

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE

PROJECT TITLE: Dietary transitions in African cities: leveraging evidence for interventions and policy to prevent diet-related non-communicable diseases (PROJECT)

PARTICIPANTS INFORMATION, PREVENTIVE AND RISK BEHAVIOUR, AND ANTHROPOMETRY

1.0	IDENTIFICATION INFORMATION	
1.1	FIELD WORKER'S CODE	<input type="text"/>
1.2	DATE OF INTERVIEW (DD/MM/YYYY)	<input type="text"/>
1.3	RESPONDENT'S ID	<input type="text"/>
1.4	RESPONDENT'S FULL NAME	<input type="text"/>
1.5	ESTATE/VILLAGE OF RESIDENCE	<input type="text"/>
1.6a	MOBILE NUMBER	<input type="text"/>
1.6b	ALTERNATE MOBILE NUMBER	<input type="text"/>
1.7	PLACE OF INTERVIEW	<input type="text"/>
1.8	START TIME (24 HR-FORMAT)	<input type="text"/>
1.9	GPS COORDINATES	<input type="text"/>

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)	D D M M Y Y <input type="text"/> <input type="text"/> Don't Know	
2.5	How long have you lived in this neighbourhood? <i>Code 00 if les than a month</i>	YEARS <input type="text"/> MONTHS <input type="text"/>	
2.6	What was your previous 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 current 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 highest level of education that you have completed?	No formal schooling Pre-school Primary Grade 1 Primary Grade 2 Primary Grade 3 Primary Grade 4 Primary Grade 5 Primary Grade 6 Primary Grade 7 Primary Grade 8 Secondary Form 1 Secondary Form 2 Secondary Form 3 Secondary Form 4 College Vocational Training	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16
2.9	What would you say is your main occupation currently?	Unemployed Self-employed Employed - casual/informal Employed - salaried/formal Agriculture/farming Student	01 02 03 04 05 06

2.10	<p>How much would you say you earn in a typical month?</p> <p style="text-align: center;">CIRCLE ONE RESPONSE</p>	<p>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</p>
------	--	---

2.11	<p>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</p> <p style="text-align: center;">CIRCLE ONE RESPONSE</p>	<p>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</p>
------	--	---

2.12	<p>Does this household have:</p> <p>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?</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">Cement</td> <td style="text-align: center;">Earth, sand</td> </tr> <tr> <td style="text-align: center;">Dung/mud/sod</td> <td style="text-align: center;">Other</td> </tr> <tr> <td style="text-align: center;">Thatch/grass/makuti</td> <td style="text-align: center;">Other</td> </tr> <tr> <td style="text-align: center;">Wood</td> <td style="text-align: center;">LPG/Natural gas</td> </tr> <tr> <td style="text-align: center;">No facility/bush/field</td> <td style="text-align: center;">Other</td> </tr> </table>	Yes	No	Cement	Earth, sand	Dung/mud/sod	Other	Thatch/grass/makuti	Other	Wood	LPG/Natural gas	No facility/bush/field	Other														
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																											

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	<p>Measured height in cm</p> <p>a 1st Reading <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>b 2nd Reading <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p>									<p>4.30 Body Mass Index (BMI)</p> <p style="color: red;"><i>This will be generated from the average of 7.21 and 7.22 [BMI=weight/height²]</i></p>
2.14	<p>Measured weight in kg</p> <p>a 1st Reading <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>b 2nd Reading <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table></p>									<p>4.40 BMI Category</p> <p>Normal (BMI < 25) Overweight (BMI ≥ 25)</p>

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> ?	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table> Years DON'T REMEMBER.....98		
3.5	On average, how many of the following do you smoke <u>each day, week, month</u> ? <p style="text-align: center;">PROMPT FOR ESTIMATE AND RECORD FOR EACH</p>	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> ?	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table> Years DON'T REMEMBER.....98		
3.8	Have you ever <u>used any smokeless tobacco</u> such as [snuff, chewing tobacco, betel nut]?	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: <p style="text-align: center;">PROMPT FOR ESTIMATE AND RECORD FOR EACH</p>	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									
Alcohol Consumption										
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> ? READ RESPONSES	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 take? 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>Num</td></tr> <tr><td>Small glass</td><td></td></tr> <tr><td>Large glass</td><td></td></tr> <tr><td>DON'T KNOW.....</td><td>98</td></tr> </table>	Bottle	Num	Small glass		Large glass		DON'T KNOW	98
Bottle	Num									
Small glass										
Large glass										
DON'T KNOW	98									
Diet										
3.17	In a typical week, on <u>how many days</u> do you eat fruits?	<input type="text"/> <input type="text"/>								
3.18	How many <u>servings</u> of fruit do you eat in <u>one of those days</u> ?	<input type="text"/> <input type="text"/>								
3.19	In a typical week, on how many days do you eat vegetables?	<input type="text"/> <input type="text"/>								
3.20	How many <u>servings</u> of vegetables do you eat in <u>one of those days</u> ?	<input type="text"/> <input type="text"/>								
3.21	How many times in a typical week do you eat meals prepared outside the home?	<input type="text"/>								
3.22	How many times in a typical week do you eat deep fried foods, snacks, or fast foods?	<input type="text"/>								
3.23	How often do you add salt to your food when you are eating? CIRCLE ONLY <u>ONE</u> RESPONSE	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)? (RED MEAT IS MEAT OTHER THAN FISH, CHICKEN)	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
READ RESPONSES		

3.25b	How many tea-spoons of sugar do you add to your tea/coffee or any other beverage in a day?	<input style="width: 50px; height: 20px;" type="text"/>
-------	--	---

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. 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.

Work-Related Activity

3.26	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?	YES.....1 NO.....2
------	---	-----------------------

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?	HOURS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MIN <input style="width: 30px; height: 20px;" type="text"/>
------	--	---

3.29	Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as walking briskly, carrying light loads, or climbing stairs?	YES.....1 NO.....2
------	--	-----------------------

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?	HOURS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
------	--	---

Transport-Related Activity

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.

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 style="width: 50px; height: 20px;" type="text"/> Days
------	--	--

3.33	How much time do you spend walking or cycling on a typical day?	HOURS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> MIN <input style="width: 30px; height: 20px;" type="text"/>
------	---	---

Recreation-Related Activity

Now I would like to ask you about sports, fitness, and recreational/leisure activities.

5.0

INTERVIEWER NOTES

Skip to	
01 02	Skip to 2.4
01 02 98	
01 02	
01 02 03	
Y Y	
<input type="checkbox"/> <input type="checkbox"/>	
98	
<input type="checkbox"/>	
<input type="checkbox"/>	
01 02 03 04 05 98 96	
01 02 03 04 05	
01 02	

01
02
03
04
05
06
07
08
09
10
11
12
98

01
02
03
04
05
06
07
08
09
10
11
12
98

Other

Other

thing,

ht/(height (m)²)

01
02

Skip to 3.8

Skip to 3.6

Skip to 3.8

Skip to 3.13

Skip to 3.11

01 02 03	
	Skip to 3.17
Number	
ber	
<input type="checkbox"/>	
<input type="checkbox"/>	
01 02 03 04	
01 02 03 04 05 06 07 08 96	

ber

even if you
gorous-
s are those

Skip to 3.29

UTE:

Skip to 3.32

UTE:

Skip to 3.37

Days

UTE:

Skip to 3.40

UTE:

RS

s

iods 01
ress 02

















