

Appendix 2 Vanuatu STEPS Survey Questionnaire

National STEPS Survey Questionnaire for NCD Risk Factors

Vanuatu 2011



of Health



Survey Information

Location and Date		Response	Code
1	EA No	<input type="text"/>	I1
2	Island name	<input type="text"/>	I2
3	Interviewer ID	<input type="text"/>	I3
4	Date of completion of the questionnaire	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm year	I4

Participant Id Number <input type="text"/>			
Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
6	Interview Language	Bislama 1 English 2 Other 3	I6
7	Time of interview (24 hour clock)	<input type="text"/> : <input type="text"/> hrs mins	I7
8	Family Surname	<input type="text"/>	I8
9	First Name	<input type="text"/>	I9
10	Contact phone number where possible	<input type="text"/>	I10

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

Demographic Information

Demographic Information			
Question		Response	Code
11	Sex (Record Male / Female as observed)	<div style="display: flex; justify-content: space-between;"> <div>Male</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Female</div> <div>2</div> </div>	C1
12	What is your date of birth? Don't Know 77 77 7777	<div style="display: flex; justify-content: space-between;"> <div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> </div> <div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> </div> <div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> </div> </div> <div style="text-align: right; margin-top: -10px;">If known,</div> <div style="text-align: center; margin-top: 5px;">Go to C4</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>dd</div> <div>mm</div> <div>year</div> </div>	C2
13	How old are you?	Years <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> </div>	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> </div>	C4
15	What is the highest level of education you have completed?	<div style="display: flex; justify-content: space-between;"> <div>No formal schooling</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Less than primary school</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Primary school completed</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Secondary school completed</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>College/University completed</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Post graduate degree</div> <div>6</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Refused</div> <div>88</div> </div>	C5
16	What is your ethnic background?	<div style="display: flex; justify-content: space-between;"> <div>Ni-Vanuatu</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Part Ni-Vanuatu</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other Pacific island countries and areas</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Refused</div> <div>88</div> </div>	C6
17	What is your marital status ?	<div style="display: flex; justify-content: space-between;"> <div>Never married</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Currently married</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Separated</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Divorced</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Widowed</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Cohabiting</div> <div>6</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Refused</div> <div>88</div> </div>	C7
18	Which of the following best describes your main work status over the past 12 months?	<div style="display: flex; justify-content: space-between;"> <div>Government employee</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Non-government employee</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Farmer</div> <div>3</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Self-employed</div> <div>4</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Non-paid</div> <div>5</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Student</div> <div>6</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Homemaker</div> <div>7</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Retired</div> <div>8</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Unemployed (able to work)</div> <div>9</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Unemployed (unable to work)</div> <div>10</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Refused</div> <div>88</div> </div>	C8
19	How many people older than 18 years, including yourself, live in your household?	Number of people <div style="display: flex; justify-content: space-between; width: 100px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px; margin-bottom: 2px;"></div> </div>	C9

Demographic Information, Continued			
Question		Response	Code
20	Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week <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"/> Go to T1	C10a
		OR per month <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"/> Go to T1	C10b
		OR per year <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"/> Go to T1	C10c
		Refused 88	C10d
21	If you don't know the amount, can you give an estimate of the monthly household income if I read some options to you? Is it (READ OPTIONS)	≤ 14,400vt 1 More than 14,400vt ≤ 2 More than 27,000vt ≤ 3 More than 41,300vt ≤ 4 More than 63,100vt 5 Don't Know 77 Refused 88	C11

Step 1 Behavioural Measurements

Tobacco Use			
Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.			
Question		Response	Code
22	Have you ever smoked tobacco products?	Yes 1 No 2 If No, go to X1	T1a
23	Do you currently smoke any tobacco products ?	Yes 1 No 2 If No, go to T6	T1
24	Do you currently smoke tobacco products daily ?	Yes 1 No 2 If No, go to T6	T2
25	How old were you when you first started smoking daily?	Age (years) <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T3 Don't know 77 T5a	T3
26	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T4a	T4a
		OR in Months <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T4b	T4b
		OR in Weeks <input type="text"/> <input type="text"/> <input type="text"/>	T4c
27	On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/>	T5a
		Hand-rolled commercial cigarettes <input type="text"/> <input type="text"/> <input type="text"/>	T5b
		Hand-rolled traditional cigarettes <input type="text"/> <input type="text"/> <input type="text"/>	T5c
		Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/>	T5d
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/>	T5e

		Other <input type="text"/> <i>If Other, go to T5other, else go to T6</i>	T5f
		Other (please specify): <input type="text"/> <i>Go to T9</i>	T5other
28	In the past, did you ever smoke daily ?	Yes 1 No 2 <i>If No, go to T9</i>	T6
29	How old were you when you stopped smoking daily ?	Age (years) <input type="text"/> Don't Know 77 <input type="text"/> <i>If Known, go to T9</i>	T7
30	How long ago did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <i>If Known, go to T9</i>	T8a
		OR Months ago <input type="text"/> <i>If Known, go to T9</i>	T8b
		OR Weeks ago <input type="text"/>	T8c
31	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"/> Don't know 77 <input type="text"/>	T9
32	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"/> Don't know or don't work in a closed area 77 <input type="text"/>	T10

Betel Nut Use			
Question		Response	Code
33	Do you currently chew betel nut?	Yes 1 No 2 <i>If No, go to A1a</i>	X1
34	If Yes, Do you currently chew betel nuts daily ?	Yes 1 No 2	X2
35	When you chew, how many nuts on average do you chew at one time?	Number of Betel Nuts <input type="text"/>	X3
36	On average, how many times each day do you chew?	Times per day <input type="text"/>	X4
Betel Nut with Tobacco			
Question		Response	Code
37	Do you currently chew betel nut with Tobacco ?	Yes 1 No 2 <i>If No, go to A1a</i>	X5
38	Do you currently chew betel nut with Tobacco daily ?	Yes 1 No 2	X6
39	During the past 30 days, how many occasions did you chew betel nut with Tobacco ?	Number of times <input type="text"/> Don't Know 77 <input type="text"/>	X7

Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
40	Have you ever consumed an alcoholic drink such as beer, home brew, wine or spirits?	Yes 1 No 2 <i>If No, go to X8</i>	A1a

41	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 <i>If No, go to X8</i>	A1b
42	During the past 12 months, how frequently have you had at least one alcoholic drink? (<i>READ RESPONSES</i>)	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
43	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 <i>If No, go to X8</i>	A3
44	During the past 30 days, how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
45	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion?	Number Don't know 77 <input type="text"/>	A5
46	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 <input type="text"/>	A6
47	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 <input type="text"/>	A7
48	During each of the past 7 days , how many standard alcoholic drinks did you have each day? <i>Don't Know 77</i>	Monday <input type="text"/>	A8a
		Tuesday <input type="text"/>	A8b
		Wednesday <input type="text"/>	A8c
		Thursday <input type="text"/>	A8d
		Friday <input type="text"/>	A8e
		Saturday <input type="text"/>	A8f
		Sunday <input type="text"/>	A8g

Kava			
Question		Response	Code
49	Have you consumed kava in the past 30 days ?	Yes 1 No 2 <i>If No, go to D1</i>	X8
50	During the past 30 days, how many occasions did you drink kava?	Number of times Don't Know 77 <input type="text"/>	X9
51	On each occasion that you drank kava, how many bowls did you consume?	Number of bowls Don't Know 77 <input type="text"/>	X10
52	Do you smoke when you drink kava?	Yes 1 No 2 <i>If No, go to D1</i>	X11
53	How many tobacco products do you usually smoke during one kava drinking occasion?	Number of products <input type="text"/>	X12

54	After drinking kava, do you continue with drinking alcohol?	Yes 1 No 2	X13
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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	
55 In a typical week, on how many days do you eat fruit?	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D3 Don't Know 77	D1	
56 How many servings of fruit do you eat on one of those days?	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	D2	
57 In a typical week, on how many days do you eat vegetables	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D5 Don't Know 77	D3	
58 How many servings of vegetables do you eat on one of those days?	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	D4	
59 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	D5	
60 On average how long does it take to consume 500g of salt?	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to P1 Don't Know 77	X14	
61 Please choose an example that best represents what your biggest meal of the day is made of	<div> <div>1. </div> <div>2. </div> <div>3. </div> <div>4. </div> <div>5. </div> </div>	X15	

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			
62 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?	Yes 1 No 2 If No, go to P 4	P1	

63	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
64	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
65	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?	Yes 1 No 2 If No, go to P 7	P4
66	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
67	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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.			
68	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 If No, go to P 10	P7
69	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 <input type="text"/>	P8
70	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)
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).			
71	Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously?	Yes 1 No 2 If No, go to P 13	P10
72	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <input type="text"/>	P11
73	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)
74	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball] for at least 10 minutes continuously?	Yes 1 No 2 If No, go to P16	P13
75	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <input type="text"/>	P14

76	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)
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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.			
77	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)

History of Raised Blood Pressure				
Question		Response		Code
78	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	No 2 If No, go to H6	H1
79	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	No 2 If No, go to H6	H2a
80	Have you been told in the past 12 months?	Yes 1	No 2	H2b
81	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 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
	82	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	No 2
83	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
84	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 <i>If No, go to M1</i>	

85	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 M1</i>	H7a
86	Have you been told in the past 12 months?	Yes 1 No 2	H7b
87	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 to lose weight	Yes 1 No 2	H8d
	Advice or treatment to stop smoking	Yes 1 No 2	H8e
88	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
89	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H10

Step 2 Physical Measurements

Height and Weight			
Question	Response		Code
90	Interviewer ID	<input type="text"/>	M1
91	Device IDs for height and weight	Height <input type="text"/>	M2a
		Weight <input type="text"/>	M2b
92	Height	in Centimetres (cm) <input type="text"/>	M3
93	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/>	M4
94	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
Waist			
95	Device ID for waist	<input type="text"/>	M6
96	Waist circumference	in Centimetres (cm) <input type="text"/>	M7
Blood Pressure			
97	Interviewer ID	<input type="text"/>	M8
98	Device ID for blood pressure	<input type="text"/>	M9
99	Cuff size used	Medium 1	M10
		Large 2	
100	Reading 1	Systolic (mmHg) <input type="text"/>	M11a
		Diastolic (mmHg) <input type="text"/>	M11b
101	Reading 2	Systolic (mmHg) <input type="text"/>	M12a
		Diastolic (mmHg) <input type="text"/>	M12b
102	Reading 3	Systolic (mmHg) <input type="text"/>	M13a
		Diastolic (mmHg) <input type="text"/>	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	
104	Hip circumference	in Centimeters (cm) <input type="text"/>	M15
105	Heart Rate		M16a
	Reading 1	Beats per minute <input type="text"/>	
	Reading 2	Beats per minute <input type="text"/>	
	Reading 3	Beats per minute <input type="text"/>	

Step 3 Biochemical Measurements

Blood Glucose			
Question		Response	Code
106	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
107	Technician ID	<div> <div></div> <div></div> <div></div> <div></div> </div>	B2
108	Device ID	<div> <div></div> <div></div> </div>	B3
109	Time of day blood specimen taken (24 hour clock)	Hours : minutes <div><div></div><div></div></div> : <div><div></div><div></div></div> hrs mins	B4
110	Fasting blood glucose	mmol/l <div><div></div><div></div></div> . <div><div></div><div></div></div>	B5
111	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			
112	Device ID	<div> <div></div> <div></div> </div>	B7
113	Total cholesterol	mmol/l <div><div></div><div></div></div> . <div><div></div><div></div></div>	B8
114	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