MINISTRY OF
HEALTH, ENVIRONMENT,
YOUTH, SPORTS & CULTURE
CAYMAN ISLANDS GOVERNMENT

Cayman Islands
Questionnaire

Health Risk Factors Survey
May – June 2012

HEALTHY NATION 2012
BETTER NUMBERS FOR BETTER HEALTH

STEPS

World Health Organization

Pan American Health Organization
Regional Office of the World Health Organization

HEALTH SERVICES AUTHORITY
CAYMAN ISLANDS
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ESO
ECONOMICS AND STATISTICS OFFICE
GOVERNMENT OF THE CAYMAN ISLANDS
Information on hand

Participant Identification Number

The Cayman Islands

Survey Information

Location and Date		Response	Code
1	Cluster Number		I1
2	District Name		I2
3	Interviewer ID		I3
4	Date of completion of the instrument	dd mm year	I4

Participant Identification Number

Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 **If NO, END**	I5
6	Interview Language	English 1	I6
7	Time of interview (24 hour clock)	hrs : mins	I7
8	Surname / Last name		I8
9	First Name		I9
Additional Information that may be helpful			
10	Contact phone number where possible		I10

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

Step 1 Demographic Information

CORE: Demographic Information

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

EXPANDED: Demographic Information

15	What is the **highest level of education** you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Middle School completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
16a	Which one of the following best describes your status in the Cayman Islands?	Caymanian 1 Non- Caymanian 2	X1
16b	What is your *ethnic group / racial group / cultural subgroup* **background**?	Black 1 Indigenous Caymanian 2 White 3 East Indian 4 Hispanic 5 Asian 6 Mixed 7 Other 8 Don't Know/Not Stated 77 Refused 99	C6
17	What is your **marital status**?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabitating 6 Refused 88	C7
18	Which of the following best describes your **main work** status over the past 12 months? *(USE SHOWCARD)*	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
19	How many people older than 18 years, including yourself, live in your household?	Number of people	C9

EXPANDED: Demographic Information, Continued			
Question		**Response**	**Code**
21	If you don't know the amount, can you give an **estimate** of the annual household income if I read some options to you? Is it *(READ OPTIONS)*	$0 - $9,599 1 $9,600 - $19,199 2 $19,200 - $38,399 3 $38,400 - $57,599 4 $57,600 - $86,399 5 $86,400 - $115,199 6 $115,200 - $153,599 7 $153,600 - $191,999 8 $192,000 - $239,999 9 $240,000 + 10 Don't Know 77 Refused 88	C11

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.

Question		Response	Code
22	Have you **ever smoked** any tobacco products, such as cigarettes, cigars or pipes? *(USE SHOWCARD)*	Yes 1 No 2 *If No, go to T9a*	T1a
23	Do you currently smoke any **tobacco products**, such as cigarettes, cigars or pipes? *(USE SHOWCARD)*	Yes 1 No 2 *If No, go to T6*	T1
24	Do you currently smoke tobacco products **daily**?	Yes 1 No 2 *If No, go to T6a*	T2
25	How old were you when you **first started** smoking daily?	Age (years) Don't know 77 ⌊_⌊_⌋ *If Known, go to T5a*	T3
26	Do you remember how long ago it was? *(RECORD ONLY 1, NOT ALL 3)* *Don't know 77*	In Years ⌊_⌊_⌋ *If Known, go to T5a*	T4a
		OR in Months ⌊_⌊_⌋ *If Known, go to T5a*	T4b
		OR in Weeks ⌊_⌊_⌋	T4c
27	On average, **how many** of the following do you smoke each day? *(RECORD FOR EACH TYPE, USE SHOWCARD)* *Don't Know 77*	Manufactured cigarettes ⌊_⌊_⌋	T5a
		Hand-rolled cigarettes ⌊_⌊_⌋	T5b
		Pipes full of tobacco ⌊_⌊_⌋	T5c
		Cigars, cheroots, cigarillos ⌊_⌊_⌋	T5d
		Other ⌊_⌊_⌋ *If Other, go to T5other, else go to T6a*	T5e
		Other (please specify): ⌊_⌊_⌊_⌊_⌊_⌊_⌊_⌋	T5other
28	During the past 12 months, have you tried to **stop smoking**?	Yes 1 No 2	T6a
29	During any visit of a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 *If T2=Yes, go to T9a* No 2 *If T2=Yes, go to T9a* No visit during the past 12 months 3 *If T2=Yes, go to T9a*	T6b

EXPANDED: Tobacco Use			
Question		**Response**	**Code**
30	In the past, did you **ever** smoke **daily**?	Yes 1 No 2 *If No, go to T9a*	T6
31	How old were you when you **stopped** smoking **daily**?	Age (years) Don't Know 77 ___ ___ *If Known, go to T9a*	T7
32	How **long ago** did you stop smoking daily? *(RECORD ONLY 1, NOT ALL 3)* *Don't Know 77*	Years ago ___ ___ *If Known, go to T9a*	T8a
		OR Months ago ___ ___ *If Known, go to T9a*	T8b
		OR Weeks ago ___ ___	T8c
33	Have you **ever** used **smokeless tobacco** products, such as *snuff or chewing tobacco* ? *(USE SHOWCARD)*	Yes 1 No 2 *If No, go to T13*	T9a
34	Do you **currently use** any **smokeless tobacco,** such as *snuff or chewing tobacco*? *(USE SHOWCARD)*	Yes 1 No 2 *If No, go to T12*	T9
35	Do you **currently use smokeless tobacco** products **daily?**	Yes 1 No 2 *If No, go to T12*	T10
36	On average, how many **times a day** do you use …. *(RECORD FOR EACH TYPE, USE SHOWCARD)* *Don't Know 77*	Snuff, by mouth ___ ___	T11a
		Snuff, by nose ___ ___	T11b
		Chewing tobacco ___ ___	T11c
		Other ___ ___ *If Other, go to T11other, else go to T13*	T11e
		Other (specify) ___ ___ ___ ___ ___ ___ ___ ___ *Go to T13*	T11other
37	In the **past**, did you **ever use** smokeless tobacco such as *snuff chewing or tobacco* **daily**?	Yes 1 No 2	T12
38	During the past 7 days, on how many days did someone **in your home** smoke when you were present?	Number of days Don't know 77 ___ ___	T13
39	During the past 7 days, on how many days did someone smoke in closed areas **in your workplace** (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 ___ ___	T14

CORE: Alcohol Consumption

The next questions ask about the consumption of alcohol.

Question		Response	Code
40	Have you **ever** consumed an alcoholic drink such as beer, wine, spirits or fermented cider. *(USE SHOWCARD OR SHOW EXAMPLES)*	Yes 1 No 2 *If No, go to D1*	A1a
41	Have you consumed an alcoholic drink within the **past 12 months**?	Yes 1 No 2 *If No, go to D1*	A1b
42	During the past 12 months, **how frequently** have you had at least one alcoholic drink? *(READ RESPONSES, USE SHOWCARD)*	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
43	Have you consumed an alcoholic drink within the **past 30 days**?	Yes 1 No 2 *If No, go to D1*	A3
44	During the past 30 days, on how many **occasions** did you have at least one alcoholic drink?	Number Don't know 77 ___ ___	A4
45	During the past 30 days, when you drank alcohol, **on average**, how many **standard alcoholic drinks** did you have during one drinking occasion? *(USE SHOWCARD)*	Number Don't know 77 ___ ___	A5
46	During the past 30 days, what was the **largest number** of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 ___ ___	A6
47	During the past 30 days, how many times did you have for **men**: **five or more** for **women**: **four or more** standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 ___ ___	A7

EXPANDED: Alcohol Consumption

48	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
49	During each of the **past 7 days**, how many standard alcoholic drinks did you have each day? *(USE SHOWCARD)* *Don't Know 77*	Monday ___ ___	A9a
		Tuesday ___ ___	A9b
		Wednesday ___ ___	A9c
		Thursday ___ ___	A9d
		Friday ___ ___	A9e
		Saturday ___ ___	A9f
		Sunday ___ ___	A9g

CORE: Diet

The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.

Question		Response	Code
50	In a typical week, on how many days do you **eat fruit**? *(USE SHOWCARD)*	Number of days Don't Know 77 ___ ___ *If Zero days, go to D3*	D1
51	How many **servings** of fruit do you eat on **one** of those days? (*USE SHOWCARD)*	Number of servings Don't Know 77 ___ ___	D2
52	In a typical week, on how many days do you **eat vegetables**? *(USE SHOWCARD)*	Number of days Don't Know 77 ___ ___ *If Zero days, go to D5*	D3
53	How many **servings** of vegetables do you eat on one of those days? *(USE SHOWCARD)*	Number of servings Don't know 77 ___ ___	D4

EXPANDED: Diet

54	What type of **oil or fat is most often** used for meal preparation in your household? *(USE SHOWCARD)* *(SELECT ONLY ONE)*	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 *If Other, go to D5 other* None in particular 6 None used 7 Don't know 77	D5
		Other ___ ___ ___ ___ ___ ___ ___ ___	D5other
55	On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 ___ ___	D6

CORE: Physical Activity

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.
Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing, seeking employment, making thatch work or in net making. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

Question		Response		Code
Work				
56	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously? *(USE SHOWCARD)*	Yes 1 No 2 *If No, go to P 4*		P1
57	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days	___	P2
58	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes	___ ___ : ___ ___ hrs mins	P3 (a-b)
59	Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously? *(USE SHOWCARD)*	Yes 1 No 2 *If No, go to P 7*		P4
60	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days	___	P5
61	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes	___ ___ : ___ ___ hrs mins	P6 (a-b)
Travel to and from places				
The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship.				
62	Do you walk or use a bicycle *(pedal cycle)* for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 *If No, go to P 10*		P7
63	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days	___	P8
64	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes	___ ___ : ___ ___ hrs mins	P9 (a-b)

CORE: Physical Activity, Continued			
Question		**Response**	**Code**
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 eg. swimming, aerobics and vigorous walking.			
65	Do you do any vigorous-intensity sports, fitness or recreational leisure activities that cause large increases in breathing or heart rate such as running, cricket or football for at least 10 minutes continuously? *(USE SHOWCARD)*	Yes 1 No 2 *If No, go to P 13*	P10
66	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational *(leisure)* activities?	Number of days ___	P11
67	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes ___ : ___ hrs mins	P12 (a-b)
68	Do you do any moderate-intensity sports, fitness or recreational *leisure* activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball for at least 10 minutes continuously? *(USE SHOWCARD)*	Yes 1 No 2 *If No, go to P16*	P13
69	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational leisure activities?	Number of days ___	P14
70	How much time do you spend doing moderate-intensity sports, fitness or recreational *(leisure)* activities on a typical day?	Hours : minutes ___ : ___ hrs mins	P15 (a-b)

EXPANDED: Physical Activity				
Sedentary behaviour				
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. *(USE SHOWCARD)*				
71	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	___ : ___ hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question		**Response**	**Code**
72	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 *If No, go to H6*	H1
73	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 *If No, go to H6*	H2a
74	Have you been told in the past 12 months?	Yes 1 No 2	H2b

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

CORE: History of Diabetes

Question		Response	Code
78	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 *If No, go to L1a*	H6
79	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 *If No, go to L1a*	H7a
80	Have you been told in the past 12 months?	Yes 1 No 2	H7b

EXPANDED: History of Diabetes

81	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1 No 2	H8a
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	H8b
	Special prescribed diet	Yes 1 No 2	H8c
	Advice or treatment to lose weight	Yes 1 No 2	H8d
	Advice or treatment to stop smoking	Yes 1 No 2	H8e
	Advice to start or do more exercise	Yes 1 No 2	H8f
82	Have you ever seen a herbalist for diabetes or raised blood sugar?	Yes 1 No 2	H9
83	Are you currently taking any herbal remedy for your diabetes?	Yes 1 No 2	H10
84	When was the last time your eyes were examined as part of your diabetes control?	Within the past 2 years 1 More than 2 years ago 2 Never 3 Don't know 77	H11
85	When was the last time your feet were examined as part of your diabetes control?	Within the past year 1 More than 1 year ago 2 Never 3 Don't know 77	H12

EXPANDED: History of raised total cholesterol			
Questions		**Response**	**Code**
86	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes 1 No 2 *If No, go to F1a*	L1a
87	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 *If No, go to F1a*	L2a
88	Were you told in the past 12 months?	Yes 1 No 2	L2b
Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?			
89	Oral treatment (medication) taken in the last 2 weeks	Yes 1 No 2	L3a
	Special prescribed diet	Yes 1 No 2	L3b
	Advice or treatment to lose weight	Yes 1 No 2	L3c
	Advice or treatment to stop smoking	Yes 1 No 2	L3d
	Advice to start or do more exercise	Yes 1 No 2	L3e
90	During the past 12 months have you seen a traditional healer for raised cholesterol?	Yes 1 No 2	L4
91	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	L5

EXPANDED: Family history			
Questions		**Response**	**Code**
92	Have some of your family members been diagnosed with the following diseases?		
	Diabetes or raised blood sugar	Yes 1 No 2	F1a
	Raised Blood pressure	Yes 1 No 2	F1b
	Stroke	Yes 1 No 2	F1c
	Cancer or malignant tumor	Yes 1 No 2	F1d
	Raised Cholesterol	Yes 1 No 2	F1e
	Early Heart attack (below age 55 for men and below age 65 for women)	Yes 1 No 2	F1f

Diet: Knowledge, attitudes and behaviour towards dietary salt

CORE: Dietary salt

The next questions ask about your knowledge, attitudes and behaviour towards dietary salt. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as potato chips, Ramin instant noodles, salted pig tail, corn beef, Spam, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

Question		Response		Code
93	How often do you **add salt** to your food before you eat it or as you are eating it?	Always Often Sometimes Rarely Never Don't know	1 2 3 4 5 77	DS1
94	How often is **salt added** in cooking or preparing foods in your household?	Always Often Sometimes Rarely Never Don't know	1 2 3 4 5 77	DS2
95	How often do you eat **processed food high in salt**, such as *potato chips, Ramin instant noodles, salted pig tail, corn beef, Spam*? *(USE SHOWCARD)*	Always Often Sometimes Rarely Never Don't know	1 2 3 4 5 77	DS3
96	**How much salt** do you think you consume?	Far too much Too much Just the right amount Too little Far too little Don't know	1 2 3 4 5 77	DS4
97	Do you think that too much salt in your diet could cause a serious **health problem**?	Yes No Don't know	1 2 77	DS5
98	How important to you is **lowering the salt** in your diet?	Very important Somewhat important Not at all important Don't know	1 2 3 77	DS6

CORE: Dietary salt, Continued			
Question		**Response**	**Code**
99	Do you do anything of the following on a regular basis to **control your salt intake**? *(RECORD FOR EACH)*		
	Avoid/minimize consumption of processed foods	Yes 1 No 2	DS7a
	Look at the salt or sodium labels on food	Yes 1 No 2	DS7b
	Do not add salt on the table	Yes 1 No 2	DS7c
	Buy low salt/sodium alternatives	Yes 1 No 2	DS7d
	Do not add salt when cooking	Yes 1 No 2	DS7e
	Use spices other than salt when cooking	Yes 1 No 2	DS7f
	Avoid eating out	Yes 1 No 2	DS7g
	Other	Yes 1 *If Yes, go to S7other* No 2	DS7h
	Other (please specify)	___ ___ ___ ___ ___ ___ ___ ___	DS7other

Health Screening

Section: Health Screening		Response	Code
100	Have you ever had your feces examined to look for hidden blood?	Yes 1 No 2	S1
101	Have you ever had a colonoscopy?	Yes 1 No 2	S2
102	**This question is for men only:** Have you ever had an examination of your prostate?	Yes 1 No 2	S3
103	**The following questions are for women only:** Have you been shown how to examine your breasts?	Yes 1 No 2	S4
104	When was the last time you had an examination of your breasts?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S5
105	When was the last time you had a mammogram?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S6
106	When was the last time you had a Pap test?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S7

Tobacco Policy Module

Tobacco policy

You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchase.

Question		Response	Code
107	During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting in **newspapers** or in **magazines**?	Yes 1 No 2 Don't know 77	TP1
108	During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting on **television**?	Yes 1 No 2 Don't know 77	TP2
109	During the past 30 days, have you noticed any **advertisements** or **signs** promoting cigarettes in stores where cigarettes are sold?	Yes 1 No 2 Don't know 77	TP3
110	During the past 30 days, have you noticed any of the following types of cigarette promotions? *(RECORD FOR EACH)*		
	Free samples of cigarettes	Yes 1 No 2 Don't know 77	TP4a
	Cigarettes at sale prices	Yes 1 No 2 Don't know 77	TP4b
	Coupons for cigarettes	Yes 1 No 2 Don't know 77	TP4c
	Free gifts or special discount offers on other products when buying cigarettes	Yes 1 No 2 Don't know 77	TP4d
	Clothing or other items with a cigarette brand name or logo	Yes 1 No 2 Don't know 77	TP4e
	Cigarette promotions in the mail	Yes 1 No 2 Don't know 77	TP4f
The next questions TP5 - TP8 are administered to current smokers only.			
111	During the past 30 days, did you notice any **health warnings on cigarette packages**?	Yes 1 No 2 *If no, go to TP7* Did not see any cigarette packages 3 *If "did not see any cigarette packages", go to TP7* Don't know 77 *If Don't know, go to TP7*	TP5
112	During the past 30 days, have warning labels on cigarette packages led you to **think about quitting**?	Yes 1 No 2 Don't know 77	TP6
113	The last time you bought manufactured cigarettes for yourself, **how many cigarettes** did you buy in total?	Number of cigarettes ___ Don't know or Don't smoke or purchase manufactured cigarettes 77 *If "Don't know or don't smoke or purchase manuf. cigarettes", end section*	TP7
114	In total, **how much money** did you pay for this purchase?	Amount ___ Don't know 77 Refused 88	TP8

Step 2 Physical Measurements

CORE: Height and Weight			
Question		**Response**	**Code**
115	Interviewer ID		M1
116	Device IDs for height and weight	Height Weight	M2
117	Height	in Centimetres (cm)	M3
118	Weight *If too large for scale 666.6*	in Kilograms (kg)	M4
119	**For women:** Are you pregnant?	Yes 1 *If Yes, go to M 8* No 2	M5
CORE: Waist			
120	Device ID for waist		M6
121	Waist circumference	in Centimetres (cm)	M7
CORE: Blood Pressure			
122	Interviewer ID		M8
123	Device ID for blood pressure		M9
124	Cuff size used	Small 1 Medium 2 Large 3	M10
125	Reading 1	Systolic (mmHg)	M11a
		Diastolic (mmHg)	M11b
126	Reading 2	Systolic (mmHg)	M12a
		Diastolic (mmHg)	M12b
127	Reading 3	Systolic (mmHg)	M13a
		Diastolic (mmHg)	M13b
128	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M14

EXPANDED: Hip Circumference and Heart Rate			
129	Hip circumference	in Centimeters (cm)	M15
130	Heart Rate		
	Reading 1	Beats per minute	M16a
	Reading 2	Beats per minute	M16b
	Reading 3	Beats per minute	M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question		**Response**	**Code**
1	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
2	Technician ID		B2
3	Device ID		B3
4	Time of day blood specimen taken (24 hour clock)	Hours : minutes hrs : mins	B4
5	Fasting blood glucose	mmol/l .	B5
6	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
CORE: Blood Lipids			
7	Device ID		B7
8	Total cholesterol	mmol/l .	B8
9	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9

EXPANDED: Triglycerides, HDL Cholesterol and Oral Glucose Tolerance			
10	Triglycerides	mmol/l .	B10
11	HDL Cholesterol	mmol/l .	B11
12	Oral Glucose Tolerance	mmol/l .	B12