

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE									
PROJECT TITLE: Dietary transitions in African cities: leveraging evidence for interventions and policy to prevent diet-related non-commu PROJECT)									
PARTICIPANTS INFORMATION, PREVENTIVE AND RISK BEHAVIOUR, AND ANTHROPOMETRY									
1.0	IDENTIFICATION INFORMATION								
1.1	FIELD WORKER'S CODE								
1.2	DATE OF INTERVIEW (DD/MM/YYYY)								
1.3	RESPONDENT'S ID								
1.4	RESPONDENT'S FULL NAME								
1.5	ESTATE/VILLAGE OF RESIDENCE								
1.6a	MOBILE NUMBER								
1.6b	ALTERNATE MOBILE NUMBER								
1.7	PLACE OF INTERVIEW								
1.8	START TIME (24 HR-FORMAT)								
1.9	GPS COORDINATES								

2.0 DEMOGRAPHICS			
Question / Instruction		Response categories	
2.1	RESPONDENT'S SEX	Male Female	
2.2	Are you currently pregnant?	Yes NO Don't Know	
2.3	Are you currently breastfeeding?	Yes NO	
2.4a	RESPONDENT'S AGE Disallow improbable values (less than 12, older than 99)	13 - 18 years 19 - 49 years 50+ years	
2.4b	RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)	<div style="display: flex; justify-content: space-between;"> <span>D</span> <span>D</span> <span>M</span> <span>M</span> <span>Y</span> <span>Y</span> </div> <div style="display: flex; justify-content: space-between;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> Don't Know	
2.5	How long have you lived in this neighbourhood?  <i>Code 00 if less than a month</i>	YEARS	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
		MONTHS	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
2.6	What was your <b>previous</b> area of residence?	Nairobi (non-slum) Nairobi slum Other urban Kenya Rural Kenya Outside Kenya Don't Know Other (specify)	
2.7	What is your <u>current</u> marital status?	Never Married Currently Married/Cohabiting Divorced Separated Widowed	
2.8a	Are you currently in school/vocation training?	Yes NO	
2.8b	What is the <u>highest level</u> of education that you have completed?	No formal schooling 01 Pre-school 02 Primary Grade 1 03 Primary Grade 2 04 Primary Grade 3 05 Primary Grade 4 06 Primary Grade 5 07 Primary Grade 6 08 Primary Grade 7 09 Primary Grade 8 10 Secondary Form 1 11 Secondary Form 2 12 Secondary Form 3 13 Secondary Form 4 14 College 15 Vocational Training 16	
2.9	What would you say is your <b>main</b> occupation currently?	Unemployed 01 Self-employed 02 Employed - casual/informal 03 Employed - salaried/formal 04 Agriculture/farming 05 Student 06	

		Other (Specify)	96																												
2.10	How much would you say you earn in a typical month?  <i>CIRCLE <u>ONE</u> RESPONSE</i>	Not earning Less than 5,000 Ksh 5,001 - 15,000 Ksh 15,001 - 25,000 Ksh 25,001 - 35,000 Ksh 35,001 - 45,000 Ksh 45,001 - 65,000 Ksh 65,001 - 85,000 Ksh 85,001 - 100,000 Ksh 100,001 - 150,000 Ksh 150,001 - 200,000 Ksh Above 200,000 Ksh Don't know																													
2.11	I know that it is usually difficult to state exactly how much income a household makes over time, but I would like you to tell me the best estimate of your total household income in a typical month  <i>CIRCLE <u>ONE</u> RESPONSE</i>	Not earning Less than 5,000 Ksh 5,001 - 15,000 Ksh 15,001 - 25,000 Ksh 25,001 - 35,000 Ksh 35,001 - 45,000 Ksh 45,001 - 65,000 Ksh 65,001 - 85,000 Ksh 85,001 - 100,000 Ksh 100,001 - 150,000 Ksh 150,001 - 200,000 Ksh Above 200,000 Ksh Don't know																													
2.12	Does this household have:  a Electricity b A television c A sofa d A cupboard e A DVD/VCD/VCR/Decoder f A radio/stereo g A table h A clock i What is the main material of the floor of your dwelling? j What is the main material of the external walls of your dwelling? k What is the main material of the roof of your dwelling? l What type of fuel does your household mainly use for cooking? m What kind of toilet facility do members of your household usually use?	<table><tr><td>Yes</td><td>No</td></tr><tr><td>Yes</td><td>No</td></tr><tr><td>Yes</td><td>No</td></tr><tr><td>Yes</td><td>No</td></tr><tr><td>Yes</td><td>No</td></tr><tr><td>Yes</td><td>No</td></tr><tr><td>Yes</td><td>No</td></tr><tr><td>Yes</td><td>No</td></tr><tr><td>Yes</td><td>No</td></tr><tr><td>Cement</td><td>Earth, sand</td></tr><tr><td>Dung/mud/sod</td><td>Other</td></tr><tr><td>Thatch/grass/makuti</td><td>Other</td></tr><tr><td>Wood</td><td>LPG/Natural gas</td></tr><tr><td>No facility/bush/field</td><td>Other</td></tr></table>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Cement	Earth, sand	Dung/mud/sod	Other	Thatch/grass/makuti	Other	Wood	LPG/Natural gas	No facility/bush/field	Other	
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No facility/bush/field	Other																														
ANTHROPOMETRICS: Now we would like to measure your weight and height. I need you to please take off your shoes and heavy clothes and anything from your pockets.																															
FOLLOW INSTRUCTIONS IN MANUAL ON ANTHROPOMETRIC MEASUREMENTS. TAKE EVERY MEASUREMENT TWICE. ENTER THE MEASUREMENTS IN THE BOXES PROVIDED.																															
2.13	Measured height in cm	4.30 Body Mass Index (BMI)																													
	a 1st Reading																														
	b 2nd Reading																														
2.14	Measured weight in kg	4.40 BMI Category																													
	a 1st Reading	Normal (BMI < 25)																													
	b 2nd Reading	Overweight (BMI ≥ 25)																													
3.0	RISK AND PREVENTIVE BEHAVIOUR																														
	Now I am going to ask you some more questions about various health behaviours.																														
	Tobacco use																														

3.1	Have you <u>ever</u> smoked tobacco?	YES.....1 NO.....2
3.2	Do you <u>currently smoke</u> any tobacco products, such as cigarettes, cigars or pipes	YES.....1 NO.....2
3.3	Do you currently smoke tobacco products <u>daily, weekly, monthly</u> ?	YES.....1 NO.....2
3.4	How old were you when you first <u>started smoking daily, weekly, monthly</u> ?	<div> <div></div> <div></div> <div>Years</div> </div> <b>DON'T REMEMBER.....98</b>
3.5	On average, how many of the following do you smoke <u>each day, week, month</u> ?  <b>PROMPT FOR ESTIMATE AND RECORD FOR EACH</b>	Manufactured cigarettes Hand-rolled cigarettes Pipes of tobacco Cigars, cheroots, cigarillos Other (Specify)
3.6	In the past, did you <u>ever smoke daily, weekly, monthly</u> ?	YES.....1 NO.....2
3.7	How old were you when you <u>stopped smoking daily, weekly, monthly</u> ?	<div> <div></div> <div></div> <div>Years</div> </div> <b>DON'T REMEMBER.....98</b>
3.8	Have you ever <u>used</u> any <u>smokeless tobacco</u> such as [snuff, chewing tobacco, betel]	YES.....1 NO.....2
3.9	Do you currently use <u>smokeless tobacco</u> products <u>daily, weekly, monthly</u> ?	YES.....1 NO.....2
3.10	On average, how many times a day do you use:  <b>PROMPT FOR ESTIMATE AND RECORD FOR EACH</b>	Snuff, by mouth Snuff, by nose Chewing tobacco Betel, quid Kuber Other (Specify)

3.11	In the past, did you ever use <u>smokeless tobacco</u> such as [snuff, chewing tobacco, kuber or betel] daily?	YES.....1 NO.....2								
3.12	Over the past 12 months, what has been your typical exposure to <i>other people's tobacco smoke</i> ?	Less than one hour per week or no exposure More than one hour per week Daily exposure								
<b>Alcohol Consumption</b>										
3.13	Have you consumed alcohol (including beer, wine, spirits, chang'aa, busaa, muratina, kumi-kumi or other	YES.....1 NO.....2								
3.14	In the past 12 months, <u>how frequently</u> did you have at least <u>one alcoholic drink</u> ?  <b>READ RESPONSES</b>	Daily 5-6 days per week 1-4 days per week 1-3 days per month Less than once a month Other (Specify)								
3.15	When you drink alcohol, what type of alcoholic drink do you typically tak Type/Name:_____									
3.16	How much of <u>_(type above)_</u> do you drink during one day?	<table border="1"> <tr> <td>Bottle</td> <td>Numi</td> </tr> <tr> <td>Small glass</td> <td></td> </tr> <tr> <td>Large glass</td> <td></td> </tr> <tr> <td colspan="2"><b>DON'T KNOW.....98</b></td> </tr> </table>	Bottle	Numi	Small glass		Large glass		<b>DON'T KNOW.....98</b>	
Bottle	Numi									
Small glass										
Large glass										
<b>DON'T KNOW.....98</b>										
<b>Diet</b>										
3.17	In a typical week, on <u>how many days</u> do you eat fruits?	<table border="1"><tr><td></td><td></td></tr></table>								
3.18	How many <u>servings</u> of fruit do you eat in <u>one of those days</u> ?	<table border="1"><tr><td></td><td></td></tr></table>								
3.19	In a typical week, on how many days do you eat vegetables?	<table border="1"><tr><td></td><td></td></tr></table>								
3.20	How many <u>servings</u> of vegetables do you eat in <u>one of those days</u> ?	<table border="1"><tr><td></td><td></td></tr></table>								
3.21	How many times in a typical week do you eat meals prepared outside the home?	<table border="1"><tr><td></td></tr></table>								
3.22	How many times in a typical week do you ear deep fried foods, snacks, or fast foods?	<table border="1"><tr><td></td></tr></table>								
3.23	How often do you add salt to your food when you are eating?  <b>CIRCLE ONLY <u>ONE</u> RESPONSE</b>	Yes, most of the time..... Yes, some of the time..... Yes, but in rare cases..... Never.....								
3.24	How often do you eat red meat (beef, pork, lamb, goat, game)?  <b>(RED MEAT IS MEAT OTHER THAN FISH, CHICKEN )</b>	Daily..... 5-6 days per week..... 1-4 days per week..... 1-3 days per month..... Less than once a month..... 2-3 times a year..... Once a year..... Never..... Other (Specify)								

3.25a	How frequently have you had at least one soda (Coca Cola, Fanta, Sprite, Other)?	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 Other (Specify) 96
3.25b	How many tea-spoons of sugar do you add to your tea/coffee or any other beverage in a day?	<input type="text"/>
<b>Physical Activity</b>		
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions and do not consider yourself to be a physically active person. Think first about the amount of time you spend doing the activity, and the intensity. 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/heart-rate.</p>		
3.26	<p><b>Work-Related Activity</b></p> <p>Does your work (paid or unpaid, including household chores, harvesting food/crops, fishing or seeking 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?</p>	<p>YES.....1 NO.....2</p>
3.27	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	DAYS
3.28	How much time do you spend doing vigorous-intensity activities at work on a typical day?	<p>HOURS                      MIN</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/></p>
3.29	Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as	<p>YES.....1 NO.....2</p>
3.30	In a typical week, on how many days do you do moderate- intensity activities as part of your work?	Days
3.31	How much time do you spend doing moderate-intensity activities at work on a typical day?	<p>HOURS</p> <p><input type="text"/> <input type="text"/></p>
<p><b>Transport-Related Activity</b></p> <p>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.</p>		
3.32	In a typical week, on how many days do you walk briskly/quickly rather than leisurely or use a bicycle for at least 10 minutes continuously to get to and from places?	<input type="text"/> Days
3.33	How much time do you spend walking or cycling on a typical day?	<p>HOURS                      MIN</p> <p><input type="text"/> <input type="text"/>                      <input type="text"/></p>
<p><b>Recreation-Related Activity</b></p> <p>Now I would like to ask you about sports, fitness, and recreational/leisure activities.</p>		

3.34	Do you do any vigorous-intensity sports, fitness, or 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
3.35	In a typical week, on how many days do you do vigorous-intensity sports, fitness or leisure activities?	<input type="text"/>
3.36	How much time do you spend doing vigorous-intensity sports, fitness or leisure activities on a typical day?	HOURS <input type="text"/> <input type="text"/> MIN <input type="text"/>
3.37	Do you do any moderate-intensity sports, fitness or leisure activities that cause a small increases in breathing/heart-rate like cycling or swimming, for at least 10 minutes continuously?	YES.....1 NO.....2
3.38	In a typical week, on how many days do you do moderate-intensity sports, fitness or leisure activities?	<input type="text"/> Days
3.39	How much time do you spend doing moderate-intensity sports, fitness or leisure activities on a typical day?	HOURS <input type="text"/> <input type="text"/> MIN <input type="text"/>
3.40	How much time do you usually spend sitting or reclining on a typical day, including time seated when at work but not including sleeping?	HOU <input type="text"/>
3.41	How many hours do you usually spend sleeping in a typical day?	<input type="text"/> Hour
3.42	How often have you felt stressed in the last year?	Never or few per Several periods of stress or permanent st
3.43	During the past 12 months, was there ever a time you felt sad or depressed for two weeks or more in a row?	YES.....1 NO.....2
4.0	END TIME (24 HOURS):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5.0	
	INTERVIEWER NOTES



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