



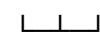
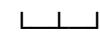
Kenya 2015 (12-March-2015)

Participant Identification Number (seven digits)

Survey Information		
Location and Date	Response	Code
Cluster/Centre/Village ID (4 digits)	<input type="text"/>	I1
Cluster/Centre/Village name (20 characters)	<input type="text"/>	I2
County Name (20 digits)	<input type="text"/>	X1
Location \Residence	Rural 1 Urban 2	X2a
Household number	<input type="text"/>	X2b
Interviewer ID	<input type="text"/>	I3
Date of interview	dd mm year <input type="text"/> <input type="text"/> <input type="text"/>	I4
Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language	English 1 Kiswahili 2 Other 3	I6
Time of interview (24 hour clock)	<input type="text"/> : <input type="text"/> hrs mins	I7
Family Surname	<input type="text"/>	I8
First Name	<input type="text"/>	I9
Contact phone number where possible (10 digits)	<input type="text"/>	I10

Step 1 Demographic Information

Demographic Information

Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	 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
What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	No formal schooling 1 primary school incomplete 2 Primary school completed 3 Secondary school incomplete 4 Secondary school completed 5 A-level completed 6 College/University completed 7 Post graduate degree 8 Refused 88	C5
What is your ethnic background ?	Borana 1 Embu 2 Kalenjin 3 Kamba 4 Kikuyu 5 Kisii 6 Luhya 7 Luo 8 Maasai 9 Meru 10 Miji Kenda 11 Somali 12 Turkana 13 Others 14 Refused 88	C6
What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabitating 6 Refused 88	C7

Question	Response	Code
Which of the following best describes your main work status over the past 12 months?	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid/volunteer 4 Student 5 Homemaker (housewife/house husband) 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
How many people older than 18 years, including yourself, live in your household?	Number of people <input type="text"/>	C9
What is the main source of drinking water for members of your household? (Choose ONLY One)	Piped water (into dwelling) 11 Piped into compound, yard or 12 Piped to neighbor 13 Piped to water kiosk 14 Public tap/standpipe 15 Tubewell/Borehole 21 Dug well (protected) 31 Dug well (unprotected) 32 Spring water (protected) 41 Spring water (unprotected) 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other (specify) 96	X3
	Others	X3others

Question	Response	Code
What kind of toilet facility do members of your household usually use?	Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place/not sure/DK 15 Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab/open 23 Composting toilet 31 Bucket 41 Hanging toilet/hanging latrine 51 No facilities or bush or field or ocean 95 Other (specify) 96	X4
	Others _____	X4others
Main material of the dwelling floor: Record observation	Earth/sand 11 Dung 12 Wood planks 21 Palm/bamboo 22 Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (specify) 96	X5
	Other _____	X5others
Main material of the roof: Record observation (Choose ONLY One)	No Roof 11 Grass/Thatch/Makuti 12 Dung/Mud 13 Corrugated iron (Mabati) 21 Tin cans 22 Asbestos sheet 31 Concrete 32 Tiles 33 Others 96	X6
	Others _____	X6others

Question	Response	Code
Main materials of the walls: Record observation	No walls 11 Cane/palm/trunks 12 Dirt 13 Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Wood planks/shingles 36 Other (specify) 96	X7
	Others _____	X7others
What type of fuel does your household mainly use for cooking?	Electricity 01 Liquefied Petroleum Gas 02 Natural gas 03 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (specify) 96 No food cooked in the 97	X8
Does this household or any member of ther household own any of the following items?	a. Electricity I =Yes, 2=No b. Radio I =Yes, 2=No c. Television I =Yes, 2=No d. Mobile Telephone I =Yes, 2=No e. Non-Mobile Telephone I =Yes, 2=No f. Refrigerator I =Yes, 2=No g. Washing machine I =Yes, 2=No h. Computer I =Yes, 2=No i. Watch I =Yes, 2=No j. Bicycle I =Yes, 2=No k. Motorcycle/scooter I =Yes, 2=No l. Animal Drawn Cart I =Yes, 2=No m. Car\Truck I =Yes, 2=No n. Boat with motor I =Yes, 2=No	X9a X9b X9c X9d X9e X9f X9g X9h X9i X9j X9k X9l X9m X9n
Do you or someone living in this household own this dwelling or do you rent this dwelling?	Own 1 Rent 2	X10

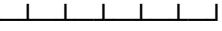
	Rent free/squatter/other 3	
Does your household employ any help (such as house help, shamba man etc)?	Yes 1 No 2	X11
Does any member of this household own any agricultural land?	Yes 1 No 2	X12
Does this household own any livestock, herds, other farm animals, or poultry?	Yes 1 No 2 If no, skip to T1	X13
How many of the following animals does the household own?	a. Local Cattle b. Exotic/grade cattle c. Horse/donkey/camel d. goat e. sheep f. chicken/goose/duck g. Pigs h. Camel If don't know, record 888	X14a X14b X14c X14d X14e X14f X14g X14h

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about tobacco use.

Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, hand-rolled, cigars, waterpipes/shisha, or pipes/kiko? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	In Years <input type="text"/> <i>If Known, go to T5a/T5aw</i> OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i> OR in Weeks <input type="text"/>	T4a T4b T4c
On average, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	DAILY ↓ WEEKLY ↓ Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Pipes full of tobacco (Kiko) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5a w T5b/T5b w T5c/T5c w T5d/T5d w T5e/T5e w

	<p>Other  <i>If Other, go to T5other, else go to T6</i></p> <p>Other (please specify): </p>	T5f/T5f w
During the past 12 months, have you tried to stop smoking ?	<p>Yes 1</p> <p>No 2</p>	T6

Question	Response	Code
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 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	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T8
In the past, did you ever smoke daily?	Yes 1 If $T1=Yes$, go to T12, else go to T10 No 2 If $T1=Yes$, go to T12, else go to T10	T9
How old were you when you stopped smoking?	Age (years) _____ If Known, go to T12 Don't Know 77	T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago _____ If Known, go to T12 OR Months ago _____ If Known, go to T12 OR Weeks ago _____	T11a T11b T11c
Do you currently use any smokeless tobacco products such as snuff, chewing tobacco, kuber, , pan? (USE SHOWCARD)	Yes 1 No 2 If No, go to T15	T12
Do you currently use smokeless tobacco products daily?	Yes 1 No 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 e.g. kuber _____ T14c/ T14cw Betel, quid with tobacco (pan) _____ T14d/ T14dw Other _____ T14e/ T14ew If Other, go to T14other, if $T13=No$, go to T16, else go to T17 Other (please specify): _____ T14othe r/ T14othe rw If $T13=No$, go to T16, else go to T17	
In the past, did you ever use smokeless tobacco products such as snuff, chewing tobacco, kuber, or pan?	Yes 1 No 2 If No, go to T17	T15

Question	Response	Code
In the past, did you ever use smokeless tobacco products such as <i>snuff, chewing tobacco, or betel daily?</i>	Yes 1 No 2	T16
During the past 30 days, did someone smoke in your home?	Yes 1 No 2	T17
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 No 2 Don't work in a closed 3	T18
Have you ever used an electronic cigarette?"	Yes 1 No 2 Don't know 3	X15

Alcohol Consumption

The next questions ask about the consumption of alcohol. When asking about amount of alcohol consumed, you can tell me what types of alcohol you were drinking and I will calculate how much this is when measured in "standard unit of alcohol" or "standard drink" which is the amount of alcohol you find in a small beer, one glass of wine, or one tot of spirits.

Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, spirits, fermented cider, changaa, busaa, or any other local brew? <i>(USE SHOWCARD OR SHOW EXAMPLES)</i>	Yes 1 No 2 <i>If No, go to D1</i>	A1
Have you consumed any alcohol within the past 12 months?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
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 <i>If Yes, go to D1</i> No 2 <i>If No, go to D1</i>	A3

Question	Response	Code
During the past 12 months, how frequently have you had at least one standard alcoholic drink? <i>(READ RESPONSES, USE SHOWCARD)</i>	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4
Have you consumed any alcohol within the past 30 days?	Yes 1 No 2 <i>If No, go to D1</i>	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <input type="text"/>	A6
During the past 30 days, when you drank alcohol, how much did you on average drink during one drinking occasion? <i>(USE SHOWCARD)</i>	Number of standard units of alcohol Don't know 77 <input type="text"/>	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 of standard units of alcohol 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
<p>During each of the past 7 days, how many standard drinks did you have each day? <i>(USE SHOWCARD)</i> <i>Don't Know 7</i></p>	Monday 	A10a
	Tuesday 	A10b
	Wednesday 	A10c
	Thursday 	A10d
	Friday 	A10e
	Saturday 	A10f
	Sunday 	A10g

**Alcohol Consumption, continued**

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

Question	Response	Code
During the past 7 days , did you consume any homebrewed alcohol (excluding changaa, busaa or muratina) or any alcohol not intended for drinking ? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to D1</i>	A11
	Homebrewed spirits, e.g. changaa	A12a
	Homebrewed beer or wine, e.g. Busaa, muratina, mnazi, mkoma beer, or fruit wine	A12b
On average, how many standard drinks of the following did you consume during the past 7 days ? <i>(USE SHOWCARD)</i>	Alcohol brought over the border/from another country	A12c
Don't Know 77	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves	A12d
	Other untaxed alcohol in the country	A12e

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 (one serving). As you answer these questions please think of a typical week in the last year.

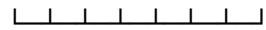
Question	Response	Code
In a typical week, on how many days do you eat fruit ? <i>(USE SHOWCARD)</i>	Number of days Don't Know 77 <i>If Zero days, go to D3</i>	D1
How many servings of fruit do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings Don't Know 77	D2
In a typical week, on how many days do you eat vegetables ? <i>(USE SHOWCARD)</i>	Number of days Don't Know 77 <i>If Zero days, go to D5</i>	D3
How many servings of vegetables do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings Don't know 77	D4

Dietary

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 soya sauce or fish sauce (see show cards). 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 *packaged salty snacks e.g crisps*, 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
How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it? <i>(USE SHOWCARD)</i>	Always (every meal) 1 Often (most meals) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5 Don't know 77	D5
How often is salt, salty seasoning or a salty sauce put in the food when cooking or preparing foods in your household?	Always (every meal) 1 Often (most meals) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5 Don't know 77	D6
How often do you eat processed food high in salt ? By processed food high in salt, I mean foods that have been altered from their natural state, such as njugu-karanga, packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and	Always (every meal) 1 Often (most meals) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5 Don't know 77	D7
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8
How important to you is lowering the salt in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9
Do you think that too much salt or salty sauce in your diet could cause a health problem ?	Yes 1 No 2 Don't know 77	D10
Do you do any of the following on a regular basis to control your salt intake ? <i>(RECORD FOR EACH)</i>		
Limit consumption of processed foods	Yes 1 No 2 Not applicable 3	D11a
Look at the salt or sodium content on food labels	Yes 1 No 2 Not applicable 3	D11b

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Question	Response	Code
Buy low salt/sodium alternatives	Yes 1 No 2 Not applicable 3	D11c
Use spices other than salt when cooking	Yes 1 No 2 Not applicable 3	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2 Not applicable 3	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go</i> No 2 Not applicable 3	D11f
Other (please specify)	_____	D11oth er

The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.

<p>What type of oil or fat is most often used for meal preparation in your household? <i>(USE SHOWCARD)</i> <i>(SELECT ONLY ONE)</i></p>	Vegetable oil (liquid) 1	D12
	Vegetable fat (solid) 2	
	Lard or suet 3	
	Butter or ghee 4	
	Margarine 5	
	Palm Oil 6	
	Coconut Oil 7	
	Other 8 <i>If Other, go to D12 other</i>	
	None in particular 9	
	None used 10	
	Don't know 77	
	Other _____	D12oth er
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	D13

Dietary Sugar Intake

With the next questions, we would like to learn more about sugar in your diet. Dietary sugar includes ordinary sugar, refined sugar such as candy, chocolate, fizzy drinks (see show card). The following questions are on adding sugar to beverages right before you drink them, on how sweet beverages foods are prepared in your home, on eating processed foods that are high in sugar such as packaged snacks and questions on controlling your sugar intake. Please answer the questions even if you consider yourself to eat a diet low in sugar.

Question	Response	Code
How often do you add sugar to your beverages right before you drink them or as you are drinking them? <i>(SELECT ONLY ONE)</i> <i>(USE SHOWCARD)</i>	Always (every drink) 1 Often (every day but not _____) Sometimes (every week) 3 Rarely (not every week) 4 Never 5	X16

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	Don't know 77	
In a typical week on how many days do you take soda (carbonated drinks) like fanta, coca cola, 7-up, Afya, Softa, Vimto, or other sugary drinks?	Number of days Don't Know 77 <input type="text"/> If zero days, go to x18	X17a
How may 300ml bottles do you take each time you drink soda on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/>	X17b
Question	Response	Code
How often do you eat processed food high in sugar ? By processed food high in sugar, I mean biscuits, wafers, cakes, candy, sweets and chocolate and alike? (USE SHOWCARD)	Always (every meal) 1 Often (every day) 2 Sometimes (every week) 3 Rarely 4 Never 5 Don't know 77	X18
How much sugar do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	X19
How important to you is lowering the sugar in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	X20
Do you think that too much sugar in your diet could cause a health problem ?	Yes 1 No 2 Don't know 77	X21
Do you do any of the following on a regular basis to control your sugar intake ? (RECORD FOR EACH)		
Minimize the amount of sugar used in beverages	Yes 1 No 2	X22a
Limit consumption of soda and sugary drinks	Yes 1 No 2	X22b
Limit consumption of processed foods	Yes 1 No 2	X22c
Use of natural/unrefined alternatives	Yes 1 No 2	X22d
Do other things specifically to control your sugar intake	Yes 1 No 2	X22e
Other (please specify)	<input type="text"/>	X22oth er

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.

Work

Question	Response	Code	Questi
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>carrying or lifting heavy loads, digging or construction work</i> for at least 10 minutes continuously?	Yes 1 No 2 If No, go to P 4		P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	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 <i>carrying light loads</i> for at least 10 minutes	Yes 1 No 2 If No, go to P 7		P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	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		
Question	Response	Code
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>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.</p>		
Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 If No, go to P 10	P7
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		
Question	Response	Code
<p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational activities (leisure),</p>		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like running or playing football for at least 10 minutes continuously?	Yes 1 No 2 If No, go to P 13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	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	Yes 1 No 2 If No, go to P16	P13
Question	Response	Code
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days _____	P14

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How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	_____ : _____ Hours : minutes hrs mins	P15 (a-b)
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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.

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

History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	Yes 1 No 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 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

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 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to</i>	H13a
Have you been told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases

Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2 Don't know 3	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2 Don't know 3	H19

Lifestyle Advice

During the past three years, has a doctor or other health worker advised you to do any of the following?
(RECORD FOR EACH)

Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce the use of alcohol/ don't start	Yes 1 No 2	H20b
Reduce salt in your diet	Yes 1 No 2	H20c
Reduce use of refined sugar in your diet	Yes 1 No 2	H20d
Eat at least five servings of fruit	Yes 1	H20e

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and/or vegetables each day	No 2	
Reduce fat in your diet	Yes 1 No 2	H20f
Start or do more physical activity	Yes 1 No 2	
Did not see a physician within the last 3 years		H20g

Question	Response	Code
Maintain a healthy body weight or lose weight	Yes 1 No 2	H20h
Where is your primary source of health care?	Self-medication 1 Herbal/alternative therapy 2 Dispensaries 3 Community Health Worker 4 Health center 5 Sub county/district hospitals 6 County referral hospital (provincial) 7 National referral 8 Private clinic 9 Private hospital 10 OTC/pharmacy 11	X23

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/cervix, 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.

Question	Response	Code
For men and women: Have you heard of the cervical cancer screening methods described above??	Yes 1 No 2 Don't know 77	X24
For women only: Have you ever had a screening test for cervical cancer, using any of these methods described	Yes 1 No 2	CX1

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above?

Don't know 77

Injury		
The next questions ask about different experiences and behaviours that are related to injury.		
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 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4 No seat belt in the vehicle I usually am in 5 Don't Know 77 Refused 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 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a 5 Don't Know 77 Refused 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) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to V5</i> Don't know 77 <i>If don't know, go to V7</i> Refused 88 <i>If Refused, go to V8</i>	V3
Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V4
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 the road traffic crashes which required medical attention?	Yes 1 No 2 <i>If No, go to V8</i> Don't know 77 <i>If don't know, go to V8</i> Refused 88 <i>If Refused, go to V8</i>	V5
Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite/attack 6 Other (specify) 7 Don't know 77	V6

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	Refused 88	
	Other (please specify) _____	V6oth er

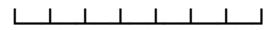
Question	Response	Code
Where were you when you had this injury?	Home 1 School 2 Workplace 3 Road/Street/Highw 4 --- Farm 5 Sports/athletic 6 Other (specify) 7 Don't know 77 Refused 88 Other (please specify) <input type="text"/>	V7 V7oth or

Unintentional Injury

The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.

Question	Response	Code
In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	Always 1 Sometimes 2 Never 3 Did not ride in the last 30 days 4 Don't Know 77 Refused 88	V8
In the past 30 days, how often did you cross the road at a designated crossing area (zebra crossing, foot bridge)?	Every time I crossed the road 1 Sometimes 2 Never 3 Have not had to cross a road in the last 30 days 4 The roads I cross do not have designated crossings 5 Don't Know 77	X25
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 <input type="text"/> Don't Know 77 Refused 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 <input type="text"/> Don't Know 77 Refused 88	V10

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Violence		
The following questions are about different experiences and behaviours that are		
Question	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 1 <i>If never, go to 01</i> Rarely (1- 2) 2 Sometimes (3 - 5) 3 Often (6 or more) 4 Don't know 77 <i>If don't know, go</i> Refused 88 <i>If Refused, go to</i>	V11
The next questions ask about the most serious violent incidence you have had in the		
Please indicate which of the following caused your most serious injury in the last 12 months. <i>(USE SHOWCARDS)</i>	Being shot with a firearm 1 A weapon (other than a firearm) was used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Other (specify) 4 Don't know 77 Refused 88	V12
	----- -----	V12ot her
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend /acquaintance/nei 4 Unrelated 5 Stranger 6 Official or legal 7 Other (specify) 8 Refused 88	V13
	Other (please specify) _____	V13ot her

Oral Health		
The next questions ask about your oral health status and related behaviours.		
Question	Response	Code
How many natural teeth do you have?	No natural teeth 1 If no natural 1 to 9 teeth 2 10 to 19 teeth 3 20 to 27 teeth or more 4 28 to 32 teeth 5 Don't know 77	O1
How would you describe the state of your teeth?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	O2
How would you describe the state of your gums?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77	O3
Do you have any removable dentures?	Yes 1 No 2 If No, go to O6	O4
Which of the following removable dentures do you have? <i>(RECORD FOR EACH)</i>		
An upper jaw denture	Yes 1 No 2	O5a
A lower jaw denture	Yes 1 No 2	O5b
During the past 12 months, did your teeth or mouth cause any pain or discomfort?	Yes 1 No 2	O6
The last time you had pain or discomfort with your teeth or mouth, what did you do first of all?	Went to consult a Traditional healer 1 Went to Health dispensary 2 Went to Public Medical Center\Hospital 3 Went to Private Medical Center\Hospital 4 Went to a Private Dental Clinic 5 Went to a Pharmacy 6 I used self-medication only 7 I did not use or do anything 8 Did other things 9 Don't know 77	X26
	Other (please Specify) 	X26ot her
How long has it been since you last saw a dentist?	Less than 6 months 1 6-12 months 2 More than 1 year but less 3	O7

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	2 or more years but less than 4 5 or more years 5 Never received dental care 6	<i>If Never,</i>
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Question	Response	Code
What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, 2 Treatment / Follow-up 3 Routine check-up treatment 4 Other 5 <i>If Other, go to 0808</i>	08
	Other (please specify) <input type="text"/>	
How often do you clean your teeth?	Never 1 <i>If Never, go to 013a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7	09
	Yes 1 No 2 <i>If No, go to 012a</i>	
	Yes 1 No 2	
	Yes 1 No 2 Don't know 77	
	Yes 1 No 2	
	Yes 1 No 2	
	Yes 1 No 2	
Other (please specify) <input type="text"/>	012ot her	
How often do you replace your tooth brush?		
Have you experienced any of the following problems during the past 12 months because of the state of your teeth? <i>(RECORD FOR EACH)</i>		
Difficulty in chewing foods	Yes 1 No 2	013a
Difficulty with speech/trouble pronouncing words	Yes 1 No 2	013b
Felt tense because of problems with teeth or mouth	Yes 1 No 2	013c
Embarrassed about appearance of teeth	Yes 1 No 2	013d

Avoid smiling because of teeth	Yes 1 No 2	O13e
Sleep is often interrupted	Yes 1 No 2	O13f

Question	Response	Code
Days not at work (or school) because of teeth or mouth	Yes 1 No 2	O13g
Difficulty doing usual activities	Yes 1 No 2	O13h
Less tolerant of spouse or people close to you	Yes 1 No 2	O13i
Reduced participation in social activities	Yes 1 No 2	O13j

Khat use		
Now I am going to ask you some questions about Khat chewing.		
Question	Response	Code
Have you ever chewed Khat? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to End of STEP1</i>	K1
Do you currently chew Khat?	Yes 1 No 2 <i>If No, go to End of STEP1</i>	K2

Step 2 Physical Measurements

Blood Pressure

Question	Response	Code
Interviewer ID	<input type="text"/>	M1
Device ID for blood pressure	<input type="text"/>	M2
Reading 1	Systolic (mmHg) <input type="text"/>	M4a
	Diastolic (mmHg) <input type="text"/>	M4b
Heart Rate Reading 1	Beats per minute <input type="text"/>	M16a
Reading 2	Systolic (mmHg) <input type="text"/>	M5a
	Diastolic (mmHg) <input type="text"/>	M5b
Heart Rate Reading 2	Beats per minute <input type="text"/>	M16b
Reading 3	Systolic (mmHg) <input type="text"/>	M6a
	Diastolic (mmHg) <input type="text"/>	M6b
Heart Rate Reading 3	Beats per minute <input type="text"/>	M16c
In 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 No 2	M7

Height and Weight

For women: Are you pregnant?	Yes 1 If Yes, go to M 16 No 2	M8
Device IDs for height and weight	Height <input type="text"/> Weight <input type="text"/>	M10a M10b
Height	in Centimetres (cm) <input type="text"/> . <input type="text"/>	M11
Weight If too large for scale 666.6	in Kilograms (kg) <input type="text"/> . <input type="text"/>	M12

Waist

Waist circumference	in Centimetres (cm) <input type="text"/> . <input type="text"/>	M14
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Hip Circumference and Heart Rate

Hip circumference	in Centimeters (cm) <input type="text"/> . <input type="text"/>	M15
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Step 3 Biochemical Measurements

Blood Glucose		
Question	Response	Code
During the past 8 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID		B2
Device ID		B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes  :  mins hrs	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 No 2	B6
Blood Lipids		
Total cholesterol	mmol/l  . 	B7
Hdl 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 1 No 2	B9