

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
SURVEY ON AGING, AND CARDIOVASCULAR DISEASE RISK FACTORS AND RISK PERCEPTION

1.0 IDENTIFICATION INFORMATION and CONSENT

1.1 FIELD WORKER'S CODE	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
1.2 DATE OF INTERVIEW (DD/MM/YYYY)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
1.3 RESPONDENT'S ID	<div></div>					
1.4 RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
1.5 RESPONDENT'S SEX	(F=Female; M=Male)					<div>F</div>
1.6 RESPONDENT'S FULL NAME	<div></div>					
1.7 ID OF ROOM WHERE RESPONDENT SLEEPS	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
1.15 RESPONDENT INTERVIEWED IN 1st PHASE OF UPHD-AGING STUDY? 1=Yes, 2=No						<div></div>
1.12 START TIME (24 HR-FORMAT)	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

INTRODUCTION AND CONSENT

Hello, my name is _____ and I work with the African Population and Health Research Centre. We are conducting a survey to better understand the situation of chronic diseases among people in this community, especially those affecting the heart as well as the behaviour of people which may influence their chances of getting these chronic diseases in future. Specifically we would like to know about your health, your health-related behavior, and your views about certain health-related practices and norms in the community. The results of this study will be presented to institutions, including the government, that are involved in decision making and provision of health services with the intention that they will use the information to improve care for chronic diseases in the community and the country. We will take your height, weight and the width of your waist. We will also take a few drops of blood and measure your blood sugar and fat levels on the spot. This interview is not expected to cause you any harm or discomfort, but you may feel a little pain when we take the blood drops. If you feel uncomfortable with certain questions you can choose not to answer them. We, however, hope you will participate in this survey since your views are very important. You will not be paid for participating in the study but in case you are found with a chronic condition such as diabetes or high blood pressure, you will be facilitated to get treatment at a government health facility. This interview will take about 1 hour and a half of your time.

1.8 Do you accept to participate in the study? (Y=YES; N=NO; IF 'YES' SKIP TO 1.10)

1.9 IF THE RESPONDENT DOES NOT ACCEPT TO BE INTERVIEWED ASK: To help better inform our work in the future, could you please tell me the main reason why you do not want to participate in this study?
(CODE SHEET A⁶) (FW: IF REASON IS RELATED TO TIME BEING INCONVENIENT FOR RESPONDENT, PLEASE MAKE AN APPOINTMENT TO COME BACK AND DO THE INTERVIEW).
 OTHERWISE THANK RESPONDENT FOR HIS/HER TIME AND END THE INTERVIEW.

1.10 IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in our study. Could you please sign here to show that you have accepted to participate in the study?
Respondent's Signature
 0= REFUSES TO SIGN 1= SIGNS 2= WILLING BUT UNABLE TO SIGN

1.11 FINAL RESULT OF INTERVIEW (CODE SHEET A¹)

OFFICE/FIELD CHECK DETAILS

1.13 FIELD SUPERVISOR'S/TEAM LEADER'S CODE	<div></div>	<div></div>
1.14 DATA ENTRY CLERK'S CODE	<div></div>	<div></div>
1.16 RESPONDENT SAMPLED FOR CVD STUDY? (1=Yes, 2-No)	<div></div>	<div></div>

2.0 DEMOGRAPHICS		
Question / Instruction	Response categories	Skip to
2.0a Marital Status for repondents <50 years FW: CHECK QN 1.15: IF ANSWER IS YES SKIP TO 2.0b ELSE ASK: 2.1 What is your <u>current</u> marital status?	Never Married..... '01 → 2.19 Currently Married/Cohabiting..... '02 } 2.19 Divorced..... '03 Separated..... '04 Widowed..... '05	
2.7 Does your wife/husband/partner usually live in this household?	YES.....1 → 2.20 NO.....2	
2.8 Where does he/she live? [CODE SHEET A ²]	<input type="text"/> <input type="text"/> → 2.19	
2.0b Marital Status for respondents interviewed in 1st phase of UPHD-Aging		
2.1a MARITAL STATUS IN PANEL SURVEY 1 (N= NEVER MARRIED;W=WIDOWED; D=DIVORCED; M =MARRIED/LIVING WITH A PARTNER;S=SEPARATED)	<input type="text"/> M	
2.1b CHECK 2.1a:Are you still ____ (MARITAL STATUS in 2.1a) ?	YES.....1 NO.....2 → 2.17	
CHECK 2.1a: IF "M" ASK 2.1c ELSE SKIP TO 2.19 2.1c Is it still the same partner as in Round 1?	YES.....1 NO.....2	
2.7 Does your wife/husband/partner usually live in this household?	YES.....1 → 2.20 NO.....2	
2.8 Where does he/she live? [CODE SHEET A ²]	<input type="text"/> → 2.19	
2.17 What is your <u>current</u> marital status? (N= NEVER MARRIED;W=WIDOWED;D=DIVORCED; M =MARRIED/LIVING WITH A PARTNER;;S=SEPARATED)	<input type="text"/>	
2.18 When did your marital status change? (DD/MM/YYYY) IF RESPONENT REMARRIED, ASK DATE OF MARRIAGE, IF DIVORCED/SEPARATED ASK FOR DATE OF END OF MARRIAGE, IF WIDOWED, ASK FOR DATE OF SPOUSE'S DEATH, IF DAY IS UNKNOWN ENTER "99"	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2.19 Do you live with anyone else?	YES.....1 NO.....2	
2.20 Have you ever been to school? IF NO, SKIP TO INSTRUCTIONS JUST BEFORE 3.0	YES.....1 NO.....2 → 3.0	

2.21 What is the <u>highest level</u> of education that you have <u>completed</u> ?		Less than primary school..... 01 Primary school 02 Secondary/High school 03 College/Pre-university/University 04 Post graduate degree 05
FW: CHECK QN 1.15: IF ANSWER IS NO; SKIP TO SECTION 5.0 - ON WORK HISTORY AND BENEFITS		
3.0 CARE AND SUPPORT		
Now I would like us to talk about your children and other relatives and the support you give or get from them, if any		
Question / Instruction	Response categories	Skip to
3.21 In the last 12 months, who normally provided the most assistance to you with work around the house such as cooking, cleaning, collecting water and so on? RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A⁴)	<input type="text"/> <input type="text"/> <input type="text"/>	
3.21a FW: IF RESPONSE IN 3.21 IS NO ONE/SELF, SKIP TO 3.22, ELSE ASK: Where does the person mentioned in 3.21 live? (CODE SHEET A²)	<input type="text"/> <input type="text"/>	
3.22 In the last 12 months, did you usually require assistance to get somewhere outside the community for example going to town, to the market etc?	YES.....1 NO.....2	→ 3.24
3.23 In the last 12 months, suppose you wanted to go somewhere outside the community, who normally assisted you or accompanied you to places outside the community? RECORD RELATIONSHIP TO RESPONDENT (CODE SHEET A⁴)	<input type="text"/> <input type="text"/> <input type="text"/>	
3.24 In the last 12 months, did you receive any kind of assistance or support from any of your relatives (other than children)?	YES.....1 NO.....2	
4.0 LINKS WITH PLACE OF ORIGIN		
4.1a PLACE OF ORIGIN MENTIONED IN SURVEY 1	District: SHINYANGA Province:	
4.3 When was the last time you visited your place or origin? IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.5. IF RESPONDENT LAST VISITED PLACE OF ORIGIN MORE THAN 12 MONTHS AGO SKIP TO 4.5	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4.4 In the last 12 months, how many times have you visited your place of origin?	<input type="text"/> <input type="text"/>	
4.5 When was the last time you had visitors from your place of origin? IF ANSWER IS NEVER RECORD 88 IN MONTH AND 8888 IN YEAR AND SKIP TO 4.7	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
4.6 In the last 12 months, how many times have you had visitors from your place of origin?	<input type="text"/> <input type="text"/>	

Question / Instruction	Response categories	Skip to
4.10 Do you intend to move away from Korogocho/Viwandani at any time in the future?	YES.....1 NO.....2	→ 4.12
4.11 What is the most important reason why you don't intend to move away from Korogocho/Viwandani? CIRCLE ONLY ONE RESPONSE	Has no land anywhere else..... 01 Has no house anywhere else 02 Family disputes/ Other disputes at origin 03 Dispossessed of land ownership 04 Has property in Nairobi 05 Has family/social networks in Nairobi 06 Lack finances to migrate back 07 Conflict of culture e.g intermarriage 08 Living condition is better here 10 Rent is affordable/cheap 11 Get used to the area 12 Convenient to me/my family members work place 16 Have no other choice 17 Other (Specify) 96 [SKIP TO SECTION 5.0]	5.0
4.12 Where do you intend to move to? CIRCLE ONLY ONE RESPONSE	Place of origin/Place of birth 01 Another rural place in Kenya 02 Another urban place in Kenya 03 Another slum in Nairobi..... 04 Non-slum in Nairobi..... 05 Outside Kenya..... 06 Don't know/Unsure of where to go 98	
4.13 How long from now do you intend to move away from Korogocho or Viwandani? USE ONE UNIT ONLY W=WEEKS; M=MONTHS; Y=YEARS; D=DON'T KNOW	UNIT <input type="text"/> No. of units <input type="text"/> <input type="text"/>	
5.0 WORK HISTORY AND BENEFITS		
Now I would like to ask you some questions about any work that you may be doing now or done in the past		
5.1 As you know, some people take jobs for which they are paid in cash or kind. Other people sell things, have a small business, or work on the family farm or family business. Are you currently working or doing any of these activities (not including housework)?	YES.....1 NO.....2	→ 5.7a
5.3 When was the last time you were engaged in any work or an income generating activity? RECORD IN ONE UNIT (Y=Years M=Months, W=Weeks) IF NEVER WORKED, CIRCLE 88 AND SKIP TO 5.16	UNIT <input type="text"/> Number of units <input type="text"/> <input type="text"/> Never worked.....88	→ 5.16
5.7 [NOT CURRENTLY WORKING] Now I will ask you some questions about your <u>most recent work</u> . What was your <u>main</u> occupation? CIRCLE ONLY ONE RESPONSE THEN SKIP TO 5.16 ____ (Specify)	Unestablished own business (Informal)..... 01 Established own business (formal)..... 02 Informal casual..... 03 Informal salaried..... 04 Formal salaried..... 05 Formal casual..... 06 Rural agriculture..... 07 Urban agriculture..... 08 Other..... 96	→ 5.16

Question / Instruction	Response categories	Skip to
5.7a [CURRENTLY WORKING] Now I will ask you some questions <u>about your current work</u> . What is your main occupation currently? CIRCLE ONLY <u>ONE</u> RESPONSE _____ (Specify)	Unestablished own business (Informal)..... 01 Established own business (formal)..... 02 Informal casual..... 03 Informal salaried..... 04 Formal salaried..... 05 Formal casual..... 06 Rural agriculture..... 07 Urban agriculture..... 08 Other..... 96	
5.16 What would you say is your main source of livelihood currently? CIRCLE <u>ONE</u> RESPONSE	Own and/or spouse's work..... 01 Own savings/Investments..... 02 Pension/retirement benefit..... 03 Support from children/parents..... 04 Support from other relatives..... 05 Donations/welfare..... 06	
6.0 CHRONIC CONDITIONS AND HEALTH CARE UTILIZATION		
6.4.2 Diabetes		
6.4.2k CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH DIABETES IN SURVEY 1 (Y=YES; N=NO; K= NOT IN STUDY If 'YES' skip to 6.4.2e)		N
6.4.2a Have you ever been diagnosed with <u>diabetes</u> (high blood sugar)? (Not including diabetes associated with a pregnancy)	YES.....1 NO.....2	→ 6.4.4
6.4.2e When were you diagnosed with diabetes? IF YEAR IS UNKNOWN, OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF DATES ARE KNOWN, FILL THE BOXES AND SKIP TO 6.4.2b	MONTH YEAR <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> DON'T KNOW.....98	→ 6.4.2b
6.4.2f For how long have you had diabetes (since the time you were diagnosed)? USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)	UNIT No. of units <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	
6.4.2b Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks?	YES.....1 NO.....2	
6.4.2c Have you been taking insulin or other blood sugar lowering medications in the <u>last 12 months</u> ?	YES.....1 NO.....2	
6.4.2d Are you following a special diet, exercise regime or weight control program for diabetes during the <u>last 2 weeks</u> ? (As recommended by a health professional)	YES.....1 NO.....2	
6.4.4 Hypertension (High blood Pressure)		
6.4.4k CHECK IF RESPONDENT HAD EVER BEEN DIAGNOSED WITH HYPERTENSION IN SURVEY 1 (Y=YES; N=NO; K= NOT IN STUDY; If 'YES' skip to 6.4.4d)		N
6.4.4a Have you ever been diagnosed with <u>high blood pressure</u> (hypertension)?	YES.....1 NO.....2	→ 6.4.5
6.4.4d When were you diagnosed with high blood pressure? IF YEAR OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF ONLY MONTH IS UNKNOWN FILL 98 IN FIRST TWO BOXES AND FILL IN THE YEAR. IF MONTH AND YEAR ARE KNOWN FILL THE BOXES AND SKIP TO 6.4.4b	MONTH YEAR <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> DON'T KNOW.....98	→ 6.4.4b
6.4.4e For how long have you had high BP (since the time you were diagnosed)? USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)	UNIT No. of units <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	

Question / Instruction		Response categories	Skip to	
6.4.4b	Have you been taking <u>medications or other treatment</u> for it during the <u>last 2 weeks</u> ?	YES.....1 NO.....2		
6.4.4c	Have you been taking <u>medications or other treatment</u> for it during the <u>last 12 months</u> ?	YES.....1 NO.....2		
6.4.5 Stroke				
6.4.5a	Have you ever been told by a health professional that you have had a stroke?	YES.....1 NO.....2	→ 6.4.5d	
6.4.5f	When were you diagnosed with stroke? IF YEAR OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF DATES ARE KNOWN, FILL THE BOXES AND SKIP TO 6.4.5b	MONTH YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> DON'T KNOW.....98	→ 6.4.5b	
6.4.5g	For how long have you had a stroke (since the time you were diagnosed)? USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)	UNIT No. of units	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
6.4.5b	Have you been taking any medications or other treatment for stroke during the <u>last 2 weeks</u> ?	YES.....1 NO.....2		
6.4.5c	Have you been taking any medications or other treatment for stroke during the <u>last 12 months</u> ?	YES.....1 NO.....2		
6.4.5d	Have you ever suffered from sudden onset of paralysis or weakness in your arms or legs on one side of your body for more than 24 hours?	YES.....1 NO.....2		
6.4.5e	Have you ever had, for more than 24 hours, sudden onset of loss of feeling on one side of your body without anything having happened to you immediately before?	YES.....1 NO.....2		
6.4.6 Angina				
6.4.6a	Have you ever been diagnosed with angina or angina pectoris (a heart disease)?	YES.....1 NO.....2	→ 6.4.6d	
6.4.6j	When were you diagnosed with angina? IF YEAR OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF ONLY MONTH IS UNKNOWN FILL 98 IN THE FIRST 2 BOXES AND FILL IN THE YEAR; DATES ARE KNOWN, FILL THE BOXES AND SKIP TO 6.4.6b	MONTH YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> DON'T KNOW.....98	→ 6.4.6b	
6.4.6k	For how long have you had angina (since the time you were diagnosed)? USE ONLY 1 UNIT (Y=Years, M=Months, W=Weeks)	UNIT No. of units	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>	
6.4.6b	Have you been taking any medications or other treatment for angina in the <u>last 2 weeks</u> ?	YES.....1 NO.....2		
6.4.6c	Have you been taking any medications or other treatment for angina in the <u>last 12 months</u> ?	YES.....1 NO.....2		
6.4.6d	During the last 12 months, have you experienced any pain or discomfort in your chest when you walk uphill or hurry?	YES.....1 NO.....2 NEVER WALKS UPHILL OR HURRIES.....3		

Question / Instruction		Response categories	Skip to																		
6.4.6e	During the last 12 months, have you experienced any pain or discomfort in your chest when you walk at an ordinary pace on level ground? IF NO SKIP TO INSTRUCTION AFTER QN 6.4.6i AND JUST BEFORE QN. 6.5a	YES.....1 NO.....2	6.5a																		
6.4.6f	What do you do if you get the pain or discomfort when you are walking? Stop or slow down..... 1 Carry on after taking a pain relieving medicine that dissolves in your mouth..... 2 Carry on walking..... 3	READ CHOICES																			
6.4.6g	If you stand still, what happens to the pain or discomfort? READ CHOICES	Pain is relieved..... 1 Pain is not relieved..... 2																			
6.4.6h	Will you show me where you usually experience the pain or discomfort? RECORD ALL AREAS OF BODY MENTIONED ____ (Specify) ____ (Specify)	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>A Upper or middle chest</td> <td>1</td> <td>2</td> </tr> <tr> <td>B Lower chest</td> <td>1</td> <td>2</td> </tr> <tr> <td>C Left arm</td> <td>1</td> <td>2</td> </tr> <tr> <td>D Other</td> <td>1</td> <td>2</td> </tr> <tr> <td>E Other</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Y	N	A Upper or middle chest	1	2	B Lower chest	1	2	C Left arm	1	2	D Other	1	2	E Other	1	2	
	Y	N																			
A Upper or middle chest	1	2																			
B Lower chest	1	2																			
C Left arm	1	2																			
D Other	1	2																			
E Other	1	2																			
6.4.6i	These symptoms that you have said you experienced in the last 12 months, have you experienced them in the last 2 weeks?	YES.....1 NO.....2																			
FW: CHECK QN 1.15: IF ANSWER IS NO; SKIP TO SECTION 10 - ON SOCIAL CULTURAL ENVIRONMENT ELSE ASK 6.5a																					
6.5a FW: FIRST READ INSTRUCTIONS AFTER QN. 6.4.6i !! THEN: CHECK QNS 6.4.2a, 6.4.2k, 6.4.4a, 6.4.4k, 6.4.5a, 6.4.5d, 6.4.5e, 6.4.6a, 6.4.6e: IF ANY ANSWER IS YES, SKIP TO 6.5b. IF ALL ANSWERS ARE NO, ASK: Have you had any health problem in the last 12 months?		YES.....1 NO.....2	6.5 7.0																		
6.5b	Have you had any <u>other</u> health problem in the last 12 months?	YES.....1 NO.....2																			
6.5 In the last 12 months what did you consider to be the <u>most severe</u> health problem you had? Communicable disease (malaria, tuberculosis, HIV/AIDS, other)..... 01 Acute conditions (diarrhea, flu, headaches, cough, other)..... 02 Injury or disability as a result of injury..... 03 Post-Surgery complications..... 04 Sleep problems..... 05 CIRCLE ONLY ONE RESPONSE Chronic pain in joints/arthritis (joints, back, neck)..... 06 Diabetes or related complications..... 07 Problems with heart including unexplained pain in chest 08 Problems with mouth, teeth or swallowing..... 09 Problems with breathing..... 10 High blood pressure / hypertension..... 11 Stroke/sudden paralysis of one side of body..... 12 Generalized pain (stomach, muscle or other non specific pain)..... 13 Depression or anxiety..... 14 Cancer..... 15 Poor sight/Blind..... 16 Impaired hearing..... 17 [IF ANSWER IS 18 SKIP TO 6.11] Had no severe health problem 18 Other (specify)..... 96																					

Question / Instruction	Response categories	Skip to																														
6.6 In the last 12 months, have you gone to seek health care outside the home for this problem ?	YES.....1 NO.....2	→ 6.11																														
6.7 Where did you go to seek health care? RECORD THE NAME OF FACILITY/PROVIDER FIRST, THEN CIRCLE THE TYPE OF FACILITY. IF MORE THAN ONE, RECORD MOST RECENT NAME OF FACILITY/PROVIDER _____ _____	Govt health center/dispensary..... 01 Private Health center/dispensary..... 02 Pharmacist/Drug store..... 03 Government hospital..... 04 Private hospital..... 05 Traditional healer/herbalists..... 06 Religious / Prayer houses..... 07 Other (specify)..... 96																															
6.9 How much have you spent on the following health related costs for <u>yourself</u> in the last 12 months? (RECORD '00000' IF FOR FREE), RECORD 99999 IF NOT APPLICABLE 6.6.1 Consultation 6.6.2 Hospitalization 6.6.3 Medicine/drugs 6.6.4 Transportation to health facility _____ 6.6.5 Other (specify)	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																															
6.11 Are there times in the past 12 months when you needed health care but you did not get it?	YES.....1 NO.....2	→ 7.0																														
6.12 What is/was the <u>main</u> reason why you did not get health care when you needed it? CIRCLE ONE RESPONSE Could not afford the cost of the visit..... 01 No transport available..... 02 Could not afford the cost of transport..... 03 Was previously badly treated by health workers..... 04 Could not take time off work or had other commitments..... 05 The health care provider's drugs or equipment are inadequate 06 The health care provider's skills are inadequate..... 07 You did not know where to go..... 08 You tried but were denied health care..... 09 You thought you were not sick enough..... 10 You did not need health care..... 11 Other (specify)..... 96																																
7.0 HEALTH STATE DESCRIPTIONS																																
I would like to ask you questions about your health and well-being. I know some of these questions may be sensitive or difficult to answer, but please try to provide an answer to the best of your knowledge. I will ask about your overall health, including both your physical and your mental health. Some of the questions may sound similar or repetitive, but I need to ask all of the questions so we have complete understanding of your health.																																
7.2 In general, how would you rate your health today, would you say your health is Very good (1), Good (2), Moderate (3), Bad (4), or Very bad (5)?	<table border="1"> <tr><td></td><td></td></tr> </table>																															
7.3 Overall in the last 30 days, how much difficulty did you have with work or household activities; Would you say No difficulty (1), Mild difficulty (2), Moderate (3), Severe (4) or Extreme/can't do anything (5)?	<table border="1"> <tr><td></td><td></td></tr> </table>																															

Mobility	NONE	MILD	MODERATE	SEVERE	EXTREME/CAN'T DO
7.4 Overall in the last 30 days how much difficulty did you have with moving around?	01	02	03	04	05
7.5 Overall in the last 30 days how much difficulty did you have in vigorous activities (such as walking fast)?	01	02	03	04	05
Self-Care					
7.6 Overall in the last 30 days how much difficulty did you have with self-care, such as bathing or washing yourself or dressing?	01	02	03	04	05
7.7 Overall in the last 30 days how much difficulty did you have in taking care of and maintaining <u>your general appearance (e.g. grooming, looking tidy)</u>	01	02	03	04	05
7.8 Overall in the last 30 days how much of bodily <u>aches or pains did you have?</u>	01	02	03	04	05
7.9 Overall in the last 30 days how much bodily <u>discomfort did you have?</u>	01	02	03	04	05
Cognition					
7.10 Overall in the last 30 days how much difficulty did you have with concentrating or <u>remembering things?</u>	01	02	03	04	05
7.11 Overall in the last 30 days how much difficulty did you have in learning a new task (for example, learning how to get to a new place)?	01	02	03	04	05
Interpersonal Activities					
7.12 Overall in the last 30 days how much difficulty did you have with personal relationships or participation in the community?	01	02	03	04	05
7.13 Overall in the last 30 days how much difficulty did you have in dealing with conflicts and <u>tensions with others?</u>	01	02	03	04	05
7.12a Overall in the last 30 days how much difficulty did you have with making new friendships <u>or maintaining current friendships?</u>	01	02	03	04	05
7.13a Overall in the last 30 days how much difficulty did you have with dealing with strangers?	01	02	03	04	05
Breathing					
7.14 Overall in the last 30 days how much of a problem did you have with breathing, such as shortness of breath when not doing anything?	01	02	03	04	05
7.15 Overall in the last 30 days how much of a problem did you have with shortness of breath <u>when doing mild activity, e.g. climbing uphill</u> for 20 meters or climbing stairs?	01	02	03	04	05

Sleep and Energy	NONE	MILD	MODERATE	SEVERE	EXTREME/CAN'T DO	
7.16 Overall in the last 30 days how much of a problem did you have with sleeping, such as <u>falling asleep, waking up frequently during the night or waking up too early in the morning?</u>	01	02	03	04	05	
7.17 Overall in the last 30 days how much of a problem did you have due to not feeling rested and refreshed during the day (e.g. feeling tired, not having energy)?	01	02	03	04	05	
Affect						
7.18 Overall in the last 30 days how much of a problem did you have with feeling sad, low or <u>depressed?</u>	01	02	03	04	05	
7.19 Overall in the last 30 days how much of a problem did you have with worry or anxiety?	01	02	03	04	05	
Vision						
7.20 When was the last time you had your eyes examined by a health care professional? (1=Never; 2=Within the last 12 months; 3=1-2 years ago; 4=3-4 years ago; 5=5 or more years ago)					<input type="text"/>	
7.21 Do you use eyeglasses or contact lenses to see far away (for example across the street)?				YES.....1 NO.....2		
7.22 Do you use eyeglasses or contact lenses to see up close (for example at arms length, like when you are reading)?				YES.....1 NO.....2		
(CIRCLE APPROPRIATE CODE)	NONE	MILD	MODERATE	SEVERE	EXTREME/CAN'T DO	
7.23 Overall in the last 30 days how much difficulty did you have in seeing and recognising a <u>person or object you know across the road</u> (from a distance of about 20 meters)?	01	02	03	04	05	
7.24 Overall in the last 30 days how much difficulty did you have in seeing and recognising an <u>object at arm's length (for example reading)?</u>	01	02	03	04	05	
FUNCTIONING ASSESSMENT						
The next questions ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the last 30 days and I would like you to provide me your response whether you have No difficulty, Mild difficulty, Severe difficulty or Extreme difficulty in doing the following activities:						
(CIRCLE APPROPRIATE CODE)	NONE	MILD	MODERATE	SEVERE	EXTREME/ CAN'T DO	N/A
In the last 30 days, how much difficulty did you have						
7.28 ...in sitting for long periods?	01	02	03	04	05	99
7.29 ... in walking 100 meters?	01	02	03	04	05	99
7.30 ... in standing up from sitting down?	01	02	03	04	05	99
7.31 ... in standing for long periods?	01	02	03	04	05	99
7.32 .with climbing one flight of stairs without resting?	01	02	03	04	05	99

(CIRCLE APPROPRIATE CODE)	NONE	MILD	MODERATE	SEVERE	EXTREME/ CAN'T DO	N/A
In the last 30 days, how much difficulty did you have						
7.33 ... with stooping, kneeling or crouching?	01	02	03	04	05	99
7.34 ... picking up things with your fingers (such as picking up a coin from a table)?	01	02	03	04	05	99
7.35in taking care of your household responsibilities?	01	02	03	04	05	99
7.36 ... in joining in community activities (e.g. festivities, religious or other activities) in the same way as anyone else can?	01	02	03	04	05	99
7.37 ... in extending your arms above shoulder level?	01	02	03	04	05	99
7.38concentrating on doing something for 10 minutes?	01	02	03	04	05	99
7.39 .in walking a long distance such as a kilometer?	01	02	03	04	05	99
7.40 ... in bathing/washing your whole body?	01	02	03	04	05	99
7.41 ... in getting dressed?	01	02	03	04	05	99
7.42 ... in your day to day work?	01	02	03	04	05	99
7.43 ... with carrying things?	01	02	03	04	05	99
7.44 ... with moving around inside your home (such as walking across a room)?	01	02	03	04	05	99
7.45 ... with eating (including cutting up your food)?	01	02	03	04	05	99
7.46 ... with getting up from lying down?	01	02	03	04	05	99
7.47 ... with getting to and using the toilet?	01	02	03	04	05	99
7.48 ... with getting where you want to go, using private or public transport if needed?	01	02	03	04	05	99
7.49 ... getting out of your home?	01	02	03	04	05	99
(CIRCLE APPROPRIATE CODE)	NOT AT ALL	A LITTLE	MODERATELY	GREATLY	SEVERELY	
7.50 In the last 30 days, how much have you been emotionally affected by your health condition(s)?	01	02	03	04	05	
7.51 Overall, how much did these difficulties interfere with your life?	01	02	03	04	05	
SUBJECTIVE WELLBEING AND QUALITY OF LIFE						
Now, I would like to ask for your thoughts about your life and life situation. By telling me whether you Completely, Mostly, Moderately, A little, or Not at all agree with the statement.						
(CIRCLE APPROPRIATE CODE)	COMPLETELY	MOSTLY	MODERATELY	A LITTLE	NONE AT ALL	
7.55 Do you have enough energy for everyday life?	01	02	03	04	05	
7.56 Do you have enough money to meet your basic needs?	01	02	03	04	05	

Please tell us how satisfied you are with the following issues. By telling me whether you are Very Satisfied, Satisfied, Neither Satisfied nor Dissatisfied, Dissatisfied, or Very Dissatisfied

	VERY SATISFIED	SATISFIED	SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
7.57 How satisfied are you with your health?	01	02	03	04	05
7.58 How satisfied are you with your ability to perform your daily living activities?	01	02	03	04	05
7.59 How satisfied are you with your personal relationships?	01	02	03	04	05
7.60 How satisfied are you with the conditions of your living place?	01	02	03	04	05
7.61 Taking all things together, how satisfied are you with your life as a whole these days?	01	02	03	04	05

7.62 How would you rate your overall quality of life? Is it Very Good (1), Good (2), Moderate (3), Bad (4), or Very Bad (5)? Don't Know (8).

7.63 Taking all things together, how would you say you are these days? Are you Very happy (1), Happy (2), Neither happy nor unhappy (3), Unhappy (4), or Very unhappy (5)? IF DON'T KNOW (8)

10.0 SOCIAL-CULTURAL ENVIRONMENT

Question / Instruction	Response categories	Skip to
Social Support and Networks		
10.1 How many people do you have whom you consider as close friends?	<input type="text"/> <input type="text"/>	
10.2 Tuseme upatwe na shida ya kifedha/pesa utamwendea nani kwanza? Mna uhusiano gani na huyu mtu? RECORD RELATIONSHIP (CODE SHEET A⁴) IF SELF OR NO ONE, SKIP TO 10.4	<input type="text"/> <input type="text"/> <input type="text"/>	10.4
10.3 Where does this person live? RECORD CODE OF PLACE OF RESIDENCE (CODE SHEET A²)	<input type="text"/> <input type="text"/>	
10.4 Tuseme unataka kuwa na mazungumzo ya siri na mtu unayemuamini, utamwendea nani kwanza? Mna uhusiano gani na huyu mtu? RECORD RELATIONSHIP (CODE SHEET A⁴) IF SELF OR NO ONE, SKIP TO 10.5a	<input type="text"/> <input type="text"/> <input type="text"/>	10.5a
10.5 Where does this person live? RECODE PLACE OF RESIDENCE (CODE SHEET A²)	<input type="text"/> <input type="text"/>	
10.5a Suppose you had a health problem that needed care for a long time, who would support you? How is this person related to you? RECORD RELATIONSHIP (CODE SHEET A⁴)	<input type="text"/> <input type="text"/> <input type="text"/>	
10.6 Do you belong to a self-help group such as merry-go-round or welfare organization?	YES.....1 NO.....2	
10.7 How often in the last 4 months have you had a meeting with a community/village leader? (Specify)	Almost daily..... 01 Once or Twice a week..... 02 Once or twice per month..... 03 Once or twice in last 4 months..... 04 Not at all..... 05 Other 96	

10.8 How often in the last 4 months have you attended any group, club, society, union or organizational meeting?	Almost daily..... 01 Once or Twice a week..... 02 Once or twice per month..... 03 Once or twice in last 4 months..... 04 Not at all..... 05 Other 96	
10.9 How often in the last 4 months have you worked with other people in your neighborhood to fix or improve something or resolve a community issue?	Almost daily..... 01 Once or Twice a week..... 02 Once or twice per month..... 03 Once or twice in last 4 months..... 04 Not at all..... 05 Other 96	
10.10 Which religious denomination do you belong to? _____ (Specify)	Roman Catholic..... 01 Protestant, Orthodox, SDA..... 02 Pentecostal 03 Muslim..... 04 No religion..... 05 Other..... 96 Refused to answer..... 97	→ 10.12
10.11 Not including weddings and funerals, how often do you attend religious services?	More than once per week..... 01 Once per week..... 02 Once or twice a month..... 03 Only on special occasions..... 04 Once a year or less often..... 05 Never..... 06	
10.12 In general, how safe from crime and violence do you feel when you are alone at home? <i>Would you say you feel very safe, safe, neither safe nor unsafe, unsafe, or very unsafe?</i>	Very safe..... 01 Safe..... 02 Neither safe nor unsafe..... 03 Unsafe..... 04 Very unsafe..... 05	
10.13 How safe do you feel when walking down a road in the community alone after dark? <i>Would you say you feel very safe, safe, neither safe nor unsafe, unsafe, or very unsafe?</i>	Very safe..... 01 Safe..... 02 Neither safe nor unsafe..... 03 Unsafe..... 04 Very unsafe..... 05	
10.14 In your opinion, how much crime is there in your neighbourhood? <i>Would you say it is a lot, some, average, not much or none?</i>	A lot..... 01 Some..... 02 Average..... 03 Not much..... 04 None..... 05	

Question / Instruction	Response categories	Skip to																																																				
10.15 How long would it take you to walk to the <u>nearest</u> of these facilities in minutes?																																																						
Facility a) Secondary school/college _____ b) Hospital _____ c) Primary health clinic/health centre/private clinic d) Pharmacy/chemist /Drug store e) Bus /Matatu stop f) Police station _____ g) Fast food outlet/Takeaway h) Other restaurant/eatery i) Place to buy foodstuffs e.g. shop/market j) Bar/ drinking place k) Community/recreational centre/social hall _____ l) Church/mosque/other place of worship m) Playing ground _____ IF DON'T KNOW, RECORD 998	Minutes <table border="1"> <tr><td>a</td><td></td><td></td><td></td></tr> <tr><td>b</td><td></td><td></td><td></td></tr> <tr><td>c</td><td></td><td></td><td></td></tr> <tr><td>d</td><td></td><td></td><td></td></tr> <tr><td>e</td><td></td><td></td><td></td></tr> <tr><td>f</td><td></td><td></td><td></td></tr> <tr><td>g</td><td></td><td></td><td></td></tr> <tr><td>h</td><td></td><td></td><td></td></tr> <tr><td>i</td><td></td><td></td><td></td></tr> <tr><td>j</td><td></td><td></td><td></td></tr> <tr><td>k</td><td></td><td></td><td></td></tr> <tr><td>l</td><td></td><td></td><td></td></tr> <tr><td>m</td><td></td><td></td><td></td></tr> </table>	a				b				c				d				e				f				g				h				i				j				k				l				m				
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Media Exposure Now I would like to ask you about your access to health information through media 10.16 Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	Almost every day..... 01 At least once a week..... 02 Less than once a week..... 03 Not at all..... 04 Cannot read..... 05	→10.19																																																				
10.17 In the last six months, have you read any materials promoting behaviours that may prevent chronic diseases such as diabetes, heart disease, cancers ?	YES..... 1 NO..... 2	→10.19																																																				
10.18 What behaviours did you read about ? Probe: And what else? DO NOT READ THE RESPONSES, IF A RESPONSE IS MENTIONED CIRCLE 1. IF IT IS NOT MENTIONED AFTER PROBING AND RESPONDENT HAS STOPPED MENTIONING ANY MORE BEHAVIOURS CIRCLE 2. _____ (Specify)	Behaviour mentioned? Y N A) Stop Smoking..... 1 2 B) Reduce alcohol intake..... 1 2 C) Reduce weight..... 1 2 D) Reduce salt intake..... 1 2 E) Eat more vegetables..... 1 2 F) Eat more fruits..... 1 2 G) Do regular exercises..... 1 2 H) Reduce fat intake 1 2 I) Other..... 1 2																																																					
10.19 Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	Almost every day..... 1 At least once a week..... 2 Less than once a week..... 3 Not at all..... 4																																																					
10.20 In the last six months, have you heard any messages promoting behaviours that may prevent chronic diseases such as diabetes, heart disease, cancers ?	YES..... 1 NO..... 2	→ 10.22																																																				

Question / Instruction	Response categories	Skip to
10.21 What behaviours did you hear about ? DO NOT READ THE RESPONSES, IF A RESPONSE IS MENTIONED CIRCLE 1. IF IT IS NOT MENTIONED AFTER PROBING AND RESPONDENT HAS STOPPED MENTIONING ANY MORE BEHAVIOURS CIRCLE 2. _____ (Specify)	Behaviour mentioned? Y N A) Stop Smoking..... 1 2 B) Reduce alcohol intake..... 1 2 C) Reduce weight..... 1 2 D) Reduce salt intake..... 1 2 E) Eat more vegetables..... 1 2 F) Eat more fruits..... 1 2 G) Do regular exercises..... 1 2 H) Reduce fat intake 1 2 I) Other..... 1 2	
10.22 Do you watch Television almost every day, at least once a week, less than once a week or not at all?	Almost every day..... 1 At least once a week..... 2 Less than once a week..... 3 Not at all..... 4	→ 13.0
10.23 In the last six months, have you seen any messages on television promoting behaviours that may prevent chronic diseases such as diabetes, heart disease, cancers?	YES..... 1 NO..... 2	→ 13.0
10.24 What behaviours did you see/hear about? DO NOT PROBE, IF A RESPONSE IS MENTIONED, CIRCLE 1, CIRCLE 2, IF IT IS NOT MENTIONED AFTER PROMPTING AND RESPONDENT HAS STOPPED MENTIONING ANY MORE BEHAVIOURS _____ (Specify)	Behaviour mentioned? Y N A) Stop Smoking..... 1 2 B) Reduce alcohol intake..... 1 2 C) Reduce weight..... 1 2 D) Reduce salt intake..... 1 2 E) Eat more vegetables..... 1 2 F) Eat more fruits..... 1 2 G) Do regular exercises..... 1 2 H) Reduce fat intake 1 2 I) Other..... 1 2	

13.0 BODY IMAGE ASSESSMENT

I am now going to show you some images of people of different sizes and I would like to know what you think about the images and answer some questions about people who may have similar body sizes.

FW: GIVE THE CARDS WITH SILHOUETTES OF DIFFERENT SIZED PEOPLE TO THE RESPONDENT AND ASK HIM/HER TO CHOOSE ONE SILHOUETTE WHICH APPLIES TO THE FOLLOWING: FOR EACH QUESTION, RECORD THE NUMBER OF THE SILHOUETTE CHOSEN IN THE BOX PROVIDED. FOR EACH RESPONDENT, START WITH THE SET OF FEMALE SILHOUETTES AND ASK QNS 13.1 TO 13.18 FIRST SHOW THE MALE SILHOUTTES (QNS13.1a TO 13.18a) ONLY AFTER YOU HAVE FINISHED WITH THE FEMALE ONES. IF NOT APPLICABLE RECORD 99. IF REFUSED RECORD 97

Body Size and Social Traits	FEMALE IMAGES	MALE IMAGES
Which of the images you see is of a person most likely to be.....		
13.1 Get/Be married?	13.1 <input type="text"/>	13.1a <input type="text"/>
13.2 Get/have a good job?	13.2 <input type="text"/>	13.2 a <input type="text"/>
13.3 Have enough money?	13.3 <input type="text"/>	13.3 a <input type="text"/>
13.4 Live a good life?	13.4 <input type="text"/>	13.4 a <input type="text"/>
13.5 Have healthy children?	13.5 <input type="text"/>	13.5 a <input type="text"/>
13.6 Be of high standing in the community?	13.6 <input type="text"/>	13.6 a <input type="text"/>

Body Size and Social Status			
Which of the images you see is of a person most likely to.....		FEMALE IMAGES	MALE IMAGES
13.7 Be eating healthily?	13.7	<input type="checkbox"/> <input type="checkbox"/>	13.7 a <input type="checkbox"/> <input type="checkbox"/>
13.8 Be healthy?	13.8	<input type="checkbox"/> <input type="checkbox"/>	13.8 a <input type="checkbox"/> <input type="checkbox"/>
13.9 Develop Diabetes?	13.9	<input type="checkbox"/> <input type="checkbox"/>	13.9 a <input type="checkbox"/> <input type="checkbox"/>
13.10 Live a long life?	13.10	<input type="checkbox"/> <input type="checkbox"/>	13.10 a <input type="checkbox"/> <input type="checkbox"/>
13.12 Develop heart disease?	13.12	<input type="checkbox"/> <input type="checkbox"/>	13.12 a <input type="checkbox"/> <input type="checkbox"/>
Body Size and health			
Which of the images you see is of a person most likely to.....		FEMALE IMAGES	MALE IMAGES
13.13 Attractive?	13.13	<input type="checkbox"/> <input type="checkbox"/>	13.13 a <input type="checkbox"/> <input type="checkbox"/>
13.14 Confident?	13.14	<input type="checkbox"/> <input type="checkbox"/>	13.14 a <input type="checkbox"/> <input type="checkbox"/>
13.15 Greedy?	13.15	<input type="checkbox"/> <input type="checkbox"/>	13.15 a <input type="checkbox"/> <input type="checkbox"/>
13.16 Happy?	13.16	<input type="checkbox"/> <input type="checkbox"/>	13.16 a <input type="checkbox"/> <input type="checkbox"/>
13.17 Friendly?	13.17	<input type="checkbox"/> <input type="checkbox"/>	13.17 a <input type="checkbox"/> <input type="checkbox"/>
13.18 Found attractive by the opposite sex?	13.18	<input type="checkbox"/> <input type="checkbox"/>	13.18 a <input type="checkbox"/> <input type="checkbox"/>
ASK QNS 13.1a TO QNS 13.18a BEFORE PROCEEDING TO QUESTION 13.19			
Body Satisfaction			
13.19 Which image most accurately depicts your current body size?			<input type="checkbox"/> <input type="checkbox"/>
13.20 Which image most accurately depicts the body size you would wish to have?			<input type="checkbox"/> <input type="checkbox"/>
Terms for body size			
Which Image would you consider to be of.....			
13.21 A person with normal weight?	Normal weight		<input type="checkbox"/> <input type="checkbox"/>
13.22 A person who is obese?	Obese		<input type="checkbox"/> <input type="checkbox"/>
13.23 A person who is underweight?	Underweight		<input type="checkbox"/> <input type="checkbox"/>
13.24 A person who is overweight?	Overweight		<input type="checkbox"/> <input type="checkbox"/>
14.0 RISK FACTORS AND PREVENTIVE BEHAVIOUR			
Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, what you eat and physical activity. Let's start with tobacco.			
Tobacco use			
14.1 Have you <u>ever</u> smoked tobacco or used smokeless <u>tobacco</u> ?	YES.....1 NO.....2		→ 14.14
14.2 Do you <u>currently smoke</u> any tobacco products, such as cigarettes, cigars or pipes?	YES.....1 NO.....2		→ 14.7
14.3 Do you currently smoke tobacco products <u>daily</u> ?	YES.....1 NO.....2		→ 14.7

Question / Instruction	Response categories	Skip to															
14.4 How old were you when you first <u>started smoking daily</u> ? IF AGE IS KNOWN, FILL THE BOX AND SKIP TO 14.6, IF DON'T REMEMBER CIRCLE 98	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Years</div> </div> <div style="margin-top: 5px;">DON'T REMEMBER.....98</div>	→ 14.6															
14.5 How long ago was it when you started smoking daily? RECORD IN ONLY 1 UNIT, (Y=Years, M=Months, W=Weeks)	UNIT Number of units <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> Ago																
14.6 On average, how many of the following do you smoke each day? PROMPT AND RECORD FOR EACH TYPE IF DON'T REMEMBER, RECORD 998, IF NONE RECORD 000 IF OTHER RECORD 996 _____ (Specify)	<div style="display: flex; justify-content: space-between;"> <div> Manufactured cigarettes..... Hand-rolled cigarettes..... Pipes full of tobacco..... Cigars, cheroots, cigarillos.. Other..... </div> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>																}
14.7 In the past, did you <u>ever smoke daily</u> ?	YES.....1 NO.....2	→ 14.10															
14.8 How old were you when you <u>stopped smoking daily</u> ? IF AGE IS KNOWN, FILL THE BOX AND SKIP TO 6.10, IF DON'T REMEMBER CIRCLE 98	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Years</div> </div> <div style="margin-top: 5px;">DON'T REMEMBER.....98</div>	→ 14.10															
14.9 How long ago did you stop smoking daily? RECORD IN ONLY 1 UNIT, (Y=Years, M=Months, W=Weeks)	UNIT Number of units <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> Ago																
14.10 Do you <u>currently use</u> any <u>smokeless tobacco</u> such as [snuff, chewing tobacco, betel]?	YES.....1 NO.....2	→ 14.13															
14.11 Do you currently use smokeless tobacco products <u>daily</u> ?	YES.....1 NO.....2	→ 14.13															
14.12 On average, how many times a day do you use.....? PROMPT AND RECORD FOR EACH TYPE IF DON'T REMEMBER, RECORD 98 IF NONE RECORD 00 _____ (Specify)	<div style="display: flex; justify-content: space-between;"> <div> Snuff, by mouth..... Snuff, by nose..... Chewing tobacco..... Betel, quid..... Kuber Other..... </div> <div style="border: 1px solid black; padding: 2px;"> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> </div>											}					
14.13 In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, kuber or betel] daily?	YES.....1 NO.....2																
Alcohol Consumption																	
Now I am going to ask you some questions about the consumption of alcohol.																	
14.14 Have you consumed alcohol (such as beer, wine, spirits, chang'aa, busa, muratina, kumi-kumi or other alcoholic drink within the <u>past 12 months</u> ? (USE SHOWCARD OR SHOW EXAMPLES)	YES.....1 NO.....2	→ 14.22															
14.15 In the past 12 months, <u>how frequently</u> did you have at least <u>one alcoholic drink</u> ? FW: READ RESPONSES _____ (Specify)	Daily..... 01 5-6 days per week..... 02 1-4 days per week..... 03 1-3 days per month..... 04 Less than once a month..... 05 Other..... 96																

Question / Instruction	Response categories	Skip to																								
14.16a When you drink alcohol, in a typical day, what type of alcoholic drink do you take? (USE SHOW CARDS)	Type/Name: _____ CODE: <input type="text"/> <input type="text"/>																									
14.16 b How much of _____ (type of drink in 14.16a) do you drink <u>during one day</u> ? (UNIT MAY BE 500ml BOTTLE, KASUKU CUP, SMALL GLASS ETC) IF DON'T KNOW, CIRCLE 98	Unit _____ No. of Units: <input type="text"/> <input type="text"/> DON'T KNOW.....98																									
14.16 FW: USING THE SHOWCARDS, CALCULATE THE NO. OF STANDARD DRINKS HAD IN A <u>TYPICAL</u> DAY WHEN RESPONDENT DRINKS IF DON'T KNOW, CIRCLE 98	<input type="text"/> <input type="text"/> DON'T KNOW.....98																									
14.17 In the past 12 months, what was the largest number of alcoholic drinks you had on a single occasion, counting all types of standard drinks together? <table border="1"> <thead> <tr> <th>Type of drink</th><th>Amount per day e.g 2x500ml, 3x1/2kg</th></tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> FW: PROMPT FOR ALL DRINKS HAD AND CALCULATE NUMBER OF STANDARD DRINKS USING SHOWCARDS IF DON'T KNOW, CIRCLE 98	Type of drink	Amount per day e.g 2x500ml, 3x1/2kg															Total No. of Standard drinks in a day <input type="text"/> <input type="text"/> DON'T KNOW.....98									
Type of drink	Amount per day e.g 2x500ml, 3x1/2kg																									
FW: USE THE INFORMATION PROVIDED IN QNS. 14.16 AND 14.16a AND THE SHOWCARDS TO DETERMINE WHAT CONSTITUTES FIVE/FOUR STANDARD DRINKS TO ASK QN 14.18 AND 14.19																										
14.18 FW: IF RESPONDENT IS FEMALE, SKIP TO 14.19, ELSE ASK: In the past 12 months, on how many days did you have more than _____ bottles/cans/cups of _____ (type in 14.16a) in a single day? (EQUAL TO FIVE STANDARD DRINKS) IF DON'T KNOW, CIRCLE 998	<input type="text"/> <input type="text"/> <input type="text"/> DAYS DON'T KNOW.....998	14.20																								
14.19 In the past 12 months, on how many days did you have more than _____ bottles/cans/cups of _____ (type in 14.16a) in a single day? (EQUAL TO FOUR STANDARD DRINKS) IF DON'T KNOW, CIRCLE 998	<input type="text"/> <input type="text"/> <input type="text"/> DAYS DON'T KNOW.....998																									
14.20 Have you consumed alcohol (such as beer, busa or muratini or chaang'a, or wine, spirits....) within the <u>past 30 days</u> ?	YES.....1 NO.....2	→14.22a																								
14.21 During <u>each</u> of the <u>past 7 days</u> , how many <u>standard</u> drinks of any alcoholic drink did you have <u>each day</u> ? FW: USE THE SHOWCARDS TO CALCULATE THE NO. OF STANDARD DRINKS HAD ON EACH DAY RECORD FOR EACH DAY, IF NONE, RECORD 00	<table border="1"> <thead> <tr> <th>Day of week</th><th>Type of drink e.g 2 tusker, 1 furaha</th><th>No. of standard drinks</th></tr> </thead> <tbody> <tr><td>Monday</td><td> </td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Tuesday</td><td> </td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Wednesday</td><td> </td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Thursday</td><td> </td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Friday</td><td> </td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Saturday</td><td> </td><td><input type="text"/> <input type="text"/></td></tr> <tr><td>Sunday</td><td> </td><td><input type="text"/> <input type="text"/></td></tr> </tbody> </table>	Day of week	Type of drink e.g 2 tusker, 1 furaha	No. of standard drinks	Monday		<input type="text"/> <input type="text"/>	Tuesday		<input type="text"/> <input type="text"/>	Wednesday		<input type="text"/> <input type="text"/>	Thursday		<input type="text"/> <input type="text"/>	Friday		<input type="text"/> <input type="text"/>	Saturday		<input type="text"/> <input type="text"/>	Sunday		<input type="text"/> <input type="text"/>	
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Diet		
14.22a The next questions ask about the fruits and vegetables that you 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 month.		
14.22 In a typical week, on <u>how many days</u> do you eat fruit? IF DON'T KNOW, CIRCLE 98	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> DON'T KNOW.....98 IF ZERO DAYS, SKIP TO	→ 14.24
14.23 How many <u>servings</u> of fruit do you eat in <u>one of those days</u> ? FW: USE THE SHOWCARDS TO CALCULATE THE NO. OF FRUIT SERVINGS HAD IN A TYPICAL DAY IF DON'T KNOW, CIRCLE 98	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> DON'T KNOW.....98	
14.24 In a typical week, on how many days do you eat vegetables? IF DON'T KNOW, CIRCLE 98	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> DON'T KNOW.....98 IF 00 DAYS, SKIP TO	→ 14.26
Question / Instruction	Response categories	Skip to
14.25 How many servings of vegetables do you eat in one of those days? FW: USE THE SHOWCARDS TO CALCULATE THE NO. OF VEGETABLE SERVINGS HAD IN A TYPICAL DAY IF DON'T KNOW, CIRCLE 98	<div style="text-align: right;"> <input type="text"/> <input type="text"/> </div> DON'T KNOW.....98	
14.26 Do you cook in your household/ are meals prepared in the household in which you live?	YES.....1 NO.....2	→ 14.29
14.27 What is the name of the oil or fat that is <u>most often</u> used for meal preparation in your household? 14.28 FW: RECODE THE TYPE OF FAT MOST OFTEN USED [USE CODE SHEET B]	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
14.29 How often do you have meals outside the home (not including food packed from home) ? CIRCLE ONLY <u>ONE</u> RESPONSE IF NEVER SKIP TO 14.32a _____ (Specify)	Daily..... 01 5-6 days per week..... 02 1-4 days per week..... 03 1-3 days per month..... 04 Less than once a month..... 05 Never..... 06 Other..... 96	→ 14.32a
14.30 Where do you mostly get food from, when you eat outside the home? _____ (Specify)	Restaurant..... 01 Roadside eatery..... 02 Fastfood joint/Take away..... 03 Bakery/Pastry shop..... 04 Ordinary shop..... 05 Food vendor..... 06 Fruit stall..... 07 Other..... 96	
14.31 What are you most likely to eat, when you eat outside the home? FW: RECORD DETAILS OF FOOD THE RESPONDENT USUALLY EATS, AND GO TO 14.32	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
14.32a Do you add salt to vegetables while cooking?	YES.....1 NO.....2	
14.32 Do the vegetables you eat usually have salt in them?	YES.....1 NO.....2	

14.33 Do you add salt to your food when you are eating? (IF YES, HOW OFTEN?) CIRCLE ONLY ONE RESPONSE	Yes, most of the time..... 1 Yes, some of the time..... 2 Yes, but in rare cases..... 3 Never..... 4	
Question / Instruction	Response categories	Skip to
14.34 How often do you eat red meat (beef, pork, lamb, goat, game)? (RED MEAT IS MEAT OTHER THAN FISH, CHICKEN) _____ (Specify)	Daily.....01 5-6 days per week.....02 1-4 days per week.....03 1-3 days per month.....04 Less than once a month.....05 2-3 times a year.....06 Once a year.....07 Never.....08 Other96	
14.35 Do you put sugar in your beverages such as tea, coffee cocoa or porridge?	YES.....1 NO.....2 →	14.38
14.36 How many spoons of sugar do you usually put in a cup? IF DON'T KNOW CIRCLE 98	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW.....98 →	14.38
14.37 Taking into account the amount of tea/coffee/cocoa/porridge that you drink, how many spoons of sugar do you take on a typical day? FW: PROMPT AND GUIDE THE RESPONDENT THROUGH THE CALCULATIONS	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
14.38 In the past 12 months have you ever taken a soft drink (e.g. Cola, Sprite, Fanta, Pespi etc..)?	YES.....1 NO.....2 →	14.41
14.39 In the past 12 months, <u>how frequently</u> have you had at least <u>one</u> <u>soft drink</u> ? FW: READ RESPONSES _____ (Specify)	Daily.....01 5-6 days per week.....02 1-4 days per week.....03 1-3 days per month.....04 Less than once a month.....05 2-3 times a year.....06 Once a year.....07 Other96	
14.40 When you take soft drinks on average, how many drinks do you have <u>during one day</u> ? IF DON'T KNOW, CIRCLE 98	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW.....98	
Physical Activity		
Activities at Work Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or 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 those that require moderate physical effort and cause small increases in breathing/ heart rate.		
14.41 Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously?	YES.....1 NO.....2 →	14.44
14.42 In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Days	

Question / Instruction	Response categories	Skip to
14.43 How much time do you spend doing vigorous-intensity activities at work on a typical day?	HOURS <div> <div></div> <div></div> </div>	
14.44 Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking, carrying light loads, for at least 10 minutes continuously?	YES.....1 NO.....2 → 14.47	
14.45 In a typical week, on how many days do you do moderate-intensity activities as part of your work?	<div> <div></div> <div></div> </div> Days	
14.46 How much time do you spend doing moderate-intensity activities at work on a typical day?	HOURS <div> <div></div> <div></div> </div>	
Travel to and from places The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel/move to and from places. For example to work, for shopping, to the market, to place of worship, to visit friends and relatives.		
14.47 Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?	YES.....1 NO.....2 → 14.50	
14.48 In a typical week, on how many days do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?	<div> <div></div> <div></div> </div> Days	
14.49 How much time do you spend walking or cycling on a typical day?	HOURS <div> <div></div> <div></div> </div>	
Recreational activities The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure).		
14.50 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?	YES.....1 NO.....2 → 14.53	
14.51 In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	<div> <div></div> <div></div> </div> Days	
14.52 How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	HOURS <div> <div></div> <div></div> </div>	
14.53 Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that cause a small increase in breathing/heart rate like [cycling or swimming] for at least 10 min. continuously?	YES.....1 NO.....2 → 14.56	
14.54 In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	<div> <div></div> <div></div> </div> Days	
14.55 How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?	HOURS <div> <div></div> <div></div> </div>	
Sedentary behaviour The following question is about sitting or reclining at work,at home, getting to and from places,or with friends including time spent sitting at a desk, sitting with friends, travelling in car, bus, or matatu, reading, playing cards or watching television].		
14.56 How much time do you usually spend sitting or reclining on a typical day (not including sleeping)?	HOURS <div> <div></div> <div></div> </div>	
14.57 How many hours do you usually spend sleeping in a typical 24 hour day?	<div> <div></div> <div></div> </div> Hours	

15.0 PERCEIVED PERSONAL RISK		
Question / Instruction	Response categories	Skip to
<p>15.1 CHECK 6.4.2a AND 6.4.2k, IF RESPONSE IS YES CIRCLE 6 AND MOVE TO 15.2 IF BOTH ARE NO ASK: Do you think your chances of getting Diabetes (high blood sugar) are, very high, high, moderate, low or very low?</p> <p>CHOOSE ONLY <u>ONE</u> RESPONSE</p>	<p>Very high..... 01</p> <p>High..... 02</p> <p>Moderate..... 03</p> <p>Low..... 04</p> <p>Very low..... 05</p> <p>Already have Diabetes..... 06</p> <p>I DON'T KNOW..... 98</p>	
<p>15.2 CHECK 6.4.4a AND 6.4.4k, IF RESPONSE IS YES CIRCLE 6 AND MOVE TO 15.3 IF BOTH ARE NO ASK: Do you think your chances of getting High Blood Pressure are very high, high, moderate, low or very low?</p> <p>CHOOSE ONLY <u>ONE</u> RESPONSE</p>	<p>Very high..... 01</p> <p>High..... 02</p> <p>Moderate..... 03</p> <p>Low..... 04</p> <p>Very low..... 05</p> <p>Already have Hypertension.. 06</p> <p>I DON'T KNOW..... 98</p>	
<p>15.3 CHECK 6.4.5a, IF RESPONSE IS YES CIRLE 6 AND MOVE TO 15.4 IF NO ASK: Do you think your chances of getting a stroke ten years from now are.....very high, high, moderate, low or very low?</p> <p>CHOOSE ONLY <u>ONE</u> RESPONSE</p>	<p>Very high..... 01</p> <p>High..... 02</p> <p>Moderate..... 03</p> <p>Low..... 04</p> <p>Very low..... 05</p> <p>Already have stroke..... 06</p> <p>I DON'T KNOW..... 98</p>	<p>} 15.5</p> <p>→ 15.5</p>
<p>15.4 Do you think your chances of getting another stroke are.....very high, high, moderate, low or very low?</p> <p>CHOOSE ONLY <u>ONE</u> RESPONSE</p>	<p>Very high..... 01</p> <p>High..... 02</p> <p>Moderate..... 03</p> <p>Low..... 04</p> <p>Very low..... 05</p> <p>I DON'T KNOW..... 98</p>	
<p>15.5 CHECK 6.4.6a, IF RESPONSE IS YES CIRCLE 6 AND MOVE TO 15.6. IF NO ASK: Do you think your chances of getting heart disease like angina are.....very high, high, moderate, low or very low?.</p> <p>CHOOSE ONLY <u>ONE</u> RESPONSE</p>	<p>Very high..... 01</p> <p>High..... 02</p> <p>Moderate..... 03</p> <p>Low..... 04</p> <p>Very low..... 05</p> <p>Already have angina..... 06</p> <p>I DON'T KNOW..... 98</p>	
<p>15.6 Do you think your chances of getting a heart attack ten years from now.....are.....very high, high, moderate, low or very low?.</p> <p>CHOOSE ONLY <u>ONE</u> RESPONSE</p>	<p>Very high..... 01</p> <p>High..... 02</p> <p>Moderate..... 03</p> <p>Low..... 04</p> <p>Very low..... 05</p> <p>Already had a heart attack... 06</p> <p>I DON'T KNOW..... 98</p>	<p>} 16.0</p> <p>→ 16.0</p>
<p>15.7 Do you think your chances of getting another heart attack are.....very high, high, moderate, low or very low?</p> <p>CHOOSE ONLY <u>ONE</u> RESPONSE</p>	<p>Very high..... 01</p> <p>High..... 02</p> <p>Moderate..... 03</p> <p>Low..... 04</p> <p>Very low..... 05</p> <p>I DON'T KNOW..... 98</p>	

16.0 ANTHROPOMETRICS AND BIOMARKERS		
Now we would like to measure a few things, like your blood pressure, your weight and height. We'll also ask you to participate in a few tests to determine your health status		
FW: CHECK QN 1.15: IF ANSWER IS NO; SKIP TO 16.20 - BLOOD PRESSURE		
16.0a FW:CHECK IF RESPONDENT HAS BEEN SELECTED FOR OBJECTIVE MEASURES SECTION Yes = 1; No = 2; IF NO, SKIP TO 16.20 - BLOOD PRESSURE		1
Timed Walk 16.0b FW: FIRST CHECK THE ENVIRONMENT WHERE THE RESPONDENT LIVES. IS IT POSSIBLE TO PERFORM THE TIMED WALK, I.E. CAN YOU MEASURE OUT A 4 METRE DISTANCE, EITHER INSIDE OR OUTSIDE THE RESPONDENT'S HOUSE? <u>IF NO SKIP TO 16.20 ON BLOOD PRESSURE</u>		
YES.....1 NO.....2		→ 16.20
FW: YOU WILL NOW INVITE THE RESPONDENT TO DO A WALKING TEST - USING YOUR TAPE MEASURE, MARK OUT A LENGTH OF 4 METRES OVER A FLAT AND STRAIGHT SURFACE. MARK THE SPOT. MAKE SURE THE LIGHTING IS GOOD - SO THAT YOU CAN USE THE SAME SURFACE FOR THE VISION TEST.		
Normal walk: Now I am going to observe how you normally walk. If you use a cane or other walking aid and would be more comfortable with it, then you may use it. I want you to walk to the other end of the walking course at your usual speed, just as if you were walking down the street to go to the store. Walk all the way past the other end of the tape before you stop. I will walk with you FW: SIGNAL FOR RESPONDENT TO START WALKING AND RECORD THE TIME IN SECONDS TAKEN TO WALK THE 4 METRE COURSE		
16.1 Did respondent complete the walk at usual pace? YES.....1 NO.....2 CAN' T WALK EVEN WITH SUPPORT.....3		→ 16.5
16.2 Time at 4 metres IF REFUSED RECORD 97.97 <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> . <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> Seconds		
Rapid Walk: Now I want you to repeat the walk. This time, however, I would like you to walk at a rapid pace, as fast as you safely can, and go all the way past the other end of the course I marked out for you		
16.3 Did respondent complete the walk at rapid pace? YES.....1 NO/REFUSED/UNABLE2		
16.4 Time at 4 metres IF REFUSED RECORD 97.97 <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> . <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> Seconds		
16.5 Vision Test We are now going to test your vision. We will test your ability to see things which are near and those which are far. INTERVIEWER: INVITE THE RESPONDENT TO SIT AGAIN - IN A CHAIR POSITIONED SO THAT THE RESPONDENT'S HEAD WILL BE 3 METERS FROM THE EYE CHART. FOLLOW INSTRUCTIONS IN THE MANUAL FOR MEASURING VISUAL ACUITY. TEST BOTH EYES		
16.5 a) Right eye <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> ft 16.5 b) Left eye <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> ft IF THE RESPONDENT COULDN'T CORRECTLY POINT OUT THE DIRECTION OF THE LETTER "E" AND YOU USED <u>FINGER COUNTING</u> USE THE BOXES BELOW FOR RECORDING :		
16.5 c) Right eye <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> 16.5 d) Left eye <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div>		
Grip Strength We are now going to test the strength in your hands FW: IF RESPONDENT HAS OBVIOUS PROBLEM WITH A HAND/ARM, SKIP THAT SIDE. IF PROBLEMS WITH BOTH HANDS/ARMS, ANSWER YES TO Q16.6 AND Q 16.7, THEN SKIP TO SUB-SECTION ON VERBAL RECA FOLLOW INSTRUCTIONS IN THE MANUAL FOR MEASURING HAND STRENGTH. MAKE SURE YOU FIT THE DYNAMOMETER TO THE RESPONDENT'S HAND SIZE.		

16.6 Did you have any surgery on your left arm, hand or wrist in the last 3 months OR arthritis or pain in your left hand or wrist ? <input type="checkbox"/> (1=YES; 2=NO; IF YES DO NOT TEST LEFT HAND)																																																		
16.7 Did you have any surgery on your right arm, hand or wrist in the last 3 months OR arthritis or pain in your left hand or wrist ? <input type="checkbox"/> (1=YES; 2=NO; IF YES DO NOT TEST RIGHT HAND)																																																		
CHECK 16.6 AND 16.7. IF ANSWER IN BOTH IS YES, SKIP TO VERBAL RECALL ELSE ASK: Which hand do you consider your <u>dominant</u> hand? FW: ONLY ONE ANSWER ALLOWED. IF RESPONDENT IS AMBIDEXTROUS, THE HAND THAT IS USED FOR WRITING/SIGNING IS CONSIDERED THE DOMINANT ONE		RIGHT.....1 LEFT.....2																																																
ENTER THE MEASUREMENTS IN THE BOXES PROVIDED. IF RESPONDENT REFUSES, CIRCLE 997																																																		
16.8 Left Hand Strength a) 1st Reading <input type="text"/> <input type="text"/> <input type="text"/> Kg RESPONDENT REFUSED.....997		b) 2nd Reading <input type="text"/> <input type="text"/> <input type="text"/> Kg RESPONDENT REFUSED.....997																																																
16.9 Right Hand Strength a) 1st Reading <input type="text"/> <input type="text"/> <input type="text"/> Kg RESPONDENT REFUSED.....997		b) 2nd Reading <input type="text"/> <input type="text"/> <input type="text"/> Kg RESPONDENT REFUSED.....997																																																
Verbal Recall We are now going to test your memory I know these questions may be difficult to answer, but please try to provide an answer. I am going to read you a list of words. Listen to them carefully and try to remember as many of them as you can, not necessarily in order. I will ask you to repeat them again after some time																																																		
FW: TICK IN THE BOX AS THE RESPONDENT GETS A WORD CORRECT. ASK THE RESPONDENT TO RECALL THE WORDS THREE TIMES. <u>REPEAT THE WORDS AFTER EACH TRIAL.</u> MAKE A TALLY OF SUBSTITUTED WORDS IN THE SPACE PROVIDED																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">List of words</th> <th style="width: 15%;">Trial 1</th> <th style="width: 15%;">Trial 2</th> <th style="width: 15%;">Trial 3</th> </tr> </thead> <tbody> <tr><td>Arm</td><td></td><td></td><td></td></tr> <tr><td>Bed</td><td></td><td></td><td></td></tr> <tr><td>Plane</td><td></td><td></td><td></td></tr> <tr><td>Dog</td><td></td><td></td><td></td></tr> <tr><td>Clock</td><td></td><td></td><td></td></tr> <tr><td>Bike</td><td></td><td></td><td></td></tr> <tr><td>Ear</td><td></td><td></td><td></td></tr> <tr><td>Hammer</td><td></td><td></td><td></td></tr> <tr><td>Chair</td><td></td><td></td><td></td></tr> <tr><td>Cat</td><td></td><td></td><td></td></tr> <tr> <td>Substituted words tally</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			List of words	Trial 1	Trial 2	Trial 3	Arm				Bed				Plane				Dog				Clock				Bike				Ear				Hammer				Chair				Cat				Substituted words tally			
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Cat																																																		
Substituted words tally																																																		
Trial 1 16.10 a) No. of words recalled correctly <input type="text"/> <input type="text"/> 16.10 b) No. of words respondent failed to recall <input type="text"/> <input type="text"/> 16.10 c) No. of words substituted <input type="text"/> <input type="text"/>	Trial 2 16.11 a) No. of words recalled correctly <input type="text"/> <input type="text"/> 16.11 b) No. of words respondent failed to recall <input type="text"/> <input type="text"/> 16.11c) No. of words substituted <input type="text"/> <input type="text"/>	Trial 3 16.12 a) No. of words recalled correctly <input type="text"/> <input type="text"/> 16.12 b) No. of words respondent failed to recall <input type="text"/> <input type="text"/> 16.12 c) No. of words substituted <input type="text"/> <input type="text"/>																																																

16.13 Digits Span - Digits Forward

I am going to say some numbers to you. Listen carefully, and when I am through, say them right after me.

I want you to repeat each set of numbers exactly as I say them to you. For example.....

FW: SAY DIGITS IN SERIES 2 TRIAL 1 AND WAIT FOR CORRECT RESPONSE "1-2". IF RESPONSE IS INCORRECT, TRY AGAIN WITH "5-3" (DIGITS IN TRIAL 2 OF SERIES 2). IF RESPONSE IS ALSO INCORRECT, MARK "0" IN 16.14 AND SKIP TO VERBAL FLUENCY ELSE TICK FOR EVERY CORRECT TRIAL AND CROSS FOR EVERY INCORRECT ONE END WHEN RESPONDENT FAILS BOTH TRIALS

Series	Trial 1	√	Trial 1 Correct?	Trial 2	√	Trial 2 Correct?
2	1-2		If Yes, go to 3 If No go to trial 2	5-3		If Yes, go to 3 If No, go to 16.14
3	5-8-2		If Yes, go to 4 If No go to Trial 2	6-9-4		If Yes, go to 4 If No, go to 16.14
4	6-4-3-9		If Yes, go to 5 If No go to Trial 2	7-2-8-6		If Yes, go to 5 If No, go to 16.14
5	4-2-7-3-1		If Yes, go to 6 If No go to Trial 2	7-5-8-3-6		If Yes, go to 6 If No, go to 16.14
6	6-1-9-4-7-3		If Yes, go to 7 If No go to Trial 2	3-9-2-4-8-7		If Yes, go to 7 If No, go to 16.14
7	5-9-1-7-4-2-8		If Yes, go to 8 If No go to Trial 2	4-1-7-9-3-8-6		If Yes, go to 8 If No, go to 16.14
8	5-8-1-9-2-6-4-7		If Yes, go to 9 If No go to Trial 2	3-8-2-9-5-1-7-4		If Yes, go to 9 If No, go to 16.14
9	2-7-5-8-6-2-5-8-4		If Yes, END If No go to Trial 2	7-1-3-9-4-2-5-6-8		If Yes, go to 16.14 If No, go to 16.14

16.14 Total score (the series number in the longest series repeated without error in Trial 1 or 2)

(Maximum = 9 points)

Digits Span - Digits Backward

Now, I am going to say more numbers, but this time when I stop, I want you to say them to me backwards.

For example, if I said 1-7, what would you say?

FW: WAIT FOR CORRECT RESPONSE "7-1". IF RESPONSE IS INCORRECT, PROVIDE THE CORRECT RESPONSE AND ATTEMPT ONCE MORE WITH ANOTHER EXAMPLE. OKAY, LET'S TRY ANOTHER EXAMPLE, TRY THIS, "3-8". IF CORRECT, CONTINUE. IF NOT CORRECT - MARK "0" IN 16.15 AND SKIP TO VERBAL FLUENCY. END WHEN RESPONDENT FAILS BOTH TRIALS

Series	Trial 1	√	Trial 1 Correct?	Trial 2	√	Trial 2 Correct?
2	2-4		If Yes, go to 3 If No go to Trial 2	5-8		If Yes, go to 3 If No, END
3	6-2-9		If Yes, go to 4 If No go to Trial 2	4-1-5		If Yes, go to 4 If No, END
4	3-2-7-9		If Yes, go to 5 If No go to Trial 2	4-9-6-8		If Yes, go to 5 If No, END
5	1-5-2-8-6		If Yes, go to 6 If No go to Trial 2	6-1-8-4-3		If Yes, go to 6 If No, END
6	5-3-9-4-1-8		If Yes, go to 7 If No go to Trial 2	7-2-4-8-5-6		If Yes, go to 7 If No, END
7	8-1-2-9-3-6-5		If Yes, go to 8 If No go to Trial 2	4-7-3-9-1-2-8		If Yes, go to 8 If No, END
8	9-4-3-7-6-2-5-8		If Yes, END If No go to Trial 2	7-2-8-1-9-6-5-3		If Yes, END If No, END

16.15 Total score (the series number in the longest series repeated without error in Trial 1 or 2)

(Maximum = 8 points)

Verbal Fluency

Now we are going to ask you to think of animals and name as many as you can. I am going to give you one minute and I want to see how many animals you can name.

FW: START TIMING FOR ONE MINUTE. IF RESPONDENT STOPS BEFORE THE END OF THE MINUTE, ENCOURAGE THEM TO TRY TO NAME MORE ANIMALS. IF THERE IS A SILENCE OF ABOUT 15 SECONDS, PROMPT THEM TO CONTINUE OR REPEAT THE BASIC INSTRUCTIONS.

MAKE A TALLY FOR EACH ANIMAL MENTIONED AND ERRORS MADE BY THE RESPONDENT IN THE BOXES BELOW

Tally for animals mentioned

--

Tally for errors

--

16.16 Total score (number of animals named correctly)

--	--

16.17 Number of errors **FW: ERRORS INCLUDE ANYTHING THAT IS NOT AN ANIMAL**

--	--

Delayed Verbal Recall

I read you a list of words a few minutes ago. I will NOT repeat this list to you now, but could you please repeat to me as many of them as you can remember?

FW: DO NOT READ THE LIST AGAIN TO THE RESPONDENT; THE LIST BELOW IS FOR YOUR USE.

List of words	Correct?(Y=1,N=2)
Arm	
Bed	
Plane	
Dog	
Clock	
Bike	
Ear	
Hammer	
Chair	
Cat	

16.18 a) No. of words recalled correctly

--	--

b) No. of words respondent failed to recall

--	--

c) No. of words substituted

--	--

16.19 RESULT OF ORALS SECTIONS

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16.20 Blood Pressure First I would like to measure your blood pressure and pulse rate. Stay seated, and once I put this on your arm keep it steady. We will need to take the blood pressure reading three times. It will squeeze your wrist a bit, but won't hurt.		
FW: RESPONDENT SHOULD REMAIN SEATED. PLACE THE MONITORING DEVICE ON THE UPPER ARM FOLLOW THE INSTRUCTIONS IN YOUR MANUAL ON TAKING THREE CONSECUTIVE MEASUREMENTS OF BLOOD PRESSURE. TRANSFER THE READINGS FROM THE DISPLAY INTO THE APPROPRIATE BOXES BELOW IT IS IMPORTANT THAT THE RESPONDENT IS RELAXED, SO MAKE HIM/HER RELAX		
16.21 1st BP Reading	a Systolic <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> b Diastolic <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> c Pulse rate <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> per minute	
16.22 2nd BP Reading	a Systolic <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> b Diastolic <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> c Pulse rate <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> per minute	
16.23 3rd BP Reading	a Systolic <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> b Diastolic <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> c Pulse rate <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> per minute	
16.24 Average reading	a Systolic <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> b Diastolic <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> c Pulse rate <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> per minute	
Anthropometric measurements		
16.25 Can respondent stand up? <div style="text-align: center; font-weight: bold;">IF NO, SKIP TO 16.28</div>		YES.....1 NO.....2 → 16.28
I would now like to measure how tall and how heavy you are. I need you to please take off your shoes and heavy clothing. FW: FOLLOW INSTRUCTIONS IN MANUAL ON ANTHROPOMETRIC MEASUREMENTS. TAKE EVERY MEASUREMENT TWICE. ENTER THE MEASUREMENTS IN THE BOXES PROVIDED. IF READING <100 ENTER "0" IN 1ST BOX. IF RESPONDENT UNABLE, ENTER 999, IF HE/SHE REFUSES ENTER 997		
16.26 Measured height in cm a 1st Reading <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> b 2nd Reading <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	16.80 Measured waist circumference in cm a 1st Reading <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> b 2nd Reading <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
16.27 Measured weight in kg a 1st Reading <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> b 2nd Reading <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	16.90 Measured hip circumference in cm a 1st Reading <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> b 2nd Reading <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
Blood measurements Now we are going to take some few drops of blood from your finger to test whether you have diabetes and to determine the level of fat in your blood. The blood will not be used for any other purpose and you will be told the results if you wish. It may hurt a bit		
16.27c RESULT OF ANTHROPOMETRIC MEASUREMENTS SECTION <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		

16.28 At what time did you last have a meal? (RECORD TIME IN 24 HR FORMAT)	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
IF DON'T KNOW, FILL 9998 ANS SKIP TO 16.29		
16.28a FW: RECORD CURRENT TIME (24 HOUR FORMAT) ON RESPONDENT'S WATCH. IF RESPONDENT HAS NO WATCH USE YOUR OWN.	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
FW: FOLLOW INSTRUCTIONS IN YOUR MANUAL ON MEASUREMENT OF CHEMICAL BIOMARKERS		
Biomarker	Measurement	
16.29 Total Blood Cholesterol	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin-left: 5px;">mmol/l</div>	
16.30 Triglycerides	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin-left: 5px;">mmol/l</div>	
16.31 Blood glucose	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="margin-left: 5px;">mmol/l</div>	
16.32 RESULT OF BLOOD MEASUREMENTS SECTION <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		
17.0 VALIDATION STUDY		
Question / Instruction	Response categories	Skip to
17.1 CHECK IF RESPONDENT HAS BEEN SAMPLED FOR ANY VALIDATION STUDY: 1=YES, 2=NO; IF NO, SKIP TO SECTION ON REFERRAL AND FOLLOW UP, 18.0	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div>	if 2 skip to 18.0
17.2 CHECK IF RESPONDENT HAS BEEN SAMPLED FOR THE TOBACCO USE VALIDATION STUDY: 1=YES, 2=NO IF NO, SKIP TO NEXT SUB-SECTION OF VALIDATION STUDY, QN 17.5	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div>	if 2 skip to 17.5
Urine check with NicAlert ® We would like to do a few other tests to confirm some of the responses you have told us regarding your health related behaviours. We will do a test on your urine to check how much tobacco products you may have in your body that may be a result of your own or other people's usage of tobacco.		
17.3 Do you agree to this test? <div style="display: flex; justify-content: space-between;"> YES..... 1 </div> <div style="display: flex; justify-content: space-between;"> NO..... 2 </div>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">→</div> <div>17.5</div> </div>	
IF NO, SKIP TO NEXT SECTION OF VALIDATION STUDY, QN 17.5		
Please provide a urine sample in this container. PROVIDE THE APPROPRIATE CONTAINER TO THE RESPONDENT AND ASK HIM/HER TO PROVIDE A MID-STREAM SAMPLE. FOLLOW THE INSTRUCTIONS IN YOUR MANUAL FOR USING NICALERT ® STRIPS. RECORD VALUE IN BOXES BELOW		
17.4 Urine Cotinine level	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	
17.5 CHECK IF RESPONDENT HAS BEEN SAMPLED FOR THE PHYSICAL ACTIVITY VALIDATION STUDY: 1=YES, 2=NO; IF NO, SKIP TO QN 17.8	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">1</div>	if 2 skip to 17.8
Validation of Physical Activity from walking with a pedometer We would like to do a few other tests to confirm some of the responses you have told us regarding your health related behaviours. We will give you a small machine that looks like this (SHOW PEDOMETER TO RESPONDENT) to measure how much walking you do in a full day. You will be required to wear it from the time you wake up until the time you go to bed. It will not interfere with your activities and it will not cause any harm to your body.		
17.6 Do you agree to do this test? <div style="display: flex; justify-content: space-between;"> YES..... 1 </div> <div style="display: flex; justify-content: space-between;"> NO..... 2 </div>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">→</div> <div>17.8</div> </div>	
IF NO, SKIP TO NEXT SECTION OF VALIDATION STUDY, QN 17.8		
17.7 MAKE AN APPOINTMENT WITH THE RESPONDENT FOR THE TIME WHEN THE PEDOMETER WILL BE BROUGHT TO HIS/HER RESIDENCE. ASK: What is the best time for someone to bring the device to your home? <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> DATE (DD/MM/YY) <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> TIME (24 HOUR) <div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> Telephone No. <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>		
IF UNWILLING TO GIVE TEL NO. OR HAS NO TELEPHONE FILL IN 9999999999		

17.8 CHECK IF RESPONDENT HAS BEEN SAMPLED FOR THE ALCOHOL CONSUMPTION VALIDATION STUDY: 1=YES, 2=NO; IF NO, SKIP TO QN 17.11	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">2</div>	
Validation of self-reported alcohol consumption using collateral respondents We would like to interview someone that knows you very well to confirm some of the responses you have told us regarding your health and health related behaviours.		
17.9 Do you agree to let us interview someone else about your health and health-related behaviour? <div style="text-align: right; margin-top: 10px;"> Yes, a specific person of my (respondent's) choice..... 1 Yes, any person of your (APHRC) choice..... 2 No, I do not agree..... 3 I don't have/know anyone who could answer the questions..... 4 </div>	<div style="font-size: 3em; line-height: 1;">}</div>	17.11
17.10 What is the name of the person we should interview about your health and health-related behaviour? FULL NAME: _____ RELATIONSHIP: (CODE SHEET A ⁴) Does this person stay in the same household? (Y=YES, N=NO) BEST DAY FOR INTERVIEW (DD/MM/YY): BEST TIME FOR INTERVIEW (24 HOUR): : Telephone Number: IF UNWILLING OR NO TELEPHONE FILL IN 9999999999		
A SEPARATE QUESTIONNAIRE WILL BE ADMINISTERED TO THE COLLATERAL RESPONDENTS AT A LATER DATE		
17.11 CHECK IF RESPONDENT HAS BEEN SAMPLED FOR THE DIET VALIDATION STUDY: 1=YES, 2=NO; IF NO, SKIP TO SECTION ON REFERRAL AND TREATMENT, 18.0	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">2</div>	
Validation of dietary behaviour using 24-Hour dietary recall Someone will come to ask you everything you may have eaten in a full day from morning to bed time. He/she will record all the things you eat everyday so that we can be able to accurately confirm the things you told us about your diet. The person will come on two occasions; once on weekday and once on a weekend. This information will not be shared with anyone else		
17.12 Do you agree to have a record made of everything you eat on two separate days? <div style="text-align: right; margin-top: 10px;"> YES..... 1 NO..... 2 </div>	<div style="font-size: 3em; line-height: 1;">→</div>	18.0
IF NO, SKIP TO SECTION ON FURTHER FOLLOW UP FORAND REFERRAL -18.0		
17.13 MAKE AN APPOINTMENT AS TO WHEN THE FW SHOULD COME TO TAKE THE 24HR DIETARY RECALL. The best time for someone to come to take the record is: TIME (24 HOUR) : Telephone Number: IF UNWILLING TO GIVE TEL NO. OR HAS NO TELEPHONE FILL IN 9999999999 A 24-HOUR DIETARY RECALL FORM WILL BE FILLED AT LATER DATES		

18.0 FURTHER FOLLOW UP FOR DATA COLLECTION AND REFERRAL		
Question / Instruction	Response categories	Skip to
18.1 CHECK QN 16.32: IS THE BLOOD GLUCOSE READING > 4.4 mmol/l BUT <11.1mmol/l? IF ANSWER IS YES, EXPLAIN TO RESPONDENT THAT RESULTS ARE INCONCLUSIVE AND HE/SHE WILL REQUIRE ONE MORE TEST TO BE DONE BEFORE HE/SHE EATS ANYTHING. EXPLAIN THE PROCEDURE FOR A OGTT THEN MAKE AN APPOINTMENT TO PERFORM THE TEST	YES..... 1 NO..... 2	→ 18.4
18.2 Do you agree to undergo the test to confirm whether you have diabetes or not?	YES..... 1 NO..... 2	→ 18.6
18.3 MAKE AN APPOINTMENT AS TO WHEN THE OGTT WILL BE DONE DATE (DD/MM/YY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TIME (24 HOUR) - RESPONDENT MUST BE IN A FASTING STATE <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> Telephone No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IF UNWILLING TO GIVE TEL NO. OR HAS NO TELEPHONE FILL IN 9999999999		
18.4 CHECK QN 16.32: IS THE BLOOD GLUCOSE READING ≥11.1mmol/l?	YES..... 1 NO..... 2	→ 18.8
18.5 CHECK QN 16.32: IS THE BLOOD GLUCOSE READING >4.4mmol/l BUT < 11.1mmol/l?	YES..... 1 NO..... 2	→ OGTT
18.6 CHECK QN 16.24a: IS THE AVERAGE SYSTOLIC BLOOD PRESSURE ≥ 140 mm Hg?	YES..... 1 NO..... 2	→ 18.11
18.7 CHECK QN 16.24a: IS THE AVERAGE SYSTOLIC BLOOD PRESSURE ≥ 100 mm Hg but < 140 mm Hg?	YES..... 1 NO..... 2	→ 18.8
18.8 CHECK QN 16.24b: IS THE AVERAGE DIASTOLIC BLOOD PRESSURE ≥ 90 mm Hg?	YES..... 1 NO..... 2	→ 18.11
18.10 CHECK QN 16.29: IS THE TOTAL BLOOD CHOLESTEROL ≥ 6.2mmol/l?	YES..... 1 NO..... 2	→ 18.11 → 11.17
18.11 REFER PATIENT FOR TREATMENT, FILL IN REFERRAL FORM AND INFORM TL Form filled and TL informed? 1=Yes , 2 =No <input type="checkbox"/>		
END THE INTERVIEW BY THANKING THE RESPONDENT		
11.17 END TIME (24 HOUR): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

12.0 INTERVIEWER ASSESSMENT					
INTERVIEWER, PLEASE COMPLETE THE QUESTIONS BELOW BASED ON YOUR OWN OBSERVATION AND ASSESSMENT OF THE ENTIRE INTERVIEW PROCESS AND OF THE RESPONDENT					
12.1	What is your assessment of the respondent's cooperation? 1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad				<input type="checkbox"/>
12.2	What is your evaluation of the accuracy and completeness of the respondent's answers? 1=Very high 2=High 3=Average 4=Low 5=Very low				<input type="checkbox"/>
12.3	What is your assessment of the respondent's comprehension of issues discussed? 1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad				<input type="checkbox"/>
12.4	What is your assessment of the respondent's concentration and attentiveness during the interview? 1=Good 2=Moderate 3=Bad 4=Very bad				<input type="checkbox"/>
12.5	What is your assessment on the extent of the respondent digressing during the interview ? 1=To a very great extent; 2=To a great extent; 3=Neither great nor small extent 4=To a small extent; 5=To a very small extent				<input type="checkbox"/>
12.6	Questions with doubtful answers (Explain)				
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12.7	Questions needing follow-up or clarification from supervisor (Explain)				
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12.8	What questions did respondent find difficult, embarrassing or confusing? (Explain)				
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12.9	What questions did you the interviewer find difficult, embarrassing or confusing? (Explain)				
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12.10	INTERVIEWER NOTES				
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