

# A Survey on Prevalence of Non-Communicable Diseases (NCDs) and Their Risk Factors among Adults in Mekelle and Kilde-Awlaelo, Ethiopia



Mekelle University  
መቐለ ዩኒቨርሲቲ

we really care!

Tigray Regional  
Health Bureau

<b>Survey Information</b>
---------------------------

Location and Date	Response	Code
Public office/Village ID	_ _ _ _ _ _ _ _ _	I1
Public office/Village name		I2
Interviewer ID	_ _ _ _	I3
Date of completion of the instrument	_ _     _ _     _ _ _ _ _ _ _ _ _  dd          mm          year	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5
Interview Language	Tigrigna 1 Amharic 2 Other 3 <b>Specify</b>	I6
Time of interview (24 hour clock)	_ _  :  _ _  hrs          mins	I7
Family Surname		I8
First Name		I9
<b>Additional Information that may be helpful</b>		
Contact phone number where possible		I10

## Step 1 Demographic Information

### CORE: Demographic Information

Question	Response	Code
Sex ( <i>Record Male / Female as observed</i> )	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _   _ _ _ _ _   _ _ _ _ _  <i>If known, Go to C4</i> dd mm year	C2
How old are you?	Years  _ _	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years  _ _	C4

### EXPANDED: Demographic Information

What is the <b>highest level of education</b> you have completed?  <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
What is your religious <b>background</b> ?	Orthodox 1 Catholic 2 Protestant 3 Muslim 4 Refused 88	C6
What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your <b>main work</b> status over the past 12 months?  <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>  <i>(USE SHOWCARD)</i>	Government employee 1 Farmer 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
How many people older than 18 years, including yourself, live in your household?	Number of people  _ _	C9

EXPANDED: Demographic Information, Continued		
Question	Response	Code
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  _ _ _ _ _ _ _ _ _ _  Go to T1	C10a
	OR per month  _ _ _ _ _ _ _ _ _ _  Go to T1	C10b
	OR per year  _ _ _ _ _ _ _ _ _ _  Go to T1	C10c
	Refused 88	C10d
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 [INSERT QUINTILE VALUES IN LOCAL CURRENCY] (READ OPTIONS)	≤ Quintile (Q) 1 1 More than Q 1, ≤ Q 2 2 More than Q 2, ≤ Q 3 3 More than Q 3, ≤ Q 4 4 More than Q 4 5 Don't Know 77 Refused 88	C11

## Step 1 Behavioural Measurements

### CORE: Tobacco Use

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

Question	Response	Code
Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
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
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	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
On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes  _ _ _ _ _   _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarettes  _ _ _ _ _   _ _ _ _ _	T5b/T5bw
	Pipes full of tobacco  _ _ _ _ _   _ _ _ _ _	T5c/T5cw
	Cigars, cigarillos  _ _ _ _ _   _ _ _ _ _	T5d/T5dw
	Number of Shisha sessions  _ _ _ _ _   _ _ _ _ _	T5e/T5ew
	Other  _ _ _ _ _   _ _ _ _ _  <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
	Other (please specify):  _ _ _ _ _   _ _ _ _ _	T5other/ T5otherw
During the past 12 months, have you tried to <b>stop smoking</b> ?	Yes 1 No 2	T6
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you <b>ever smoke</b> any tobacco products? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you <b>ever smoke daily</b> ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

EXPANDED: Tobacco Use		
Question	Response	Code
How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77  _ _  If Known, go to T12	T10
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 T12	T11a
	OR Months ago  _ _  If Known, go to T12	T11b
	OR Weeks ago  _ _	T11c
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as <i>[snuff, chewing tobacco]</i> ? <i>(USE SHOWCARD)</i>	Yes 1 No 2 If No, go to T15	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 If No, go to T14aw	T13
On average, how many <b>times a day/week</b> do you use .... <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> Don't Know 7777	DAILY↓ WEEKLY↓	
	Snuff, by mouth  _ _ _ _ _   _ _ _ _ _	T14a/ T14aw
	Snuff, by nose  _ _ _ _ _   _ _ _ _ _	T14b/ T14bw
	Chewing tobacco  _ _ _ _ _   _ _ _ _ _	T14c/ T14cw
	Betel, quid  _ _ _ _ _   _ _ _ _ _	T14d/ T14dw
	Other  _ _ _ _ _   _ _ _ _ _  If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	Other (please specify):  _ _ _ _ _   _ _ _ _ _  If T13=No, go to T16, else go to T17	T14other/ T14otherw
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>[snuff, chewing tobacco]</i> ?	Yes 1 No 2 If No, go to T17	T15
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>[snuff, chewing tobacco]</i> <b>daily</b> ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke <b>in your home</b> ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18
CORE: 'Khat/Chat' Chewing		
Now I am going to ask you some questions about chat use.		
Question	Response	Code
Do you <b>currently</b> chew chat? <i>(USE SHOWCARD)</i>	Yes 1 No 2 If No, go to K7	K1
Do you currently chew chat <b>daily</b> ?	Yes 1 No 2	K2
How old were you when you <b>first started</b> chewing chat?	Age (years) Don't know 77  _ _	K3

## Participant Identification Number

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

Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	In Years <input type="text"/>	K4a
	OR in Months <input type="text"/>	K4b
	OR in Weeks <input type="text"/>	K4c
During the past 12 months, have you tried to <b>stop chewing chat</b> ?	Yes 1 No 2	K5
During any visit to a doctor or other health worker in the past 12 months, were you advised to stop chewing chat?	Yes 1 No 2 No visit during the past 12 months 3	K6
Do you have family members or close friends who chew chat?	Yes 1 No 2	K7
In the past, did you <b>ever chew chat</b> ?	Yes 1 No 2 <i>If No, go to A1</i>	K8
In the past, did you <b>ever chew chat daily</b> ?	Yes 1 No 2	K9
How old were you when you <b>stopped</b> chewing chat?	Age (years) Don't Know 77 <input type="text"/> <i>If Known, go to A1</i>	K10
How <b>long ago</b> did you stop chewing chat? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago <input type="text"/> <i>If Known, go to A1</i>	K10a
	OR Months ago <input type="text"/> <i>If Known, go to A1</i>	K10b
	OR Weeks ago <input type="text"/>	K10c

CORE: Alcohol Consumption		
The next questions ask about the consumption of alcohol.		
Question	Response	Code
Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits or [local drinks like Sewa, Miyes, Areqe, Katikala]? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to A16	A1
Have you consumed any alcohol within the <b>past 12 months</b> ?	Yes 1 If Yes, go to A4 No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 If Yes, go to A16 No 2 If No, go to A16	A3
During the past 12 months, <b>how frequently</b> have you had at least one standard alcoholic drink?  (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4
Have you consumed any alcohol within the <b>past 30 days</b> ?	Yes 1 No 2 If No, go to A13	A5
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?	Number Don't know 77  _ _	A6
During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77  _ _	A7
During the past 30 days, what was the <b>largest number</b> of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77  _ _	A8
During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion?	Number of times Don't Know 77  _ _	A9
During each of the <b>past 7 days</b> , how many standard drinks did you have each day?  (USE SHOWCARD)  Don't Know 77	Monday  _ _	A10a
	Tuesday  _ _	A10b
	Wednesday  _ _	A10c
	Thursday  _ _	A10d
	Friday  _ _	A10e
	Saturday  _ _	A10f
	Sunday  _ _	A10g



**CORE: Alcohol Consumption, continued**

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

Question	Response	Code
During the <b>past 7 days</b> , did you consume any <b>homebrewed</b> alcohol, any alcohol <b>brought over the border/from another country</b> , any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> alcohol? <i>[AMEND ACCORDING TO LOCAL CONTEXT]</i> <i>(USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to A13</i>	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ?  <i>[INSERT COUNTRY-SPECIFIC EXAMPLES]</i> <i>(USE SHOWCARD)</i>  <i>Don't Know 77</i>	Homebrewed spirits, e.g. Areqe, Katikala  _ _ _	A12a
	Homebrewed beer or wine, e.g. Sewa, Miyes  _ _ _	A12b
	Alcohol brought over the border/from another country  _ _ _	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves  _ _ _	A12d
	Other untaxed alcohol in the country  _ _ _	A12e

**EXPANDED: Alcohol Consumption**

During the <b>past 12 months</b> , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the <b>past 12 months</b> , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the <b>past 12 months</b> , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the <b>past 12 months</b> , have you had family problems or a problem with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

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
In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77  _ _  If Zero days, go to D3	D1
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
In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77  _ _  If Zero days, go to D5	D3
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
Over the past month, how often did you <b>eat meat (beef, chicken, mutton etc)</b> ?	Once/month 1 2-3 times/month 2 Once/week 3 Twice/week 4 3-4 times/week 5 5-6 times/week 6 Once/day 7 Twice or more/day 8 Never 9 Don't know 88	D5
Over the past month, how often did you <b>eat fish</b> ?	Once/month 1 2-3 times/month 2 Once/week 3 Twice/week 4 3-4 times/week 5 5-6 times/week 6 Once/day 7 Twice or more/day 8 Never 9 Don't know 88	D6
Over the past month, how often did you <b>eat egg</b> ?	Once/month 1 2-3 times/month 2 Once/week 3 Twice/week 4 3-4 times/week 5 5-6 times/week 6 Once/day 7 Twice or more/day 8 Never 9 Don't know 88	D7
Over the past month, how often did you consume dairy products (milk, yogurt, cheese, butter etc)?	Once/month 1 2-3 times/month 2 Once/week 3 Twice/week 4 3-4 times/week 5 5-6 times/week 6 Once/day 7 Twice or more/day 8 Never 9 Don't know 88	D8

Fasting Practice		
The next questions ask about your fasting practice.		
Do you routinely observe fasting as part of your religious practice?	Yes 1 No 2 If No, go to D11	D9
On a typical fasting day, for how many hours do you abstain from food and drink?	Number of hours Don't Know 77  _ _	D10
Dietary salt		
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see 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>[insert country specific examples]</i> , and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		
How often do you <b>add salt or a salty sauce</b> to your food right before you eat it or as you are eating it?  (SELECT ONLY ONE)  (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D11
How often is <b>salt, salty seasoning or a salty sauce added</b> in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D12
How often do you eat <b>processed food high in salt</b> ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, and processed meat <i>[add country specific examples]</i> . <i>[INSERT EXAMPLES]</i> (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D13
How much <b>salt or salty sauce</b> do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D14

EXPANDED: Diet		
Question	Response	Code
How important to you is <b>lowering the salt</b> in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D15
Do you think that too much salt or salty sauce in your diet could cause a <b>health problem</b> ?	Yes 1 No 2 Don't know 77	D16
Do you do any of the following on a regular basis to <b>control your salt intake</b> ? (RECORD FOR EACH)		
Limit consumption of processed foods	Yes 1 No 2	D17a
Look at the salt or sodium content on food labels	Yes 1 No 2	D17b
Buy low salt/sodium alternatives	Yes 1 No 2	D17c
Use spices other than salt when cooking	Yes 1 No 2	D17d
Avoid eating foods prepared outside of a home	Yes 1 No 2	D17e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D17other</i> No 2	D17f
Other (please specify)	_ _ _ _ _ _ _ _ _	D17other
The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.		
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 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 <i>If Other, go to D12 other</i> None in particular 6 None used 7 Don't know 77	D18
	Other  _ _ _ _ _ _ _ _ _ _	D18other
On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77  _ _	D19

CORE: Physical Activity		
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</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. <i>[Insert other examples if needed]</i>. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>		
Question	Response	Code
<b>Work</b>		
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 4</i>	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days  _ _	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[for carrying light loads]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 7</i>	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days  _ _	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P6 (a-b)
<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. <i>[Insert other examples if needed]</i></p>		
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 <i>If No, go to P 10</i>	P7
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days  _ _	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P9 (a-b)

CORE: Physical Activity, Continued		
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), [Insert relevant terms].		
Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1  No 2 If No, go to P 13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days  _ _	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing or heart rate such as brisk walking, [cycling, swimming, volleyball] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1  No 2 If No, go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days  _ _	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P15 (a-b)

EXPANDED: 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, train, reading, playing cards or watching television, but do not include time spent sleeping. [INSERT EXAMPLES] (USE SHOWCARD)		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P16 (a-b)

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

<b>CORE: History of Diabetes</b>		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

<b>CORE: History of Raised Total Cholesterol</b>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

<b>CORE: History of Cardiovascular Diseases</b>		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

<b>CORE: Lifestyle Advice</b>		
During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20f



## Step 2 Physical Measurements

Blood Pressure		
Question	Response	Code
Interviewer ID	_ _ _ _	M1
Device ID for blood pressure	_ _ _	M2
Cuff size used	Small 1 Medium 2 Large 3	M3
Reading 1	Systolic ( mmHg) _ _ _ _	M4a
	Diastolic (mmHg) _ _ _ _	M4b
Reading 2	Systolic ( mmHg) _ _ _ _	M5a
	Diastolic (mmHg) _ _ _ _	M5b
Reading 3	Systolic ( mmHg) _ _ _ _	M6a
	Diastolic (mmHg) _ _ _ _	M6b
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 No 2	M7
Height and Weight		
<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8
Interviewer ID	_ _ _ _	M9
Device IDs for height and weight	Height _ _ _	M10a
	Weight _ _ _	M10b
Height	in Centimetres (cm) _ _ _ _ . _	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	M12
Waist		
Device ID for waist	_ _ _	M13
Waist circumference	in Centimetres (cm) _ _ _ _ . _	M14
Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm) _ _ _ _ . _	M15
Heart Rate		
Reading 1	Beats per minute _ _ _ _	M16a
Reading 2	Beats per minute _ _ _ _	M16b
Reading 3	Beats per minute _ _ _ _	M16c

### Step 3 Biochemical Measurements

Blood Glucose		
Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	_ _ _	B2
Device ID	_ _	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes  _ _  :  _ _  hrs mins	B4
Fasting blood glucose	mg/dl  _ _ _ _  .  _	B5
Hemoglobin A1C (HbA1C)	%  _  .  _	B6
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	B7
Blood Lipids		
Device ID	_ _	B8
Total Cholesterol	mg/dl  _ _ _ _  .  _	B9
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	B10
Triglycerides, HDL Cholesterol and LDL Cholesterol		
Question	Response	Code
Triglycerides	mg/dl  _ _ _ _  .  _	B11
HDL Cholesterol	mg/dl  _ _ _ _  .  _	B12
LDL Cholesterol	mg/dl  _ _ _ _  .  _	B13
Hemoglobin level		
Question	Response	Code
Haemoglobin level	g/dl  _ _  .  _	B14