD) alcohol products?  (USE SHOWCARD) | Yes | 1 | A1a |
| No | 2 *If No, go to D1* |
| 35 | Have you consumed an alcoholic drink within the **past 12 months**? | Yes | 1 | A1b |
| No | 2 *If No, go to D1* |
| 36 | During the past 12 months, **how frequently** have you had at least one alcoholic drink?  *(READ RESPONSES, USE SHOWCARD)* | Daily | 1 | A2 |
| 5-6 days per week | 2 |
| 1-4 days per week | 3 |
| 1-3 days per month | 4 |
| Less than once a month | 5 |
| 37 | Have you consumed an alcoholic drink within the **past 30 days**? | Yes | 1 | A3 |
| No | 2 *If No, go to D1* |
| 38 | During the past 30 days, on how many **occasions** did you have at least one alcoholic drink? | Number  Don't know 77 | └─┴─┘ | A4 |
| 39 | During the past 30 days, when you drank alcohol, **on average**, how many **standard** **alcoholic** **drinks** did you have during one drinking occasion?  *(USE SHOWCARD)* | Number  Don't know 77 | └─┴─┘ | A5 |
| 40 | 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 | └─┴─┘ | A6 |
| 41 | During the past 30 days, how many times did you have  for **men**: **five or more**  for **women**: **four or more**  standard alcoholic drinks in a single drinking occasion? | Number of times Don't Know 77 | └─┴─┘ | A7 |

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| **EXPANDED: Alcohol Consumption** | | | | |
| 42 | During the past 30 days, when you consumed an alcoholic drink, how often was it with meals (breakfast, lunch or dinner)? Please do not count snacks and note that ‘with meals’ means consuming alcohol at the same time as consuming food. *(USE SHOWCARD)* | Usually with meals | 1 | A8 |
| Sometimes with meals | 2 |
| Rarely with meals | 3 |
| Never with meals | 4 |
| 43 | During each of the **past 7 days**, how many standard alcoholic drinks did you have each day?  *(USE SHOWCARD)*  *Don't Know 77* | Monday | └─┴─┘ | A9a |
| Tuesday | └─┴─┘ | A9b |
| Wednesday | └─┴─┘ | A9c |
| Thursday | └─┴─┘ | A9d |
| Friday | └─┴─┘ | A9e |
| Saturday | └─┴─┘ | A9f |
| Sunday | └─┴─┘ | A9g |

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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** |
| 44 | 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 |
| 45 | How many **servings** of fruit do you eat on **one** of those days? (*USE SHOWCARD and standard measuring cups)* | Number of servings  Don't Know 77 | └─┴─┘ | D2 |
| 46 | 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 |
| 47 | How many **servings** of vegetables do you eat on one of those days? *(USE SHOWCARD and standard measuring cups)* | Number of servings  Don’t know 77 | └─┴─┘ | D4 |

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| **EXPANDED: Diet** | | | | |
| 48 | 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 (animal fat) | 2 |
| Coconut cream or oil | 3 |
| Butter or ghee | 4 |
| Margarine | 5 |
| Other | 6  *If Other, go to D5 other* |
| None in particular | 7 |
| None used | 8 |
| Don’t know | 77 |
| Other | └─┴─┴─┴─┴─┴─┴─┘ | D5other |
| 49 | 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 | └─┴─┘ | D6 |

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| **CORE: Dietary salt** | | | | | |
| The next questions ask about your knowledge, attitudes and behaviour towards dietary salt. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt and salty sauces such as soya 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 bread, instant noodles and canned meats**,** and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt. | | | | | |
| **Question** | | **Response** | | | **Code** |
| 50 | How often do you **add salt** to your food before you eat it or as you are eating it?  *(SELECT ONLY ONE)*  *(USE SHOWCARD)* | Always | | 1 | DS1 | | |
| Often | | 2 |  | | |
| Sometimes | | 3 |  | | |
| Rarely | | 4 |  | |
| Never | | 5 |
| Don't know | | 77 |  | | |
| 51 | How often is **salt added** in cooking or preparing foods in your household? | Always | | 1 | DS2 | | |
| Often | | 2 |
| Sometimes | | 3 |
| Rarely | | 4 |
| Never | | 5 |
| Don't know | | 77 |
| 52 | How often do you eat **processed food high in salt**, such asbreads, instant noodles, tinned and processed meats or sauces?  *(USE SHOWCARD)* | Always | | 1 | DS3 | | |
| Often | | 2 |
| Sometimes | | 3 |
| Rarely | | 4 |
| Never | | 5 |
| Don't know | | 77 |
| 53 | **How much salt** do you think you consume? | Far too much | | 1 | DS4 | | |
| Too much | | 2 |
| Just the right amount | | 3 |
| Too little | | 4 |
| Far too little | | 5 |
| Don't know | | 77 |
| 54 | Do you think that too much salt in your diet could cause a serious **health problem**? | Yes | | 1 | DS5 | | |
| No | | 2 |
| Don't know | | 77 |
| 55 | What do you think is the recommended amount of salt you should consume per day to be healthy? | Less than 10g (2 teaspoon) | 1 | | X1 | | |
| Less than 5g (1 teaspoon) | 2 | |
| Less than 2g (1/2 teaspoon) | 3 | |
| Don't know | 4 | |
| 56 | How important to you is **lowering the salt** in your diet? | Very important | | 1 | DS6 | | |
| Somewhat important | | 2 |
| Not at all important | | 3 |
| Don't know | | 77 |
| 57 | Do you do anything of the following on a regular basis to **control your salt intake**?  *(RECORD FOR EACH)* | | | | | | |
| Avoid/minimize consumption of processed foods | Yes | | 1 | DS7a | | |
| No | | 2 |
| Look at the salt or sodium labels on food | Yes | | 1 | DS7b | | |
| No | | 2 |
| Do not add salt on the table | Yes | | 1 | DS7c | | |
| No | | 2 |
| Buy low salt/sodium alternatives | Yes | | 1 | DS7d | | |
| No | | 2 |
| Do not add salt when cooking | Yes | | 1 | DS7e | | |
| No | | 2 |
| Use spices other than salt when cooking | Yes | | 1 | DS7g | | |
| No | | 2 |
| Avoid eating out | Yes | | 1 | DS7g | | |
| No | | 2 |
| Other | Yes | | 1  *If Yes, go to S7other* | DS7h | | |
| No | | 2 |
| Other (please specify) | └─┴─┴─┴─┴─┴─┴─┘ | | | DS7other | | |

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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. 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** | | | | |
| 58 | Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like *[carrying or lifting* *heavy loads, digging or construction work]*  for at least 10 minutes continuously?  *(USE SHOWCARD)* | Yes | 1 | P1 |
| No | 2  *If No, go to P 4* |
| 59 | In a typical week, on how many days do you do vigorous-intensity activities as part of your work? | Number of days | └─┘ | P2 |
| 60 | How much time do you spend doing vigorous-intensity activities at work on a typical day? | Hours : minutes | └─┴─┘: └─┴─┘  hrs mins | P3 (a-b) |
| 61 | 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 P 7* |
| 62 | In a typical week, on how many days do you do moderate-intensity activities as part of your work? | Number of days | └─┘ | P5 |
| 63 | 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. | | | | |
| 64 | 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* |
| 65 | 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 |
| 66 | 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). | | | | |
| 67 | 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?  *(USE SHOWCARD)* | Yes | 1 | P10 |
| No | 2  *If No, go to P 13* |
| 68 | In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational *(leisure)* activities? | Number of days | └─┘ | P11 |
| 69 | 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) |
| 70 | 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?  *(USE SHOWCARD)* | Yes | 1 | P13 |
| No | 2  *If No, go to P16* |
| 71 | In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational *(leisure)* activities? | Number of days | └─┘ | P14 |
| 72 | 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 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, reading, playing cards or watching television, but do not include time spent sleeping.  *(USE SHOWCARD)* | | | | |
| 73 | 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** |
| 74 | Have you ever had your blood pressure measured by a doctor or other health worker? | Yes | 1 | H1 |
| No | 2 *If No, go to H6* |
| 75 | Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? | Yes | 1 | H2a |
| No | 2  *If No, go to H6* |
| 76 | Have you been told in the past 12 months? | Yes | 1 | H2b |
| No | 2 |

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| **EXPANDED: History of Raised Blood Pressure** | | | | |
| 77 | Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker? | | | |
| Drugs (medication) that you have taken in the past two weeks | Yes | 1 | H3a |
| No | 2 |
| Advice to reduce salt intake | Yes | 1 | H3b |
| No | 2 |
| Advice or treatment to lose weight | Yes | 1 | H3c |
| No | 2 |
| Advice or treatment to stop smoking | Yes | 1 | H3d |
| No | 2 |
| Advice to start or do more exercise | Yes | 1 | H3e |
| No | 2 |
|  | Advice on specific prescribed diet | Yes | 1 | X2 |
| No | 2 |
| 78 | Have you ever seen a traditional healer for raised blood pressure or hypertension? | Yes | 1 | H4 |
| No | 2 |
| 79 | Are you currently taking any herbal or traditional remedy for your raised blood pressure? | Yes | 1 | H5 |
| No | 2 |

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| **CORE: History of Diabetes** | | | | |
| **Question** | | **Response** | | **Code** |
| 80 | Have you ever had your blood sugar measured by a doctor or other health worker? | Yes | 1 | H6 |
| No | 2 *If No, go to X3* |
| 81 | 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 X3* |
| 82 | Have you been told in the past 12 months? | Yes | 1 | H7b |
| No | 2 |

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| **EXPANDED: History of Diabetes** | | | | |
| 83 | Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker? | | | |
| Insulin | Yes | 1 | H8a |
| No | 2 |
| Drugs (medication) that you have taken in the past two weeks | Yes | 1 | H8b |
| No | 2 |
| Special prescribed diet | Yes | 1 | H8c |
| No | 2 |
| Advice or treatment to lose weight | Yes | 1 | H8d |
| No | 2 |
| Advice or treatment to stop smoking | Yes | 1 | H8e |
| No | 2 |
| Advice to start or do more exercise | Yes | 1 | H8f |
| No | 2 |
| 84 | Have you ever seen a traditional healer for diabetes or raised blood sugar? | Yes | 1 | H9 |
| No | 2 |
| 85 | Are you currently taking any herbal or traditional remedy for your diabetes? | Yes | 1 | H10 |
| No | 2 |

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| **CORE: History of Heart Attack** | | | | |
| **Question** | | **Response** | | **Code** |
| 86 | Have you ever had a heart attack? | Yes | 1 | X3 |
| No | 2  *If No, go to X5* |
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| **EXPANDED: History of Heart Attack** | | | | |
| 87 | Are you currently receiving any of the following treatments/advice for heart attack prescribed by a doctor or other health worker? | | | |
| Drugs (medication) that you have taken in the past two weeks | Yes | 1 | X4a |
| No | 2 |
| Special prescribed diet | Yes | 1 | X4b |
| No | 2 |
| Advice or treatment to lose weight | Yes | 1 | X4c |
| No | 2 |
| Advice or treatment to stop smoking | Yes | 1 | X4d |
| No | 2 |
| Advice to start or do more exercise | Yes | 1 | X4e |
| No | 2 |

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| **CORE: History of Stroke** | | | | |
| **Question** | | **Response** | | **Code** |
| 88 | Have you ever had a stroke? | Yes | 1 | X5 |
| No | 2  *If No, go to M1* |

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| **EXPANDED: History of Stroke** | | | | |
| 89 | Are you currently receiving any of the following treatments/advice for stroke prescribed by a doctor or other health worker? | | | |
| Drugs (medication) that you have taken in the past two weeks | Yes | 1 | X6a |
| No | 2 |
| Advice to reduce salt intake | Yes | 1 | X6b |
| No | 2 |
| Advice or treatment to lose weight | Yes | 1 | X6c |
| No | 2 |
| Advice or treatment to stop smoking | Yes | 1 | X6d |
| No | 2 |
| Advice to start or do more exercise | Yes | 1 | X6e |
| No | 2 |

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| **Step 2 Physical Measurements** |

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| **CORE: Height and Weight** | | | | |
| **Question** | | **Response** | | **Code** |
| 90 | Interviewer ID |  | └─┴─┴─┘ | M1 |
| 91 | Device IDs for height and weight | Height | └─┴─┘ | M2a |
| Weight | └─┴─┘ | M2b |
| 92 | Height | in Centimetres (cm) | └─┴─┴─┘. └─┘ | M3 |
| 93 | Weight  *If too large for scale 666.6* | in Kilograms (kg) | └─┴─┴─┘.└─┘ | M4 |
| 94 | **For women:** Are you pregnant? | Yes | 1 *If Yes, go to M 8* | M5 |
| No | 2 |
| **CORE: Waist** | | | | |
| 95 | Device ID for waist |  | └─┴─┘ | M6 |
| 96 | Waist circumference | in Centimetres (cm) | └─┴─┴─┘.└─┘ | M7 |
| **CORE: Blood Pressure** | | | | |
| 97 | Interviewer ID |  | └─┴─┴─┘ | M8 |
| 98 | Device ID for blood pressure |  | └─┴─┘ | M9 |
| 99 | Cuff size used | Small | 1 | M10 |
| Medium | 2 |
| Large | 3 |
| 100 | Reading 1 | Systolic ( mmHg) | └─┴─┴─┘ | M11a |
| Diastolic (mmHg) | └─┴─┴─┘ | M11b |
| 101 | Reading 2 | Systolic ( mmHg) | └─┴─┴─┘ | M12a |
| Diastolic (mmHg) | └─┴─┴─┘ | M12b |
| 102 | Reading 3 | Systolic ( mmHg) | └─┴─┴─┘ | M13a |
| Diastolic (mmHg) | └─┴─┴─┘ | M13b |
| 103 | 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 | M14 |
| No | 2 |

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| **Step 3 Biochemical Measurements** |

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| **CORE: Blood Glucose** | | | | |
| **Question** | | **Response** | | **Code** |
| 104 | During the past 12 hours have you had anything to eat or drink, other than water? | Yes | 1 | B1 |
| No | 2 |
| 105 | Technician ID |  | └─┴─┴─┘ | B2 |
| 106 | Device ID |  | └─┴─┘ | B3 |
| 107 | Time of day blood specimen taken (24 hour clock) | Hours : minutes | └─┴─┘: └─┴─┘  hrs mins | B4 |
| 108 | Fasting blood glucose  *Choose accordingly: mmol/l or mg/dl* | mmol/l | └─┴─┘. └─┴─┘ | B5 |
| mg/dl | └─┴─┴─┘.└─┘ |
| 109 | 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** | | | | |
| 110 | Device ID |  | └─┴─┘ | B7 |
| 111 | Total cholesterol  *Choose accordingly: mmol/l or mg/dl* | mmol/l | └─┴─┘. └─┴─┘ | B8 |
| mg/dl | └─┴─┴─┘.└─┘ |
| 112 | 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: Salt** | | | | |
| 113 | Spot urine test |  | └─┴─┘. └─┴─┘ |  |
| 114 | 24 Hour collection |  | └─┴─┘. └─┴─┘ |  |



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| **CORE: Health Promotion** | | | | |
| I am now going to ask you about your awareness of health messages from the Ministry of Health delivered through a variety of media such as TV, Radio, Posters, Billboards, pamphlets etc.  Information, Education & Communication (IEC) are any visual materials created for awareness purposes. For example: Posters, Pamphlets, Billboards, core flutes, Street flags etc. | | | | |
| **Question** | | **Response** | | **Code** |
|  | | | | |
| 115 | Which form of media is your main source of health messages from the Ministry of Health?. | TV | 1 | X7 |
| Radio | 2 |
| IEC materials | 3 |
| All of the above | 4 |
| None of the above | 5 |
| 116 | Are the messages useful to you in relation to your health | Yes | 1 | X8 |
| No | 2 |
| 117 | How often do you see or hear health messages from the Ministry of Health in the media? | Every day | 1 | X9 |
| Once per week or more | 2 |
| Once per month or more | 3 |
| Never | 4 |
| 118 | What time of the day do you prefer to receive health messages | Morning | 1 | X10 |
| Afternoon | 2 |
| Night | 3 |
|  |  |
| 119 | Which form of media do you prefer to have health messages publicized | IEC materials | 1 | X11 |
| TV | 2 |
| Radio | 3 |
| All of the above | 4 |