



# WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance

## Cook Islands

### Survey Information

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



Consent, Interview Language and Name		Response	Code
Participant Id Number    _ _ _ _    _ _ _ _    _ _ _ _			
5	Consent has been read and obtained	Yes 1 No 2 <b>IF NO, END</b>	I5
6	Interview Language	English 1 Cook Island Maori 2	I6
7	Time of interview (24 hour clock)	_ _ : _ _ hrs      mins	I7
8	Family Surname		I8
9	First Name		I9
Additional Information that may be helpful			
10	Contact phone number where possible		I10

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

## Step 1 Demographic Information

CORE: 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>  _ _ _ _   _ _ _ _ _   _ _ _ _ _  <i>If known, Go to C4</i> dd mm year	C2
13	How old are you? Years  _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years  _ _  Don't Know 77	C4

EXPANDED: Demographic Information			
15	What is the <b>highest level of education</b> you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 College/University completed 5 Post graduate degree 6 Refused 88	C5
16	What is your ethnic <b>background</b> ?	Cook Island Maori 1 European 2 Other 3 Refused 88	C6
17	What is your <b>marital status</b> ?	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 <b>main work</b> status over the past 12 months?  ( <i>USE SHOWCARD</i> )	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 18 years, including yourself, live in your household?	Number of people  _ _  Don't Know 77 Refused 88	C9

EXPANDED: Demographic Information, Continued																									
Question		Response	Code																						
20	Taking <b>the past year</b> , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week <table style="display: inline-table; border-collapse: collapse; vertical-align: middle;"><tr><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td></tr></table> <i>Go to T1</i>																			C10a				
		OR per month <table style="display: inline-table; border-collapse: collapse; vertical-align: middle;"><tr><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td><td style="width: 15px;"> </td></tr></table> <i>Go to T1</i>																			C10b				
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Refused 88	C10d																								
21	If you don't know the amount, can you give an <b>estimate</b> of the annual household income if I read some options to you? Is it  (READ OPTIONS)	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 150px; padding-left: 20px;">&lt; 10,000</td><td style="text-align: right; padding-right: 20px;">1</td></tr> <tr><td style="padding-left: 20px;">More than or equal to 10,000, &lt; 20,000</td><td style="text-align: right;">2</td></tr> <tr><td style="padding-left: 20px;">More than or equal to 20,000, &lt; 30,000</td><td style="text-align: right;">3</td></tr> <tr><td style="padding-left: 20px;">More than or equal to 30,000, &lt; 40,000</td><td style="text-align: right;">4</td></tr> <tr><td style="padding-left: 20px;">More than or equal to 40,000, &lt; 50,000</td><td style="text-align: right;">5</td></tr> <tr><td style="padding-left: 20px;">More than or equal to 50,000, &lt; 60,000</td><td style="text-align: right;">6</td></tr> <tr><td style="padding-left: 20px;">More than or equal to 60,000, &lt; 80,000</td><td style="text-align: right;">7</td></tr> <tr><td style="padding-left: 20px;">More than or equal to 80,000, &lt; 100,000</td><td style="text-align: right;">8</td></tr> <tr><td style="padding-left: 20px;">More than or equal to 100,000</td><td style="text-align: right;">9</td></tr> <tr><td style="padding-left: 20px;">Don't Know</td><td style="text-align: right;">77</td></tr> <tr><td style="padding-left: 20px;">Refused</td><td style="text-align: right;">88</td></tr> </table>	< 10,000	1	More than or equal to 10,000, < 20,000	2	More than or equal to 20,000, < 30,000	3	More than or equal to 30,000, < 40,000	4	More than or equal to 40,000, < 50,000	5	More than or equal to 50,000, < 60,000	6	More than or equal to 60,000, < 80,000	7	More than or equal to 80,000, < 100,000	8	More than or equal to 100,000	9	Don't Know	77	Refused	88	C11
< 10,000	1																								
More than or equal to 10,000, < 20,000	2																								
More than or equal to 20,000, < 30,000	3																								
More than or equal to 30,000, < 40,000	4																								
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Refused	88																								

## Step 1 Behavioural Measurements

CORE: Tobacco Use			
Now I am going to ask you some questions about tobacco use.			
Question	Response		Code
22	Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1
23	Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
24	How old were you when you <b>first started</b> smoking?	Age (years) Don't know 77  _ _  <i>If Known, go to T5a/T5aw</i>	T3
25	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i>  <i>Don't know 77</i>	In Years  _ _  <i>If Known, go to T5a/T5aw</i>	T4a
		OR in Months  _ _  <i>If Known, go to T5a/T5aw</i>	T4b
		OR in Weeks  _ _	T4c
26	On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ? <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  _ _ _ _ _   _ _ _ _ _	T5a/T5aw
		Hand-rolled cigarettes  _ _ _ _ _   _ _ _ _ _	T5b/T5bw
		Pipes full of tobacco  _ _ _ _ _   _ _ _ _ _	T5c/T5cw
		Cigars, cheroots, cigarillos  _ _ _ _ _   _ _ _ _ _	T5d/T5dw
		Other  _ _ _ _ _   _ _ _ _ _  <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
		Other (please specify):  _ _ _ _ _   _ _ _ _ _	T5other/ T5otherw
27	During the past 12 months, have you tried to <b>stop smoking</b> ?	Yes 1 No 2	T6
28	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 T17; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T17; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T17; if T2=No, go to T9</i>	T7
29	In the past, did you <b>ever smoke</b> any tobacco products? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T17</i>	T8
30	In the past, did you <b>ever smoke daily</b> ?	Yes 1 <i>If T1=Yes, go to T17, else go to T10</i> No 2 <i>If T1=Yes, go to T17, else go to T10</i>	T9

EXPANDED: Tobacco Use			
Question		Response	Code
31	How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77  _ _  If Known, go to T17	T10
32	How <b>long ago</b> did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i>  Don't Know 77	Years ago  _ _  If Known, go to T17	T11a
		OR Months ago  _ _  If Known, go to T17	T11b
		OR Weeks ago  _ _	T11c
33	During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?	Number of days Don't know 77  _ _	T17
34	During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77  _ _	T18

<b>CORE: Alcohol Consumption</b>				
The next questions ask about the consumption of alcohol.				
<b>Question</b>		<b>Response</b>		<b>Code</b>
35	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, home brew or ready-to-drink (RTD) alcohol products? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>		A1a
36	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 <i>If No, go to D1</i>		A1b
37	During the past 12 months, <b>how frequently</b> 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
38	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 <i>If No, go to D1</i>		A3
39	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number Don't know 77  _ _		A4
40	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77  _ _		A5
41	During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77  _ _		A6
42	During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77  _ _		A7

CORE: Diet			
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.			
Question		Response	Code
43	In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to D3</i>	D1
44	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77     _ _	D2
45	In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to D5</i>	D3
46	How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77     _ _	D4

EXPANDED: Diet			
47	What type of <b>oil or fat is most often</b> used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil    1 Dripping/Lard    2 Butter or ghee    3 Margarine    4 Coconut oil or cream    5 Other    6 <i>If Other, go to D5 other</i> None in particular    7 None used    8 Don't know    77	D5
		Other     _ _ _ _ _ _ _ _	D5other
48	On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast or lunch or dinner.	Number Don't know 77     _ _	D6
49	In a typical week, on how many days do you <b>eat fresh fish</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to X3</i>	X1
50	How many <b>servings</b> of fresh fish do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77     _ _	X2
51	In a typical week, on how many days do you <b>eat canned/tinned fish</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to DS1</i>	X3
52	How many <b>servings</b> of canned/tinned fish do you have on one of those days? (USE SHOWCARD)	Number of servings Don't know 77     _ _	X4

<b>CORE: Dietary salt</b>			
<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, iodized salt and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>breads, instant noodles, tinned and processed meats or sauces</i>, and questions 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
53	<p>How often do you <b>add salt</b> to your food before you eat it or as you are eating it?</p> <p>(SELECT ONLY ONE)</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>	DS1
54	<p>How often is <b>salt added</b> or seawater used 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
55	<p>How often do you eat <b>processed food high in salt</b>, such as breads, instant noodles, tinned and processed meats or sauces?</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
56	<p><b>How much salt</b> 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
57	<p>What do you think is the recommended amount of salt you should consume per day to be healthy?</p>	<p>Less than 10g (2 teaspoon) 1</p> <p>Less than 5g (1 teaspoon) 2</p> <p>Less than 2g (1/2 teaspoon) 3</p> <p>Don't know 4</p>	X5
58	<p>Do you think that too much salt in your diet could cause a serious <b>health problem</b>?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	DS5
59	<p>How important to you is <b>lowering the salt</b> 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
60	<p>Do you do anything of the following on a regular basis to <b>control your salt intake</b>?</p> <p>(RECORD FOR EACH)</p>		
	Avoid/minimize consumption of processed foods	<p>Yes 1</p> <p>No 2</p>	DS7a
	Look at the salt or sodium labels on food	<p>Yes 1</p> <p>No 2</p>	DS7b
	Do not add salt on the table	<p>Yes 1</p> <p>No 2</p>	DS7c
	Buy low salt/sodium alternatives	<p>Yes 1</p> <p>No 2</p>	DS7d
	Do not add salt when cooking	<p>Yes 1</p> <p>No 2</p>	DS7e



**Participant Identification Number**

	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

<b>CORE: Physical Activity</b>		
<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.</p> <p>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.</p>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
<b>Work</b>		
61	<p>Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously? (USE SHOWCARD)</p> <p>Yes 1</p> <p>No 2 If No, go to P 4</p>	P1
62	<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
63	<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"/> hrs mins</p>	P3 (a-b)
64	<p>Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously? (USE SHOWCARD)</p> <p>Yes 1</p> <p>No 2 If No, go to P 7</p>	P4
65	<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
66	<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"/> hrs mins</p>	P6 (a-b)
<b>Travel to and from places</b>		
<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>		
67	<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 If No, go to P 10</p>	P7
68	<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
69	<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"/> hrs mins</p>	P9 (a-b)

<b>CORE: Physical Activity, Continued</b>			
Question	Response	Code	
<b>Recreational activities</b>			
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). For example rugby, soccer, traditional dancing, zumba, swimming			
70	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? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 13	P10
71	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days 	P11
72	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)
73	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? (USE SHOWCARD)	Yes 1  No 2 If No, go to P16	P13
74	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days 	P14
75	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)

<b>EXPANDED: Physical Activity</b>			
<b>Sedentary behaviour</b>			
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)			
76	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes hrs                  mins 	P16 (a-b)

<b>CORE: Injury</b>			
The next questions ask about different experiences and behaviours that are related to road traffic injuries.			
<b>Question</b>		<b>Response</b>	<b>Code</b>
77	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 car I usually am in 5 Don't Know 77 Refused 88	V1
78	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 helmet 5 Don't Know 77 Refused 88	V2
79	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 H1</i> Don't know 77 <i>If don't know, go to H1</i> Refused 88 <i>If Refused, go to H1</i>	V3
80	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

<b>CORE: Oral health</b>			
The next questions ask about your oral health status and related behaviours.			
<b>Question</b>		<b>Response</b>	<b>Code</b>
81	How many <b>natural teeth</b> 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
82	How would you describe the <b>state of your teeth</b> ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	O2
83	How would you describe the <b>state of your gums</b> ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77	O3
84	Do you have any <b>removable dentures</b> ?	Yes 1 No 2 <i>If No, go to O6</i>	O4

CORE: Oral health, Continued			
Question		Response	Code
85	Which of the following removable dentures do you have? (RECORD FOR EACH)		
	An upper jaw denture	Yes 1 No 2	O5a
	A lower jaw denture	Yes 1 No 2	O5b
86	During the past 12 months, did your teeth or mouth cause any pain or discomfort?	Yes 1 No 2	O6
87	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 3 2 or more years but less than 5 4 5 or more years 5 Never received dental care 6 If never, go to O9 Don't Know 77	O7
88	What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, gums or Treatment / Follow-up treatment 3 Routine check-up treatment 4 Other 5 If Other, go to O8other	O8
		Other (please specify)  _ _ _ _ _ _ _ _	O8other
89	How often do you clean your teeth?	Never 1 If Never, go to O13a 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
90	Do you use toothpaste to clean your teeth?	Yes 1 No 2 If No, go to O12a	O10
91	Do you use toothpaste containing fluoride?	Yes 1 No 2 Don't know 77	O11
92	Do you use any of the following to clean your teeth? (RECORD FOR EACH)		
	Toothbrush	Yes 1 No 2	O12a
	Wooden toothpicks	Yes 1 No 2	O12b
	Plastic toothpicks	Yes 1 No 2	O12c
	Thread (dental floss)	Yes 1 No 2	O12d
	Other	Yes 1 If Yes, go to O12other No 2	O12g
	Other (please specify)  _ _ _ _ _ _ _ _		O12other
93	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

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	Avoid smiling because of teeth	Yes 1 No 2	O13e
	Sleep is often interrupted	Yes 1 No 2	O13f
	Days not at work/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

<b>CORE: History of Raised Blood Pressure</b>				
<b>Question</b>		<b>Response</b>		<b>Code</b>
94	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>	
95	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>	
96	Have you been told in the past 12 months?	Yes	1	H2b
		No	2	

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

CORE: History of Diabetes			
Question		Response	Code
100	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 L1a</i>	
101	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
		No 2 <i>If No, go to L1a</i>	
102	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

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

CORE: History of Cholesterol			
Question		Response	Code
106	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes 1	L1a
		No 2 <i>If No, go to X6</i>	
107	Have you ever been told by a doctor or other health worker that you have raised total cholesterol levels?	Yes 1	L2a
		No 2 <i>If No, go to X6</i>	
108	Have you been told in the past 12 months?	Yes 1	L2b
		No 2	
109	Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?		
	Oral treatment (medication) taken in the last 2 weeks	Yes 1	L3a
		No 2	
	Special prescribed diet	Yes 1	L3b
No 2			



CORE: History of Heart Attack			
Question		Response	Code
110	Have you ever had a heart attack?	Yes 1	X6
		No 2 <i>If No, go to X8</i>	

EXPANDED: History of Heart Attack			
111	Are you currently receiving any of the following treatments/advice for heart attack prescribed by a doctor or other health worker?		
	Drugs (medication) that you have taken in the past two weeks	Yes 1	X7a
		No 2	
	Special prescribed diet	Yes 1	X7b
		No 2	
	Advice or treatment to lose weight	Yes 1	X7c
		No 2	
Advice or treatment to stop smoking	Yes 1	X7d	
	No 2		
Advice to start or do more exercise	Yes 1	X7e	
	No 2		

CORE: History of Stroke			
Question		Response	Code
112	Have you ever had a stroke?	Yes 1	X8
		No 2 <i>If No, go to M1</i>	

EXPANDED: History of Stroke			
113	Are you currently receiving any of the following treatments/advice for stroke prescribed by a doctor or other health worker?		
	Drugs (medication) that you have taken in the past two weeks	Yes 1	X9a
		No 2	
	Advice to reduce salt intake	Yes 1	X9b
		No 2	
	Advice or treatment to lose weight	Yes 1	X9c
		No 2	
	Advice or treatment to stop smoking	Yes 1	X9d
		No 2	
	Advice to start or do more exercise	Yes 1	X9e
		No 2	

## Step 2 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 <i>If too large for scale 666.6</i>	in Kilograms (kg)       _ _ _ _ _  .  _ _	M4
118	<b>For women:</b> 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	
		Extra Large   4	
		Refused to be measured   88	
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	

## Step 3 Biochemical Measurements

<b>CORE: Blood Glucose</b>			
	Question	Response	Code
128	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
129	Technician ID	_ _ _ _	B2
130	Device ID	_ _ _	B3
131	Time of day blood specimen taken (24 hour clock)	Hours : minutes  _ _  :  _ _  hrs mins	B4
132	Fasting blood glucose	mmol/l  _ _  .  _ _	B5
133	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
<b>CORE: Blood Lipids</b>			
134	Device ID	_ _ _	B7
135	Total cholesterol	mmol/l  _ _  .  _ _	B8
136	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
<b>EXPANDED: Salt</b>			
137	Spot urine test?	Yes 1 No 2	X10
138	24 Hour collection?	Yes 1 No 2	X11

