

## Appendix 2a: Questionnaire – English Version

Participant ID

 

village

   

participant



**GOVERNMENT OF SAMOA**

**DEPARTMENT OF HEALTH**

**&**

**World Health Organization**



### WHO STEPwise approach to NCD Risk Factor Surveillance

Village: \_\_\_\_\_

Interviewer code and initials

 

code

   

initials

Date of completion of the questionnaire

 

day

 

month

   

year

Interview language

Samoan ☐

English ☐

<sup>1</sup>

<sup>2</sup>

Check if the following are completed:

Consent form:

Yes

No

☐

☐

Fasting status:

☐

☐

Checkout:

☐

☐

Data entry:

☐

☐

Data entry irregularities:

☐

☐

### I. Identification Information

I1 Family Name

                   

I2 First Name

                   

I3a Phone

     

I3b. Specify whose phone:

work

☐

committee house

☐

home

☐

no phone

☐

neighbour

☐

I4 Household name of the family that you live with

## D. Demographic Information

D1 Sex

Male ☐<sup>1</sup>

Female ☐<sup>2</sup>

D2 What is your date of birth?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day			month			year			

D3 How old are you?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

years

D4 What is the highest level of education you have completed?

1. Never attended school
2. Primary school/Pastor's school
3. Some secondary school (junior high school)
4. Secondary school (Form 6 or equivalent, e.g. high school)
5. Technical training (or equivalent)
6. University or tertiary qualification

☐<sup>1</sup>

☐<sup>2</sup>

☐<sup>3</sup>

☐<sup>4</sup>

☐<sup>5</sup>

☐<sup>6</sup>

D5 In total, how many years have you spent at school or in full-time study (excluding pre-school)?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

years

D6 Which of the following best describes your main work status over the last 12 months?

1. Government employee
2. Non-government employee
3. Self-employed
4. Non-paid (or volunteer, includes subsistence farming)
5. Student
6. Homemaker (household chores)
7. Retired
8. Unemployed (able to work)
9. Unemployed (unable to work)

☐<sup>1</sup>

☐<sup>2</sup>

☐<sup>3</sup>

☐<sup>4</sup>

☐<sup>5</sup>

☐<sup>6</sup>

☐<sup>7</sup>

☐<sup>8</sup>

☐<sup>9</sup>

## S. Smoking

S1a Do you currently smoke any tobacco products such as cigarettes, cigars, or pipes?

Yes ☐<sup>1</sup>

(If **No**, skip to S4a)

No ☐<sup>2</sup>

S1b If **Yes**: Do you currently smoke tobacco products daily?

Yes ☐<sup>1</sup>

(If **No**, skip to S4a)

No ☐<sup>2</sup>

S2a How old were you when you first started smoking daily?

--	--

years

(If **can't recall** age, go to S2b)

S2b If you don't know how old you were, do you remember how long ago it was?

i) Either

--	--

weeks ago

ii) or

--	--

months ago

iii) or

--	--

years ago

S3 On average, how many of the following items do you smoke each day?

a) Manufactured cigarettes

--	--

per day

b) Hand-rolled cigarettes

--	--

per day

c) Pipes full of tobacco (Samoan or palagi)

--	--

per day

d) Cigars/cheroots/Samoan rolled tobacco

--	--

per day

e) Specify other: \_\_\_\_\_

--	--

per day

S4 Are you exposed to other people smoking in your presence...

a) At work?

☐<sup>1</sup>

☐<sup>2</sup>

☐<sup>3</sup>

b) At home?

☐<sup>1</sup>

☐<sup>2</sup>

☐<sup>3</sup>

c) On public transport?

☐<sup>1</sup>

☐<sup>2</sup>

☐<sup>3</sup>

## A. Alcohol Consumption

A1a Have you ever consumed a drink that contains alcohol (such as beer, wine, spirits or home brew?)

Yes ☐<sup>1</sup> (If **No**, skip to N1a)

No ☐<sup>2</sup>

A1b If **Yes**: Was this within the past 12 months?

Yes ☐<sup>1</sup>

No ☐<sup>2</sup> (If **No**, skip to N1a)

A2 In the past 12 months, how frequently have you had at least one alcoholic drink?

1. 5 or more days a week ☐<sup>1</sup>
2. 1-4 days per week ☐<sup>2</sup>
3. 1-3 days a month ☐<sup>3</sup>
4. Less than once a month ☐<sup>4</sup>

A3 When you drink alcohol, on average, how many drinks do you have during one day?

--	--	--

drinks

A4 During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day? (For a definition of standard drink, show demonstration kits)

Number of

a) Monday 

--	--

b) Tuesday 

--	--

c) Wednesday 

--	--

d) Thursday 

--	--

Number of

e) Friday 

--	--

f) Saturday 

--	--

g) Sunday 

--	--

A5a **For Men only:** In the past 12 months, on how many days did you have five or more alcoholic drinks in a single day?

--	--	--

days

A5b **For Women only:** In the past 12 months, on how many days did you have four or more alcoholic drinks in a single day?

--	--	--

days

A6 **For everyone:** In the past 12 months, what was the largest number of drinks you had on a single occasion, counting all types of alcoholic beverages combined?

--	--	--

drinks

## N. Nutrition

Think of what you usually eat for breakfast, lunch, dinner and snacks for the following questions.

*(Show demonstration cups for serving sizes and for definitions of fruits, vegetables, starchy vegetables)*

N1a On how many days do you eat fruit in a typical week?

 days

(If "0", skip to N2a)

N1b How many servings of fruit do you eat on one of these days?

  servings

N2a On how many days do you eat vegetables in a typical week (includes starchy vegetables and fruits)? *(Show pictures: Examples are greens plus taro, taamu, green banana, breadfruit, yam, potato, sweet potato. This does NOT include rice or bread.)*

 days

(If "0", skip to N3)

N2b How many servings of vegetables (including starchy) do you eat on one of these days?

  servings

N3 In the last 7 days, how many times did you eat fresh fish?

  times

N4 In the last 7 days, how many times did you eat tinned fish?

  times

N5 In the last 7 days, how many times did you eat mutton flaps?

  times

## Physical Activity

### ***Occupation-related Physical Activity (paid or unpaid)***

*Reply to the following questions thinking about a typical week during the past 12 months.*

**O1** How long is your typical workday?  
hours

--	--

**O2** Does your work involve mostly sitting or standing still?  
(e.g. walking for less than 10 minutes at a time)

Yes ☐<sup>1</sup>

No ☐<sup>2</sup> (If Yes, skip to T1)

**O3** a) Does your work involve vigorous activities like heavy lifting, digging, or heavy construction work for at least 10 minutes at a time?

Yes ☐<sup>1</sup>

No ☐<sup>2</sup> (If No, skip to O4)

b) If “Yes,” on how many days in a typical week?

--

 days

c) How much time do you spend doing this on a typical day?

		:		
hours			minutes	

**O4** a) Does your work involve moderate-intensity activities like brisk walking or carrying light loads for at least 10 minutes at a time?

Yes ☐<sup>1</sup>

No ☐<sup>2</sup> (If No, skip to T1)

b) If “Yes,” on how many days in a typical week?

--

 days

c) How much time do you spend doing this on a typical day?

		:		
hours			minutes	

### ***Travel-related Physical Activity***

**T1** a) Do you walk or cycle to and from places (to work, to the market, to church, etc.) for at least 10 minutes at a time?

Yes ☐<sup>1</sup>

No ☐<sup>2</sup>

(If No, skip to L1)

b) If “yes,” on how many days in a typical week?

--

 days

c) How much time do you spend travelling this way on a typical day?

		:		
hours			minutes	

### ***Other Physical Activity (Recreation / Sport / Leisure)***

*This set of questions is about activities you do in your leisure time for recreation, such as sport (that is, activities aside from your work or travel, and not the activities already mentioned). These are activities that you choose to do voluntarily, not including necessary plantation work or household chores (Tafao).*

- L1** Does your **recreation, sport and leisure (RSL) time** involve mostly sitting, reclining, or standing with walking for less than 10 minutes at a time, e.g. watching TV?

Yes ☐<sup>1</sup> No ☐<sup>2</sup>

- L2** a) Do you do vigorous activities like weight lifting, running, or strenuous sports in your **leisure** time for at least 10 minutes at a time?

Yes ☐<sup>1</sup> No ☐<sup>2</sup>

*(If No, skip to L3a)*

- b) If “Yes,” on how many days in a typical week?

days

- c) How much time do you spend doing this on a typical day?

:   
hours minutes

- L3** a) Do you do moderate-intensity activities like brisk walking, cycling or swimming in your **RSL-time** for at least 10 minutes at a time?

Yes ☐<sup>1</sup> No ☐<sup>2</sup>

*(If No, skip to R1)*

- b) If “Yes,” on how many days in a typical week?

days

- c) How much time do you spend doing this on a typical day?

:   
hours minutes

### ***Sitting/Reclining Activity***

This question is about sitting or reclining. Think back over the past 7 days to time spent at work, at home, during recreation time, including time spent sitting at a desk, visiting friends, reading, or watching television – but not counting time spent sleeping.

- R1** How much time do you spend sitting or reclining on a typical day?

:   
hours minutes

## Types of Activities

**P1** What physical activities did you do in the last 4 weeks?  
(read the list and/or show a list and mark as many as apply)

		<u>Yes</u>	<u>No</u>
a) Walking	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	
b) Running (tamoe or koleni)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	
c) Team sports	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	
d) Swimming	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	
e) Dancing	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	
f) Chores/ fai feau	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	
g) Jazzercise	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	
h) Lifting weights/ push-ups/ sit-ups	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	

## NCD Knowledge and Attitude

These questions are about diseases such as diabetes, high blood pressure, coronary heart disease and stroke.

**K1** Do you think that any of the following are contributing factors for these diseases?

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a) Doing little physical activity	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
b) Stress, anxiety, anger	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
c) Overweight	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
d) Smoking	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
e) Alcohol	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
f) High fat intake	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
g) Eating large quantities (Ai tele)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
h) Eating few vegetables	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
i) Older age	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
j) Genetics/ family inheritance	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
k) Pregnancy	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
l) Ethnicity (e.g. Pacific Islanders, Samoans)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

**K2** In the last 12 months, have you received information about these diseases from a personal consultation with...?

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a) Doctors	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
b) Nurses	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>



- c) Other health care workers ☐<sup>1</sup> ☐<sup>2</sup> ☐<sup>3</sup>
- d) Traditional healers ☐<sup>1</sup> ☐<sup>2</sup> ☐<sup>3</sup>
- e) Pastor or clergy ☐<sup>1</sup> ☐<sup>2</sup> ☐<sup>3</sup>

**K3** In the last 12 months, did you receive information about these diseases from any of the following sources?

- |                          | <u>Yes</u>                         | <u>No</u>                          |
|--------------------------|------------------------------------|------------------------------------|
| a) TV                    | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| b) Radio                 | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| c) Pamphlets             | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| d) Posters               | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| e) Group talks by a HCW  | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| f) Internet              | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| g) Newspapers/ magazines | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| h) Books                 | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |

**K4** In the last 12 months, did you receive any information about these diseases in any of the following places?

- |                                   | <u>Yes</u>                         | <u>No</u>                          |
|-----------------------------------|------------------------------------|------------------------------------|
| a) Health clinic/ hospital        | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| b) Work place                     | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| c) Church                         | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| d) Village-based community centre | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| e) Market                         | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |

**K5** How many servings of fruits and vegetables a day should we eat?  
(show demonstration cards for serving sizes)

--	--

Servings per day

**K6** Do you think you are at risk for developing a disease such as diabetes, high blood pressure, heart disease or stroke?

Yes ☐<sup>1</sup>      No ☐<sup>2</sup>      Uncertain ☐<sup>3</sup>

## History and Knowledge of Blood Pressure

**M1** Does anyone in your family have high blood pressure, for example...?

- |                        | <u>Yes</u>                         | <u>No</u>                          | <u>Uncertain</u>                   |
|------------------------|------------------------------------|------------------------------------|------------------------------------|
| a) Mother              | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |
| b) Father              | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |
| c) Siblings            | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |
| d) Other family member | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |

M2 Which parts of the body can be affected by high blood pressure?

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a) Eyes	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
b) Kidneys	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
c) Heart	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
d) Brain/ Stroke	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
e) Blood vessels	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
f) Pregnancy	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

M3 When was your blood pressure last measured by a health professional?

- |                                |                                    |
|--------------------------------|------------------------------------|
| 1. within the past 12 months   | <input type="radio"/> <sup>1</sup> |
| 2. 1-5 years ago               | <input type="radio"/> <sup>2</sup> |
| 3. not within the past 5 years | <input type="radio"/> <sup>3</sup> |
| 4. never                       | <input type="radio"/> <sup>4</sup> |
| 5. uncertain                   | <input type="radio"/> <sup>5</sup> |

M4 During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension?

Yes ☐<sup>1</sup>      No ☐<sup>2</sup>      Uncertain ☐<sup>3</sup>      (If **No**, skip to B1)

M5 Have you seen a traditional healer for high blood pressure in the last 12 months?

Yes ☐<sup>1</sup>      No ☐<sup>2</sup>

M6 Are you taking\* an herbal or traditional medicine for your high blood pressure?

Yes ☐<sup>1</sup>      No ☐<sup>2</sup>

M7 Are you currently receiving any of the following treatments for high blood pressure prescribed by a doctor or other health worker?

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a) Medication**	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
b) Special prescribed diet	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
c) Advice or treatment to lose weight	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
d) Advice or treatment to stop smoking	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
e) Advice to exercise	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

## History and Knowledge of Diabetes:

B1 Does anyone you know have diabetes?

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a) Mother	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
b) Father	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
c) Siblings	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
d) Other family member	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

B2 Have you had your blood sugar measured in the last 12 months?

Yes ☐<sup>1</sup> No ☐<sup>2</sup> Uncertain ☐<sup>3</sup>

B3 Have you ever been told by a doctor or other health worker that you have diabetes?

Yes ☐<sup>1</sup> No ☐<sup>2</sup> Uncertain ☐<sup>3</sup>

(If No,  
skip to  
B7)

B4 Have you seen a traditional healer for diabetes in the last 12 months?

Yes ☐<sup>1</sup> No ☐<sup>2</sup>

B5 Are you taking\* any herbal or traditional medicine for your diabetes?

Yes ☐<sup>1</sup> No ☐<sup>2</sup>

B6 Are you currently receiving any of the following treatment for diabetes from a doctor or other health worker?

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a) Insulin	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
b) Oral medication**	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
c) Special prescribed diet	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
d) Advice or treatment to lose weight <input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	
e) Advice or treatment to stop smoking	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
f) Advice to exercise <input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	

B7 What are some of the symptoms of diabetes?

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a) Urinary frequency <input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	
b) Excess thirst	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
c) Blurry vision	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
d) Itchiness	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
e) General malaise/weakness <input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	
f) Irritability	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
g) Poor wound healing	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
h) Frequent infections <input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	

B8 Which parts of the body can be affected by diabetes?

	<u>Yes</u>	<u>No</u>	<u>Uncertain</u>
a) Eyes/ blindness	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
b) Kidneys	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
c) Heart	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
d) Brain/ Stroke	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
e) Feet/ ulcers/ amputations	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
f) Blood vessels	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
g) Nerves	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
h) Penis/ erectile dysfunction <input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>	
i) Pregnancy	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

\* Not including massage or topical treatments

\*\* Taken in the last two weeks

## STEP 2: PHYSICAL MEASURES

### Blood Pressure

(Sit 5 minutes before 1<sup>st</sup> measurement, and 1 minute between measures)

		Reading 1	Reading 2	Reading 3	
V1	Systolic Blood Pressure	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	
V2	Diastolic Blood Pressure	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	
V3	Cuff size: sm <input type="radio"/> <sup>1</sup> med <input type="radio"/> <sup>2</sup> lg <input type="radio"/> <sup>3</sup>		V4 Technician ID	<input type="text"/> <input type="text"/>	
			V5 Device ID	<input type="text"/> <input type="text"/>	
V6	Height <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> cm	V7 Tech ID	<input type="text"/> <input type="text"/>	V8 Device ID	<input type="text"/> <input type="text"/>
V9	Weight <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> kg	V10 Tech ID	<input type="text"/> <input type="text"/>	V11 Device ID	<input type="text"/> <input type="text"/>
V12	Participant currently pregnant?: Yes <input type="radio"/> <sup>1</sup> No <input type="radio"/> <sup>2</sup> Uncertain <input type="radio"/> <sup>3</sup>				(If Yes, skip to Step 3)
V13	Waist <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> cm	V14 Tech ID	<input type="text"/> <input type="text"/>	V15 Device ID	<input type="text"/> <input type="text"/>

## STEP 3: BIOCHEMICAL MEASURES

### Fasting status

Y1 During the last 12 hours have you had anything to eat or drink, other than water?

Yes ☐<sup>1</sup> No ☐<sup>2</sup> Uncertain ☐<sup>3</sup>

### Blood glucose

Y2 Technician ID

Y3 Device ID

Y4 Time of finger prick  :   
hours minutes

Y5 Fasting blood glucose (capillary)  •  mmol/L

### Blood Lipids

Y6 Technician ID

Y7 Device ID

Y8 Fasting total cholesterol  •

## Appendix 2b: Questionnaire – Samoan Version

Numera a le tagata o loo susesueina

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nuu



**GOVERNMENT OF SAMOA**

**DEPARTMENT OF HEALTH**

**&**

**World Health Organization**



### Susesuega o Faama'i Le Pipisi ma Mafua'aga i Samoa

Nuu/Alalafaga: \_\_\_\_\_

Numera / Mataitusi amata igoa o le sui susesue  
(ID) (Initials)

--	--	--	--

ID Initials

Aso na mae'a ai le susesuega

		/			/				
--	--	---	--	--	---	--	--	--	--

aso masina tausaga

Gagana faaaogaina

Gagana Samoa ☐<sup>1</sup>  
Gagana Peretania ☐<sup>2</sup>

Siaki po ua ma'ea ona faatumuina vaega nei :

Pepa o maliega:  
O e faaoge talu mai anapo (vagana ai le vaiauli):  
Ua ma'ea ona susesueina:  
Ua mae'a ona faamauina faamatalaga:  
Faamatalaga le talafeagai:

1. loe

☐  
☐  
☐  
☐  
☐

2. Leai

☐  
☐  
☐  
☐  
☐

### I. Faamatalaga i le Tagata o lo o susesueina

I1 Faaiu

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I2 Igoa Muamua

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I3a Telefoni

--	--	--	--	--	--

I3b Telefoni i le

fale faigaluega ☐<sup>1</sup>

aiga ☐<sup>2</sup>

tua'oi ☐<sup>3</sup>

fale komiti ☐<sup>4</sup>

leai se telefoni ☐<sup>5</sup>

I4 O ai le suafa o le ulu o le aiga o loo e nofo ai?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## D. Faamatalaga Faapitoa

D1 Ituaiga

ii ☐<sup>1</sup>

Tamaitai ☐<sup>2</sup>

D2 O le a lou aso fanau?

		/			/				
aso			masina			tausaga			

D3 Ua fia ou tausaga?

--	--

 tausaga

D4 O le a le maualuga o le vasega sa mae'a / gata ai lau aoga?

- |  |                                    |
|--|------------------------------------|
| 7. Ou te lei alu i se aoga   | <input type="radio"/> <sup>1</sup> |
| 8. Aoga Tulaga lua / Aoga a le Faifeau   | <input type="radio"/> <sup>2</sup> |
| 9. Se vaega o Aoga maualuga / faa-itumalo  | <input type="radio"/> <sup>3</sup> |
| 10. Aoga Maualuga (ua laasia le Vasega 6 maualuga)                                   | <input type="radio"/> <sup>4</sup> |
| 11. Aoga o tomai faapitoa (Matata Eseeese)   | <input type="radio"/> <sup>5</sup> |
| 12. Iunivesite (e aofia ai Kolisi faafaiaoga/faafaifeau/aoga faatausima'i pasi, etc) | <input type="radio"/> <sup>6</sup> |

D5 I le aotelega, e fia le aofai o tausaga sa e aoga ai (full time) e le aofia ai Aoga Faataitai?

--	--

 tausaga

D6 O fea o galuega o loo lisi i lalo na e faigaluega ai i le sefulu lua masina ua mavae atu?

- |   |                                    |
|---|------------------------------------|
| 10. Tagata faigaluega a le Malo   | <input type="radio"/> <sup>1</sup> |
| 11. Tagata faigaluega e ese mai galuega a le malo (non-government employee)                                 | <input type="radio"/> <sup>2</sup> |
| 12. Tagata faigaluega mo ia lava e aofia ai ma le au faifaatoaga e galulue mo se tupe maua                  | <input type="radio"/> <sup>3</sup> |
| 13. Tagata faigaluega le totogia (volunteer) e aofia ai le aufaifaatoaga e galulue mo lo latou lava tausiga | <input type="radio"/> <sup>4</sup> |
| 14. Tamaiti Aoga  | <input type="radio"/> <sup>5</sup> |
| 15. Tagata nofofale / faigaluega i le aiga (Domestic Duties)  | <input type="radio"/> <sup>6</sup> |
| 16. Tagata faigaluega ua ritaea   | <input type="radio"/> <sup>7</sup> |
| 17. Tagata e le faigaluega, ae mafai ona galue  | <input type="radio"/> <sup>8</sup> |
| 18. Tagata e le faigaluega ona e le mafai ona galue   | <input type="radio"/> <sup>9</sup> |

## S. Taumafa Tapa'a / Sikareti

S1a O e taumafa tapa'a e pei o sikareti, sika po o tapa'a utu paipa i le taimi nei?

Ioe	<input type="radio"/>	(A"leai" alu i le fesili S4a)
Leai	<input type="radio"/>	

S1b Afai e Ioe: E te taumafa tapa'a i aso uma?

Ioe	<input type="radio"/>	(A"leai" alu i le fesili S4a)
Leai	<input type="radio"/>	

S2a O le fia o ou tausaga na amata ai ona e taumafa tapa'a i aso uma?

--	--

tausaga

(A le manatua  
tausaga, alu i le  
fesili S2b)

S2b Afai e te le manatua le matua o ou tausaga, o le a le umi talu ona e ulaula i aso uma?

	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>			Vaiaso talu ai
po	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>			Masina talu ai
po	<table border="1"><tr><td style="width: 30px; height: 30px;"></td><td style="width: 30px; height: 30px;"></td></tr></table>			Tausaga talu ai

S3 E fia le aofai o ituaiga tapa'a nei e masani ona e taumafaina/ulaina i le aso e tasi?

f) Sikareti ua maea ona gaosia

--	--

g) Sikareti ta'ai

--	--

h) Tapa'a utu paipa (Samoa/Palagi)

--	--

i) Sika/Tapa'a Samoa (tipi)

--	--

j) O nisi tapa'a: \_\_\_\_\_

--	--

S4 E masani ona e faatasi ma isi tagata a o ulaula....

a) I le galuega? ☐ ☐ ☐

b) I le aiga? ☐ ☐ ☐

c) I totonu o taavale lau pasese? ☐ ☐ ☐

## A. Taumafa Ava Malosi

A1a Ua e taumafaina se ava malosi (e pei o le pia, uaina, fagu malosi po o le pulū)?

Ioe ☐<sup>1</sup>

Leai ☐<sup>2</sup>

(A “leai” alu i le fesili N1a)

A1b Afai e Ioe : Sa e taumafaina i totonu ole 12 masina talu ai?

Ioe ☐<sup>1</sup>

Leai ☐<sup>2</sup>

(A “leai” alu i le fesili N1a)

A2 I le 12 masina talu ai, e faafia ona e taumafaina se ipu ava malosi se tasi pe sili atu?

5. 5 aso pe sili atu i le vaiaso ☐<sup>1</sup>

6. 1-4 aso o le vaiaso ☐<sup>2</sup>

7. 1-3 aso i le masina ☐<sup>3</sup>

8. Lalo ifo i le tasi i le masina ☐<sup>4</sup>

A3 I taimi e te taumafaina ai le ava malosi, e fia ni ipu ava faapenei e masani ona e taumafaina i le aso?

--	--	--

Std drinks

A4 I le 7 aso talu ai, e fia ni ipu ava faapenei sa e taumafaina i aso taitasi?

Aofai o ipu ava (std drinks)

a) Aso Gafua

--	--

b) Aso Lua

--	--

c) Aso Lulu

--	--

d) Aso Tofi

--	--

Aofai o ipu ava (std drinks)

e) Aso Faraile

--	--

f) Aso Toonai

--	--

g) Aso Sa

--	--

A5a Mo Alii : I le 12 masina talu ai, e fia ni aso sa e taumafaina ai ni ipuava se **5 pe sili atu** foi le aofai, i le aso?

--	--	--

aso

A5b Mo Tamaitai : I le 12 masina talu ai, e fia ni aso sa e taumafaina ai ni ipuava se **4 pe sili atu** foi le aofai i le aso?

--	--	--

aso

A6 Mo tagata uma : I le 12 masina talu ai, o le a se **maualuga o le faitau aofai** o ipu ava malosi sa e taumafaina i le taimi e tasi? (e aofia ai soo se ituaiga ava malosi)

--	--	--

Ipu ava



## N. Taumafa Tatau

Mafaufau i au taumafa masani o le taeao, aoauli, afiafi ma vai'aiga mo fesili o loo i lalo.  
(faaali fua o 'aiga ma ituaiga o fualaau 'aina).

N1a E fia ni aso o le vaiaso e te taumafa ai i se fualaau 'aina suamalie?

(Vaai i le ata A)

aso

(A"0" alu i le fesili  
N2a)

N1b E fia ni au 'aiga o fualaau 'aina suamalie e te taumafaina i se

aso se tasi o ia aso?(e aofia ai vaisalo, supoesi, suafai, kokoesi,  
salati fualaau 'aina suamalie, etc. Vaai i le ata A)

Aofai o 'aiga

N2a E fia ni aso e te taumafa ai i se fualaau 'aina faisua/meaai aano i le vaiaso?

(Vaai i le ata B & C : e aofia ai talo, taamu, fai, ulu, ufi, pateta, umala, kapisi,  
kukama, maukeni, salati fualaau 'aina taumafa mata, etc.; e le aofia ai araisa ma  
falaoa).

aso

(A "0" alu  
ile fesili N3)

N2b E fia ni au 'aiga o fualaau 'aina faisua / meaai aano sa e taumafaina i se aso se tasi o ia  
aso?

Aofai o 'aiga

N3 I aso e 7 ua mavae, e faafia ona e taumafa i se ia fou?

Aofai

N4 I aso e 7 ua mavae, e faafia ona e taumafa i se i'a tuuapa?

(e aofia ai apa tuna, wahoo, etc..)

Aofai

N5 I aso e 7 ua mavae, e faafia ona e taumafa i se fasi mamoe?

Aofai

## Faagaioiga o le Tino

### O. Faagaioiga o le tino i taimi o galuega (galuega totogi / le totogia)

Mafaufau i au galuega masani i le vaiaso, e tali mai ai fesili nei mo le 12 masina ua tea .

O1 O le a le umi e masani ona e faigaluega ai i aso taitasi?

 

itula

O2 E tele ina e nofo pe ete tu e te le gaiioi, pe a e galue i lau galuega?

(ie. laititi ifo ma le 10 minute e savali ai mo se taimi)

Ioe ☐<sup>1</sup>

Leai ☐<sup>2</sup>

(A "Ioe" alu i le fesili T1a)

O3 a) E aofia i lau galuega masani le faatinoina o galuega mamafa e pei o le siisii mea mamafa, eliina o lua po o galuega fau fale?

(ie: Galuega e faatinoina i le 10 minute pe sili atu).

Ioe ☐<sup>1</sup>

Leai ☐<sup>2</sup>

(A "leai" alu i le fesili O4a)

b) Afai e "Ioe" e fia ni **aso o le vaiaso** e masani ona e galue ai faapea?

aso

c) O le a se **umi o le taimi** e masani ona e galue ai faapea i le aso?

  :  

itula

minute

O4 a) E i ai ni vaega o lau galuega e manaomia ai le faanatinati o lau savali po o le siisii foi o ni mea e le mamafa tele i se 10 minute pe sili atu foi?

Ioe ☐<sup>1</sup>

Leai ☐<sup>2</sup>

(A "leai" alu i le fesili T1a)

b) Afai e "Ioe" e fia ni **aso o le vaiaso** e te faatinoina ai ia galuega?

aso

c) O le a se **umi o le taimi** e masani ona e galue ai faapea i le aso?

  :  

itula

minute

### T. Faagaioiga o le tino i taimi o femalaga'iga.

T1 a) E te savali pe ete alu i se uila vili vae ma e toe foi mai i se taimi e sili atu i le 10 minute? (ie: i le galuega, maketi, lotu etc)

Ioe ☐<sup>1</sup>

Leai ☐<sup>2</sup>

(A "leai" alu i le fesili L1)

b) Afai e "Ioe" e fia ni **aso o le vaiaso** e masani ona e malaga ai faapea?

aso

c) O le a se **umi o le taimi** e masani ona e malaga ai faapea i le aso?

  :  

itula

minute

***L. Isi Galuega e Faagaioi ai le Tino i taimi o tafaoga, taaloga ma taimi avanoa.***

*(O fesili nei e faasino tonu i galuega e faagaioi ai lou tino i ou taimi paganoa i tafaoga ma taaloga (e le aafia ai galuega e te faatinoina pe a e faigaluega pe faimalaga foi i se mea).*

- L1 I ou taimi paganoa/tafao/taalo etc., e tele ina e saofa'i, taotooto faalagolago, tu ma savali foi mo se umi e i lalo ifo o le 10 minute? (eg. *matamata TV*)
- Ioe ☐<sup>1</sup> Leai ☐<sup>2</sup>

- L2 a) I ou taimi paganoa, e te faatinoina ni galuega mamafa e pei o le siisii mea mamafa, tamo'e pe ete taalo malosii foi i ni taaloga i le 10 minute pe sili atu?

Ioe ☐<sup>1</sup> Leai ☐<sup>2</sup>

(A "leai" alu i le fesili L3)

- b) Afai e "Ioe" e fia ni **aso o le vaiaso** ete faatinoina ai ia galuega?

aso

- c) O le a le **umi o le taimi** e te faia ai ia galuega i se aso se tasi o le vaiaso?

:   
itula minute

- L3 a) I ou taimi paganoa e te faatinoina ni gaioiga e le mamafa tele e pei o le taalo, savali, vili se uila po o le aau, i le 10 minute pe sili atu?

Ioe ☐<sup>1</sup> Leai ☐<sup>2</sup>

(A "leai" alu i le fesili R1)

- b) Afai e "Ioe", e fia ni **aso o le vaiaso** e te faatinoina ai ia galuega?

aso

- c) O le a le **umi o le taimi** e te faatinoina ai ia galuega i le aso?

:   
itula minute

***R. Faagaioiga o le tino pe a nofonofo / taotooto***

O le fesili lenei e faasino i au galuega e fai pe a e nofonofo pe ete taotooto i taimi e te ala ai. Mafaufau i le 7 aso ua tuana'i atu i le taimi lea o lo o e faigaluega i lou fale faigaluega po o lou lava fale, pe o le taimi o lo o e tafao pe nofonofo ai ma taimi e te alu ai e vaai au uo pe matamata le TV. Ae le o le taimi e te tofa ai.

- R1 O le a le umi o se taimi e masani ona e nofonofo pe ete taotooto ai, i se aso se tasi?

:   
itula minute

### ***P. Ituaiga o galuega e faagaioi ai le tino***

**PI** O a ni galuega faamalositino sa e faia i le 4 vaiaso ua tuana'i atu?  
(Tali uma mai i vaega ua fesiligia)

	<u>Ioe</u>	<u>Leai</u>
i) Savali	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
j) Tamoe pe koleni	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
k) Taalo i ni taaloga	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
l) Aau	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
m) Siva	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
n) Fai feau	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
o) Siva faamalositino	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
p) Siisii mea mamafa, faamalositino	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>

### **K. O uiga faaalua ma le silafia i faama'i le pipisi**

(O fesili nei e faatatau i faama'i le pipisi e pei o le ma'i suka, toto maua luga, ma'i o le fatu po o le pe o se itutino).

**KI** E te manatu e ono maua oe i faama'i le pipisi ona o mafuaaga nei?

	<u>Ioe</u>	<u>Leai</u>	<u>Le mautinoa</u>
m) Le lava le faagaioi o le tino	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
n) Popole, ita	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
o) Mamafa/puta tele	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
p) Taumafa tapa'a	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
q) Taumafa ava malosi	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
r) Taumafa i meaai e tele ai le ga'o	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
s) Ai tele	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
t) Itiiti le taumafa i fualaau 'aina faisua (vegetables)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
u) Matua le soifua	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
v) Tupuaga / tuufaasolo i totonu o se aiga	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
w) Tina maitaga	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
x) Tagatanuu (ethnicity -e.g. tagata Pasefika, Samoa)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

K2 I le 12 masina ua tuana'i, sa e maua ni faamatalaga tuusa'o e uiga i faama'i le pipisi mai...?

	<u>Ioe</u>	<u>Leai</u>	<u>Le Mautinoa</u>
f) Alii/Tamaitai Fomai	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
g) Alii/Tamaitai tausima'i	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
h) Isi aufaigaluega a le Soifua Maloloina	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
i) Taulasea / Fofo Samoa	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
j) Faifeau / Vasega o faifeau	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

K3 Sa e maua mai ni faamatalaga e uiga i faama'i le pipisi mai vaega o le a taua i le 12 masina ua tuana'i atu?

	<u>Ioe</u>	<u>Leai</u>
i) Televisi	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
j) Leitio	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
k) Pepa o faamatalaga ( <i>pamphlets</i> )	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
l) Ata ( <i>Posters</i> )	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
m) Aoaoga mai se sui o le Soifua Maloloina	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
n) Fesootaiga i luga o komepiuta	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
o) Nusipepa / Tusiata ( <i>Magazines</i> )	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
p) Tusi	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>

K4 Sa e maua ni faamatalaga e uiga i faama'i le pipisi i nofoaga nei, i le 12 masina ua tuana'i atu?

	<u>Ioe</u>	<u>Leai</u>
f) Falema'i (Hospital/Health clinic)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
g) Fale faigaluega	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
h) Ekalesia / Lotu	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
i) Falekomiti (village based community centre)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>
j) Maketi	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>

K5 E fia aiga o fualaau 'aina suamalie ma fualaau 'aina fai sua e tataua ona taumafa i le aso?  
(Tasi le aiga = 1/2 iputi fualaau' aina fai sua)

 

Aofai o 'aiga i le aso

K6 I sou manatu, e ono aafia oe i se faama'i le pipisi e pei o le ma'i suka, toto maua luga, ma'i o le fatu po o le pe o le isi itu o le tino?

Ioe ☐<sup>1</sup> Leai ☐<sup>2</sup> Le mautinoa ☐<sup>3</sup>

## M. Talaaga ma le silafia o le Toto Maua luga

M1 E i ai se tasi o lou aiga e maua i le toto maua luga e pei o ...?

	<u>Ioe</u>	<u>Leai</u>	<u>Le mautinoa</u>
e) Tina	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
f) Tama	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
g) Uso/tuagane/tuafafine	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
h) Isi tagata o le Aiga	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

M2 O a ni vaega o le tino e ono aafia i le toto maualuga?

	<u>Ioe</u>	<u>Leai</u>	<u>Le mautinoa</u>
g) Mata/fofoga	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
h) Fatu gao	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
i) fatu	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
j) fai'ai / pe itu tino	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
k) ala toto	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
l) ma'itaga	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

M3 O le a le taimi mulimuli na fua ai lou toto e se alii/tamaitai fomai/tausimai?

- |  |                                    |
|--|------------------------------------|
| 1) i totonu o le 12 masina ua tea      | <input type="radio"/> <sup>1</sup> |
| 2) 1-5 tausaga ua tuana'i              | <input type="radio"/> <sup>2</sup> |
| 3) sili atu ma le 5 tausaga ua tuana'i | <input type="radio"/> <sup>3</sup> |
| 4) e lei fuaina muamua                 | <input type="radio"/> <sup>4</sup> |
| 5) le mautinoa                         | <input type="radio"/> <sup>5</sup> |

M4 I le 12 masina ua tuana'i, na fautua atu se alii/tamaitai foma'i po o se tausima'i ua maualuga le fua o lou toto?

Ioe ☐<sup>1</sup> Leai ☐<sup>2</sup>

Le mautinoa ☐<sup>3</sup>

(A "leai"  
alu i le  
fesili B1)

M5 Sa e alu e vaai se taulasea / fofo Samoa mo lou toto maualuga i le 12 masina ua tuana'i atu?

Ioe ☐<sup>1</sup> Leai ☐<sup>2</sup>

M6 O togafitia oe i ni vai Samoa mo lou toto maualuga (e le aafia ai le fofo po o vai o le pau)?

Ioe ☐<sup>1</sup>

Leai ☐<sup>2</sup>

M7 O e faaaogaina ni togafitiga e pei ona taua i lalo (e pei ona fautuaina e se foma'i po o se tagata faigaluega o le Soifua Maloloina) mo lou toto maualuga?

	<u>Ioe</u>	<u>Leai</u>	<u>Le mautinoa</u>
a) Fualaau faatonuina (sa inumia i le 2 vaiaso ua tea)	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
b) Taumafa faapitoa	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
c) Fautuaga/Togafitiga ina ia faaitiitia le mamafa	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
d) Fautuaga/Togafitiga ina ia taofi le taumafa tapaa	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
e) Fautuaga ina ia faamalositino	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

## B. Talaaga ma le silafia o le Ma'i Suka

B1 E te silafia se tasi e maua i le mai suka?

	<u>Ioe</u>	<u>Leai</u>	<u>Le mautinoa</u>
e) Tina	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
f) Tama	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
g) Uso/tuagane/tuafafine	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>
h) Isi tagata o le aiga	<input type="radio"/> <sup>1</sup>	<input type="radio"/> <sup>2</sup>	<input type="radio"/> <sup>3</sup>

B2 Na fua lou suka i totonu o le 12 masina ua tuana'i?

Ioe  $\bigcirc^1$  Leai  $\bigcirc^2$  Lemautinoa  $\bigcirc^3$

B3 Na fautuaina oe e se alii/tamaitai fomai/tausimai o lo o e maua i le mai suka?

Ioe  $\bigcirc^1$  Leai  $\bigcirc^2$  Le mautinoa  $\bigcirc^3$

(A "leai"  
alu i le  
fesili B7)

B4 Ua e sailia se fofo Samoa mo lou mai suka i le 12 masina ua tuana'i atu?

Ioe  $\bigcirc^1$  Leai  $\bigcirc^2$

B5 O togafitia oe i ni vai Samoa mo lou mai suka (e le aofia ai le fofo po o le vai ole pa'u)?

Ioe  $\bigcirc^1$  Leai  $\bigcirc^2$

B6 O e faaaogaina ni togafitiga e pei ona taua i lalo (e pei ona fautuaina e se fomai po o se tagata faigaluega o le Soifua Maloloina) mo lou mai suka?

	<u>Ioe</u>	<u>Leai</u>	<u>Le mautinoa</u>
a) Insulini (tui o le suka)	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
b) Fualaau faatonuina (sa inumia ile 2 vaiaso ua tea)	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
c) Taumafa faapitoa faatonuina	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
d) Fautuaga/Togafitiga ina ia faaititia le mamafa	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
e) Fautuaga/Togafitiga ina ia taofi le taumafa tapaa	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
f) Fautuaga ina ia faamalositino	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$

B7 O a ni auga e te silafia o le mai suka?

	<u>Ioe</u>	<u>Leai</u>	<u>Le mautinoa</u>
i) Tulai soo	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
j) Fia inu soo	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
k) Nenefu le vaai	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
l) Mageso le tino	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
m) Vaivai /gagase tino	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
n) Itaita gofie	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
o) Faigata ona pepe manu'a	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
p) Maua gofie i siama o faama'i	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$

B8 O a ni vaega o le tino e ono aafia i le mai suka?

	<u>Ioe</u>	<u>Leai</u>	<u>Le mautinoa</u>
j) Mata/tauaso	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
k) Fatugao	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
l) Fatu	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
m) Fai'ai/Pe le itu tino	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
n) Papala o vae	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
o) Ala toto	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
p) Neura	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
q) Pe le itu sa o alii	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$
r) Ma'itaga	$\bigcirc^1$	$\bigcirc^2$	$\bigcirc^3$

## STEP 2: PHYSICAL MEASURES

### Blood Pressure

(Relax for 5 minutes before 1<sup>st</sup> measurement, and 1 minute between measures)

		Reading 1	Reading 2	Reading 3
V1	Systolic Blood Pressure	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	<input type="text"/> <input type="text"/> <input type="text"/> mmHg
V2	Diastolic Blood Pressure	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	<input type="text"/> <input type="text"/> <input type="text"/> mmHg	<input type="text"/> <input type="text"/> <input type="text"/> mmHg
V3	Cuff size: sm <input type="radio"/> med <input type="radio"/> lg <input type="radio"/>		V4 Technician ID	<input type="text"/> <input type="text"/>
			V5 Device ID	<input type="text"/> <input type="text"/>
V6	Height <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> cm	V7 Tech ID	<input type="text"/> <input type="text"/>	V8 Device ID
V9	Weight <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> kg	V10 Tech ID	<input type="text"/> <input type="text"/>	V11 Device ID
V12	Participant currently pregnant?: Yes <input type="radio"/> No <input type="radio"/> Uncertain <input type="radio"/> (If Yes, skip to Step 3)			
V13	Waist <input type="text"/> <input type="text"/> <input type="text"/> • <input type="text"/> cm	V14 Tech ID	<input type="text"/> <input type="text"/>	V15 Device ID

## STEP 3: BIOCHEMICAL MEASURES

### Fasting status

Y1 During the last 12 hours have you had anything to eat or drink, other than water?

Yes ☐ No ☐ Uncertain ☐

### Blood glucose

Y2	Technician ID	<input type="text"/> <input type="text"/>	Y3	Device ID	<input type="text"/> <input type="text"/>
Y4	Time of finger prick	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>			
		hours minutes			
Y5	Fasting blood glucose (capillary)	<input type="text"/> <input type="text"/> • <input type="text"/> mmol/L			

### Blood Lipids

Y6	Technician ID	<input type="text"/> <input type="text"/>	Y7	Device ID	<input type="text"/> <input type="text"/>
Y8	Fasting total cholesterol	<input type="text"/> • <input type="text"/> <input type="text"/> <input type="text"/>			
		mmol/L			