

Annex III. Survey Instruments



WHO STEPS Instrument for Non Communicable Diseases Risk Factor Surveillance

Nepal

Survey information

Licatuion and date		Response	Code
1	Ward ID	_____	11
2	Ward Number	_____	12
3	Interviewer ID	_____	13
4	Date of completion of the instrument	_____ dd mm year	14



Conset, interview language and name		Response	Code
Participant Id number _____			
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	15
6	Interview language	English 1 Nepali 2	16
7	Time of interview (24 hour clock)	_____ : _____ hrs mins	17
8	Family surname	_____	18
9	First name	_____	19
Additional information that may be helpful			
10	Contact phone number where possible	_____	110

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

STEP I. Demographic information

Demographic information

Question		Response	Code
11	Sex (<i>record male female as observed</i>)	Male 1 Female 2	C1
12	What is your date of birth? <i>Don't know 77 77 7777</i>	<div style="text-align: center;"> </div> <p style="text-align: center; margin-top: 5px;"><i>If known, Go to C4</i></p> <div style="display: flex; justify-content: space-around; width: 100%;"> dd mm year </div>	C2
13	How old are you?	Years 	C3
14	In total, how many years have you spent in school or full-time study (excluding pre-school)?	Years 	C4
15	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 Higher secondary (10+2)/ PCL completed 5 Bachelor degree completed 6 Post graduate degree 7 Refused 88	C5
16	What is your ethnic background ? (USE CASTE CLASSIFICATION CARD)	Dalit 1 Disadvantaged Janajatis 2 Disadvantaged non-Dalit Terai caste groups 3 Religious minorities 4 Relatively advantaged Janajatis 5 Upper caste groups 6 Refused 88	C6

Demographic information continued			
Question	Response	Code	
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	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 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
19	How many people older than 15 years, including yourself, live in your household?	Number of people <input type="text"/>	C9

STEP I. Behavioural measurements

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, pipes, bidis, hukahs or tamakhus? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T8</i>	T1																												
21	Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2																												
22	How old were you when you first started smoking?	Age (years) <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to T5a/T5aw</i> Don't know 77	T3																												
23	Do you remember how long ago it was?(RECORD ONLY 1, NOT ALL 3) <i>Don't know 77</i>	In Years <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to T5a/T5aw</i> OR in months <input type="text"/> <input type="text"/> <input type="text"/> <i>If known, go to T5a/T5aw</i> OR in weeks <input type="text"/> <input type="text"/> <input type="text"/>	T4a T4b 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) <i>Don't know 7777</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">DAILY↓</th> <th style="width: 10%; text-align: center;">WEEKLY↓</th> <th style="width: 40%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Manufactured cigarettes</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="padding: 5px;">T5a/T5aw</td> </tr> <tr> <td style="padding: 5px;">Hand-rolled cigarettes</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="padding: 5px;">T5b/T5bw</td> </tr> <tr> <td style="padding: 5px;">Pipes full of tobacco</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="padding: 5px;">T5c/T5cw</td> </tr> <tr> <td style="padding: 5px;">Cigars, cheroots, cigarillos</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="padding: 5px;">T5d/T5dw</td> </tr> <tr> <td style="padding: 5px;">Other</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="padding: 5px;">T5e/T5ew</td> </tr> <tr> <td style="padding: 5px;">Other (please specify):</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="padding: 5px;">T5other/ T5otherw</td> </tr> </tbody> </table>		DAILY↓	WEEKLY↓		Manufactured cigarettes	<input type="text"/>	<input type="text"/>	T5a/T5aw	Hand-rolled cigarettes	<input type="text"/>	<input type="text"/>	T5b/T5bw	Pipes full of tobacco	<input type="text"/>	<input type="text"/>	T5c/T5cw	Cigars, cheroots, cigarillos	<input type="text"/>	<input type="text"/>	T5d/T5dw	Other	<input type="text"/>	<input type="text"/>	T5e/T5ew	Other (please specify):	<input type="text"/>	<input type="text"/>	T5other/ T5otherw	<i>If other, go to T5other, else go to T6</i>
	DAILY↓	WEEKLY↓																													
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Other (please specify):	<input type="text"/>	<input type="text"/>	T5other/ T5otherw																												
25	During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6																												
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 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7																												
27	In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8																												
28	In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9																												

Tobacco use continued				
Question	Response		Code	
29	How old were you when you stopped smoking?	Age (years) <input type="text"/> <input type="text"/> <i>If known, go to T12</i> Don't know 77	T10	
30	How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) <i>Don't know 77</i>	Years ago <input type="text"/> <input type="text"/> <i>If known, go to T12</i>	T11a	
		OR Months ago <input type="text"/> <input type="text"/> <i>If known, go to T12</i>	T11b	
		OR Weeks ago <input type="text"/> <input type="text"/>	T11c	
31	Do you currently use any smokeless tobacco products such as [<i>snuff, chewing tobacco, nasal snuff, khaini, surti, gutka</i>]? (USE SHOWCARD)	Yes 1 No 2 <i>If no, go to T15</i>	T12	
32	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If no, go to T14aw</i>	T13	
33	On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) <i>Don't know 7777</i>	DAILY↓ WEEKLY↓		
		Snuff, by mouth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14a/T14aw
		Snuff, by nose <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14b/T14bw
		Chewing tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14c/T14cw
		Betel <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14d/ T14dw
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14e/T14ew	
	Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<i>If other, go to T14other, if T13=No, go to T16, else go to T17</i> <i>If T13=No, go to T16, else go to T17</i>	T14other/ T14 otherw	
34	In the past , did you ever use smokeless tobacco products such as [<i>snuff, chewing tobacco, nasal snuff, khaini, surti, gutka</i>]?	Yes 1 No 2 <i>If no, go to T17</i>	T15	
35	In the past , did you ever use smokeless tobacco products such as [<i>snuff, chewing tobacco, nasal snuff, khaini, surti, gutka</i>] daily ?	Yes 1 No 2	T16	
36	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	T17	
37	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 <input type="text"/> <input type="text"/> <input type="text"/> Don't know or don't work in a closed area 77	T18	

Alcohol consumption			
The next questions ask about the consumption of alcohol.			
Question	Response	Code	
38	Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>ljaad, raksi, tungba</i> ? (USE SHOWCARD)	Yes 1 No 2 <i>If no, go to D1</i>	A1a
39	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 <i>If no, go to D1</i>	A1b
40	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5–6 days per week 2 1–4 days per week 3 1–3 days per month 4 Less than once a month 5	A2
41	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 <i>If no, go to D1</i>	A3
42	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number <input type="text"/> Don't know 77	A4
43	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 <input type="text"/> Don't know 77	A5
44	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 <input type="text"/> Don't Know 77	A6
45	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 <input type="text"/> Don't know 77	A7
46	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
47	During each of the past 7 days , how many standard alcoholic drinks did you have each day? (USE SHOWCARD) <i>Don't know 77</i>	Monday <input type="text"/> Tuesday <input type="text"/> Wednesday <input type="text"/> Thursday <input type="text"/> Friday <input type="text"/> Saturday <input type="text"/> Sunday <input type="text"/>	A9a A9b A9c A9d A9e A9f A9g

Diet			
The next questions ask about the fruit and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruit 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
48 In a typical week, on how many days do you eat fruit ? <i>(USE SHOWCARD)</i>	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D3 Don't know 77		D1
49 How many servings of fruit do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77		D2
50 In a typical week, on how many days do you eat vegetables ? <i>(USE SHOWCARD)</i>	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D5 Don't know 77		D3
51 How many servings of vegetables do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77		D4
52 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>	Mustard oil 1 Refined vegetable oil 2 Lard or suet 3 Butter or ghee 4 Noodles oil 5 Other 6 If other, go to D5 other None in particular 7 None used 8 Don't know 77 Other (Please Specify)		D5 D5 other
53 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 <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77		D6
54 How much of the oil/ghee identified in D5 does your household consume?(Fill only one option) 1 deuja (1 chauthai) = 125ml; 5 muthi = 250ml, 1 mana = 500ml 1 litre = 1000 ml	millilitres in a day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> millilitres in a week <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> millilitres in a month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77		X1
55 How many people of following age groups live in your household? <i>(Record for all the options applicable)</i>	Less than 3 years <input type="text"/> <input type="text"/> <input type="text"/> 3 to 5 year <input type="text"/> <input type="text"/> <input type="text"/> 5 to 7 year <input type="text"/> <input type="text"/> <input type="text"/> 7 to 9 years <input type="text"/> <input type="text"/> <input type="text"/> 9 to 12 years <input type="text"/> <input type="text"/> <input type="text"/> 12 to 21 years <input type="text"/> <input type="text"/> <input type="text"/> More than 21 years <input type="text"/> <input type="text"/> <input type="text"/>		X2a X2b X2c X2d X2e X2f X2g

Dietary salt			
<p>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, iodised salt and salty sauces such as soya sauce or fish sauce. The following questions are on adding salt to food right before you eat it, how food is prepared in your home, eating processed foods that are high in salt such as <i>chau chau</i>, <i>Lays chips</i>, <i>Kurkure</i>, <i>salty biscuits</i>, <i>canned fish</i>, <i>dry meat</i>, <i>titura</i>, <i>preserved pickle</i>, <i>bhujia</i>, <i>mixtures</i>, <i>papad</i> etc. and on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.</p>			
Question		Response	Code
56	<p>How often do you add salt to your food before you eat it or as you are eating it?</p> <p>(SELECT ONLY ONE)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	DS1
57	<p>How often is salt added in cooking or preparing foods in your household?</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	DS2
58	<p>How often do you eat processed food high in salt, such as <i>chau chau</i>, <i>Lays</i>, <i>Kurkure</i>, <i>salty biscuits</i>, <i>canned fish</i>, <i>dry meat</i>, <i>titura</i>, <i>preserved pickle</i>, <i>bhujia</i>, <i>mixtures</i>, <i>papad</i> etc.?</p> <p>(USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	DS3
59	<p>How much salt do you think you consume?</p>	<p>Far too much 1</p> <p>Too much 2</p> <p>Just the right amount 3</p> <p>Too little 4</p> <p>Far too little 5</p> <p>Don't know 77</p>	DS4
60	<p>Do you think that too much salt in your diet could cause a serious health problem?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	DS5
61	<p>How important to you is lowering the salt in your diet?</p>	<p>Very important 1</p> <p>Somewhat important 2</p> <p>Not at all important 3</p> <p>Don't know 77</p>	DS6

Dietary salt continued			
Question	Response	Code	
62	Do you do any of the following on a regular basis to control your salt intake? (RECORD FOR EACH)		
	Avoid/minimise consumption of processed foods	Yes 1 No 2	DS7a
	Look at the salt or sodium labels on food	Yes 1 No 2	DS7b
	Eat meals without adding salt at the table	Yes 1 No 2	DS7c
	Buy low salt/sodium alternatives	Yes 1 No 2	DS7d
	Cook meals without adding salt	Yes 1 No 2	DS7e
	Use spices other than salt when cooking	Yes 1 No 2	DS7f
	Avoid eating out	Yes 1 No 2	DS7g
	Other	Yes 1 <i>If Yes, go to DS7other</i> No 2	DS7h
	Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DS7other
63	Which type of salt do you use?	Crystal Salt 1 Powdered Salt without logo 2 Powdered salt with two children logo 3 Others 4 (If others go to X3 other Others (Please Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X3 X3 Other
64	How much salt does your family consume?(Fill only one option)	milligrams in a day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X4
	1 pathi crystal salt = 3,000 mg	milligrams in a week <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	1 mana crystal salt = 375 mg	milligrams in a month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	1packet powdered salt = 1,000 mg	Don't know 77	

Oral health			
The next questions ask about your oral health status and related behaviours.			
Question		Response	Code
65	How many natural teeth do you have?	No natural teeth 1 <i>If no natural teeth, go to O4</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	O1
66	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
67	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
68	Do you have any removable dentures ?	Yes 1 No 2 <i>If no, go to O6</i>	O4
Which of the following removable dentures do you have? (RECORD FOR EACH)			
69	An upper jaw denture	Yes 1 No 2	O5a
	A lower jaw denture	Yes 1 No 2	O5b
70	During the past 12 months, did your teeth or mouth cause any pain or discomfort ?	Yes 1 No 2	O6
71	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 than 2 years 3 2 or more years, but less than 5 years 4 5 or more years 5 Never received dental care 6 <i>If never, go to O9</i>	O7

72	What was the main reason for your last visit to the dentist?	Consultation/advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 <i>If other, go to O8other</i> Other (please specify) <input type="text"/>	O8
73	How often do you clean your teeth?	Never 1 <i>If Never, go to O13a</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	O9

Oral health continued			
Question		Response	Code
74	Do you use toothpaste to clean your teeth?	Yes 1	O10
		No 2 <i>If no, go to O12a</i>	
75	Do you use toothpaste containing fluoride ?	Yes 1	O11
		No 2	
		Don't know 77	
76	Do you use any of the following to clean your teeth ? <i>(RECORD FOR EACH)</i>		
	Toothbrush	Yes 1 No 2	O12a
	Wooden toothpick	Yes 1 No 2	O12b
	Plastic toothpick	Yes 1 No 2	O12c
	Thread (dental floss)	Yes 1 No 2	O12d
	Charcoal	Yes 1 No 2	O12e
	Chewstick/miswak	Yes 1 No 2	O12f
	Other	Yes 1 <i>If Yes, go to O12other</i> No 2	O12g
	Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	O12 other
	77	Have you experienced any of the following problems during the past 12 months because of the state of your teeth ? (RECORD FOR EACH)	
Difficulty in chewing foods		Yes 1 No 2	O13a
Difficulty with speech/trouble pronouncing words		Yes 1 No 2	O13b
Felt tense because of problems with teeth or mouth		Yes 1 No 2	O13c
Embarrassed about appearance of teeth		Yes 1 No 2	O13d

	Avoided smiling because of teeth	Yes 1 No 2	O13e
	Sleep is often interrupted	Yes 1 No 2	O13f
	Days not at work 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
78	Are you currently suffering from dental caries?	Yes 1 No 2	O14

Physical activity		
<p>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 or training, household chores, harvesting food and crops, fishing or hunting for food, seeking employment, walking uphill or downhill for routine work. 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.</p>		
Question	Response	Code
Work		
79	<p>Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate [<i>carrying or lifting heavy loads, digging or construction work</i>] for at least 10 minutes continuously? (USE SHOWCARD)</p> <p>Yes 1</p> <p>No 2 <i>If no, go to P4</i></p>	P1
80	<p>In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</p> <p>Number of days <input type="text"/></p>	P2
81	<p>How much time do you spend doing vigorous-intensity activities at work on a typical day?</p> <p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
82	<p>Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate [<i>brisk walking, carrying light loads, manual washing clothes, mopping of floor, gardening at home</i>] for at least 10 minutes continuously?</p> <p>[INSERT EXAMPLES] (USE SHOWCARD)</p> <p>Yes 1</p> <p>No 2 <i>If no, go to P 7</i></p>	P4
83	<p>In a typical week, on how many days do you do moderate-intensity activities as part of your work?</p> <p>Number of days <input type="text"/></p>	P5
84	<p>How much time do you spend doing moderate-intensity activities at work on a typical day?</p> <p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
Travel to and from places		
<p>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.</p>		
85	<p>Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?</p> <p>Yes 1</p> <p>No 2 <i>If no, go to P 10</i></p>	P7
86	<p>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?</p> <p>Number of days <input type="text"/></p>	P8
87	<p>How much time do you spend walking or bicycling for travel on a typical day?</p> <p>Hours: minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)

Physical activity continued			
Question		Response	Code
Recreational activity			
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) like cycling, swimming, volleyball, badminton, yoga.			
88	Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate [<i>running or football</i>] for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 <i>If no, go to P 13</i>	P10
89	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P11
90	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
91	Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate [<i>brisk walking, cycling, swimming, volleyball, badminton, yoga</i>] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 <i>If no, go to P16</i>	P13
92	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <input type="text"/>	P14
93	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)

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, travelling in car or bus, reading, playing cards or watching television, but does not include time spent sleeping. [INSERT EXAMPLES] (USE SHOWCARD)			
94	How much time do you usually spend sitting or reclining on a typical day?	Hours: minutes <input type="text"/> : <input type="text"/> hrs mins	P16 (a-b)

Housing and energy (Indoor air pollution)			
The next questions ask about housing and energy.			
Question	Response	Code	
95	Observe the roof material of house (Don't ask the participants, just observe yourself)	Grass/leaves/reeds/thatch/wood/ mud/bamboo or mixed 1 Stone 2 Concrete 3 Tiles, slate, shingles 4 Bricks, stones and lime 5 Corrugated iron, zinc or other metal sheets 6 Others 7 (If others go to X5 other) Others (Please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X5 X5 Other
96	Observe the wall materials of house	Grass/leaves/reeds/bamboos /thatch or mixed 1 Mud/dirt 2 Unfired bricks 3 Wood 4 Fired bricks 5 Stone 6 Cement concrete 7 Others 8 (If others go to X6 other) Others (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X6 X6 Other
97	Observe the floor materials of house	Mud/dirt 1 Wood/planks 2 Bamboo or logs 3 Cement 4 Bricks, stones and lime 5 Others 6 (If others go to X7 other) Others (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X7 X7 Other
98	Do you have a separate room that is used as a kitchen?	Yes 1 No 2	X8
99	What is the main fuel for cooking in your house?	Wood/timber 1 Kerosene 2 LPG 3 Cow dung 4 Bio-gas 5 Straw and thatch 6 Others 9 (If others go to X9 other) Others (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X9 X9 Other

Housing and energy continued			
Question	Response	Code	
100	What type of stove do you use in house	<p>Open fire 1</p> <p>Mud stove 2</p> <p>Smokeless stove 3</p> <p>Kerosene stove 4</p> <p>Gas stove 5</p> <p>Others 6 (If others go to X10 other)</p> <p>Others (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>X10</p> <p>X10 Other</p>
101	What is the main source of lighting for your house?	<p>Kerosene 1</p> <p>Pine wood fuel 2</p> <p>Solar 3</p> <p>Candle 4</p> <p>Electricity 5</p> <p>Others 6 (If others go to X11 other)</p> <p>Others (please specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>X11</p> <p>X11 Other</p>

History of raised blood pressure			
Question		Response	Code
102	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
		No 2 <i>If no, go to H6</i>	
103	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 <i>If no, go to H6</i>	
104	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

105	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 No 2	H3a
	Advice to reduce salt intake	Yes 1 No 2	H3b
	Advice or treatment to lose weight	Yes 1 No 2	H3c
	Advice or treatment to stop smoking	Yes 1 No 2	H3d
	Advice to start or do more exercise	Yes 1 No 2	H3e
106	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
107	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

History of diabetes			
Question	Response	Code	
108	Have you ever had your blood glucose measured by a doctor or other health worker?	Yes 1 No 2 <i>If no, go to M1</i>	H6
109	Have you ever been told by a doctor or other health worker that you have raised blood glucose or diabetes?	Yes 1 No 2 <i>If no, go to M1</i>	H7a
110	Have you been told in the past 12 months?	Yes 1 No 2	H7b
111	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1 No 2	H8a
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	H8b
	Special prescribed diet	Yes 1 No 2	H8c
	Advice or treatment to lose weight	Yes 1 No 2	H8d
	Advice or treatment to stop smoking	Yes 1 No 2	H8e
	Advice to start or do more exercise	Yes 1 No 2	H8f
112	Have you ever seen a traditional healer for diabetes or raised blood glucose?	Yes 1 No 2	H9
113	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H10

STEP II. Physical measurements

CORE: Height and weight			
Question	Response		Code
114	Interviewer ID	□□□□	M1
115	Device IDs for height and weight	Height □□□	M2a
		Weight □□□	M2b
116	Height	in centimetres (cm) □□□□.□	M3
117	Weight	in kilograms (kg) □□□□.□	M4
	<i>If too large for scale 666.6</i>		
118	For women: Are you pregnant?	Yes 1 <i>If yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
119	Device ID for waist	□□□	M6
120	Waist circumference	in Centimetres (cm) □□□□.□	M7
CORE: Blood pressure			
121	Interviewer ID	□□□□	M8
122	Device ID for blood pressure	□□□	M9
123	Cuff size used	Small 1	M10
		Medium 2	
		Large 3	
124	Reading 1	Systolic (mmHg) □□□□	M11a
		Diastolic (mmHg) □□□□	M11b
125	Reading 2	Systolic (mmHg) □□□□	M12a
		Diastolic (mmHg) □□□□	M12b
126	Reading 3	Systolic (mmHg) □□□□	M13a
		Diastolic (mmHg) □□□□	M13b
127	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	
Hip circumference and heart rate			
128	Hip circumference	in centimetres (cm) □□□□.□	M15
129	Heart rate		
	Reading 1	Beats per minute □□□□	M16a
	Reading 2	Beats per minute □□□□	M16b
	Reading 3	Beats per minute □□□□	M16c

STEP III Biochemical measurements

Blood glucose		
Question	Response	Code
130	During the past 12 hours have you had anything to eat or drink, other than water? Yes 1 No 2	B1
131	Technician ID _ _ _ _	B2
132	Device ID _ _	B3
133	Time of day blood specimen taken (24 hour clock) Hours: minutes _ _ : _ _ hrs mins	B4
134	Fasting blood glucose mg/dl _ _ _ _ _ _ _ _	B5
135	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		
136	Device ID _ _	B7
137	Total cholesterol mg/dl _ _ _ _ _ _ _ _	B8
138	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
Triglycerides and HDL cholesterol		
139	Triglycerides mg/dl _ _ _ _ _ _ _ _	B10
140	HDL Cholesterol mg/dl _ _ _ _ _ _ _ _	B11