

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE - WDF PROJECT
BASELINE SURVEY ON QOL& LIFESTYLE FACTORS AMONG WDF CLINIC ATTENDEEES

1.0 IDENTIFICATION INFORMATION and CONSENT

1.1 FIELD WORKER'S CODE

1.2 DATE OF INTERVIEW (DD/MM/YYYY)

1.3 RESPONDENT'S ID (DSS)

(FW: IF RESPONDENT IS NOT IN DSS FILL IN 99999999999999)

1.4 RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)

1.5 RESPONDENT'S SEX **(F=Female; M=Male)**

1.6 RESPONDENT'S FULL NAME

1.7 VILLAGE WHERE RESPONDENT LIVES

1.8 TELEPHONE CONTACT

1.9 DATA COLLECTION ROUND B=Baseline; S=Six months Follow up; O=1-Year Follow-up

INTRODUCTION AND CONSENT

Hello, my name is _____ and I work with the African Population and Health Research Centre. We are conducting a follow up survey to people who attend our CVD clinics in this community, to understand how they have been fairing since they started receiving healthcare in management and control of diabetes, hypertension or both conditions. Specifically we would like to know when you were diagnosed and where you were getting treatment before joining this clinic. In addition to that, we would also like to know about changes if any that you may have experienced as a result of services you have been getting from this clinic especially knowledge acquired in management and control of your condition either through diet, increased physical activity or avoidance of risky health related behaviours. The results of this study will be given to those involved in decision making with the intension that this information will help improve care for chronic diseases in the community and the coutry.

If you feel uncomfortable with certain questions you can choose not to answer them and also note that failure to participate in this study will not in any way diqualify you from receiving treatment from this clinic. We however hope that you will participate in this survey since your views are important. We will take measurements as usual. You will not be paid for participating in the study but in case you are found with a chronic condition you will be facilitated to get treatment at a government health facility. This interview will take about 1 hour of your time.

1.10 Do you accept to participate in the study? **(Y=YES; N=NO; IF "NO" SKIP TO 1.11)**

1.11 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

1.12 FINAL RESULT OF INTERVIEW **(CODE SHEET A⁷)**

1.14 DATA ENTRY CLERK'S CODE

2.0 MEDICAL HISTORY

2.1 Are you Diabetic?

Yes..... 1

No..... 2

→ 2.9

2.2 When were you diagnosed with Diabetes

IF DAY IS UNKNOWN FILL IN 88 IN THE FIRST 2 BOXES AND FILL IN THE MONTH AND YEAR. IF DAY AND MONTH ARE UNKNOWN, FILL IN 8888 IN THE FIRST 4 BOXES AND FILL IN THE YEAR; IF YEAR IS UNKNOWN, CIRCLE 98 - "DON'T KNOW"

D D M M Y Y Y Y

DON'T KNOW.....98

2.3 For how long have you had Diabetes (since you were diagnosed) ?

UNITS

(UNITS: D=Days, W=Weeks, M=Months, Y=Years)

NO. OF UNITS

<p>2.4 Where was the diagnosis of Diabetes made? CIRCLE ONLY 1 RESPONSE</p>	<p>GOVERNMENT HOSPITAL 1 GOVERNMENT HEALTH CENTRE 2 GOVERNMENT DISP/CLINIC 3 PRIVATE HOSPITAL 4 PRIVATE CLINIC 5 FREE MEDICAL CAMP 6 APHRC FIELD VISIT AT HOME 7 DON'T REMEMBER 9</p>									
<p>2.5 When did you start attending this clinic? FW; CROSS CHECK DATES FROM PATIENT'S RECORDS IF AVAILABLE IF DAY IS UNKNOWN FILL IN 88 IN THE FIRST 2 BOXES AND FILL IN THE MONTH AND YEAR. IF DAY AND MONTH ARE UNKNOWN, FILL IN 8888 IN THE FIRST 4 BOXES AND FILL IN THE YEAR; IF YEAR IS UNKNOWN, CIRCLE 98 - "DON'T KNOW"</p>	<p style="text-align: center;">D D M M Y Y Y Y</p> <table border="1" style="margin: auto; width: 100px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: right;">DON'T KNOW.....98</p>									
<p>2.6 FW: CHECK 2.2 & 2.3; IF DIAGNOSIS WAS MADE LESS THAN 3 MONTHS AGO SKIP TO QN. 2.7. ELSE ASK: Looking back over the last 3 months, how would you describe your treatment for Diabetes?</p>	<p>I WAS TAKING MEDICATION DAILY 1 I WAS TAKING MEDICATION ON MOST BUT NOT ALL DAYS 2 I WAS TAKING MEDICATION ON SOME DAYS 3 I ONLY TOOK MEDICINE WHEN I FELT BAD 4 I NEEDED BUT WAS NOT TAKING MEDICATION 6 I DID NOT NEED MEDICATION - WAS USING DIET & EXERCISE 7</p>									
<p>2.7 What kind of medication were you taking to treat the Diabetes?</p>	<p>CIRCLE ALL THAT APPLY</p> <p>TABLETS PRESCRIBED BY A HEALTH WORKER A TABLETS I GOT FROM A DRUG STORE WITHOUT A PRESCRIPTION B TABLETS I GOT FROM RELATIVES/FRIENDS W/O PRESCRIPTION C INJECTIONS (INSULIN) D HERBAL MEDICINE TOGETHER WITH TABS/INSULIN E HERBAL MEDICINE ONLY F OTHER (SPECIFY)..... G</p>									
<p>2.8 Where were you getting treatment for Diabetes before you started attending this clinic?</p>	<p>CIRCLE ALL THAT APPLY</p> <p>KENYATTA NATIONAL HOSPITAL A GOVT DISTRICT HOSPITAL (.....) B GOVT HEALTH CENTRE (.....) C PRIVATE HOSPITAL (SPECIFY)..... D OTHER HOSPITAL (SPECIFY)..... E OTHER HEALTH FACILITY (SPECIFY)..... F I STARTED TREATMENT FROM HERE G I DON'T REMEMBER H *OTHER (SPECIFY)..... I</p> <p>*IF PATIENT WAS TAKING HERBAL MEDICINE, CIRCLE I AND SPECIFY</p>									
<p>2.9 Are you Hypertensive?</p>	<p>Yes..... 1 No..... 2</p>	→ 2.17								
<p>2.10 When were you diagnosed with High Blood Pressure? IF DAY IS UNKNOWN FILL IN 88 IN THE FIRST 2 BOXES AND FILL IN THE MONTH AND YEAR. IF DAY AND MONTH ARE UNKNOWN, FILL IN 8888 IN THE FIRST 4 BOXES AND FILL IN THE YEAR; IF YEAR IS UNKNOWN, CIRCLE 98 - "DON'T KNOW"</p>	<p style="text-align: center;">D D M M Y Y Y Y</p> <table border="1" style="margin: auto; width: 100px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: right;">DON'T KNOW.....98</p>									
<p>2.11 For how long have you had High Blood Pressure (since you were diagnosed) ? (UNITS: D=Days, W=Weeks, M=Months, Y=Years)</p>	<p style="text-align: right;">UNITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p> <p style="text-align: right;">NO. OF UNITS <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table></p>									

<p>2.12 Where was the diagnosis of High BP made? CIRCLE ONLY 1 RESPONSE</p>	<p>GOVERNMENT HOSPITAL 1 GOVERNMENT HEALTH CENTRE 2 GOVERNMENT DISP/CLINIC 3 PRIVATE HOSPITAL 4 PRIVATE CLINIC 5 FREE MEDICAL CAMP 6 APHRC FIELD VISIT AT HOME 7 DON'T REMEMBER 9</p>																																																															
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<p>2.17 Have you ever been diagnosed with any of the following</p> <table style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>HIGH BLOOD PRESSURE</td><td>1</td><td>2</td></tr> <tr><td>HEART DISEASE - HEART ATTACK</td><td>1</td><td>2</td></tr> <tr><td>HEART DISEASE - ANGINA</td><td>1</td><td>2</td></tr> <tr><td>HEART DISEASE - ANY OTHER</td><td>1</td><td>2</td></tr> <tr><td>KIDNEY DISEASE</td><td>1</td><td>2</td></tr> <tr><td>STROKE</td><td>1</td><td>2</td></tr> <tr><td>LIVER DISEASE</td><td>1</td><td>2</td></tr> <tr><td>CANCER OF ANY TYPE</td><td>1</td><td>2</td></tr> <tr><td>TUBERCULOSIS</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	HIGH BLOOD PRESSURE	1	2	HEART DISEASE - HEART ATTACK	1	2	HEART DISEASE - ANGINA	1	2	HEART DISEASE - ANY OTHER	1	2	KIDNEY DISEASE	1	2	STROKE	1	2	LIVER DISEASE	1	2	CANCER OF ANY TYPE	1	2	TUBERCULOSIS	1	2	<p>2.18; If YES, when were you diagnosed (Year)?</p> <p style="text-align: center;">Y Y Y Y</p> <table border="1" style="margin: auto; width: 100px; height: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><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><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><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><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><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><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><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><td style="width: 20px; height: 20px;"></td></tr> </table>																																	
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2.19 FW: DOES THE PATIENT CURRENTLY HAVE ANY OF THE FOLLOWING COMPLICATIONS? (CONSULT CLINICIAN)	YES	NO	DK
PERIPHERAL NEUROPATHY	1	2	9
POOR VISION	1	2	9
AMPUTATION	1	2	9
KIDNEY PROBLEMS	1	2	9
CHEST PAIN	1	2	9
BODY SWELLING (ABDOMINAL OR PEDAL OEDEMA)	1	2	9
OTHER COMPLICATION (SPECIFY)	1	2	9

3.0 HEALTH 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

3.1 Have you <u>ever</u> smoked tobacco?	YES.....1 NO.....2	→ 3.6
3.2 Do you <u>currently smoke</u> any tobacco products, such as cigarettes, cigars or pipes?	YES.....1 NO.....2	→ 3.6
3.3 Do you currently smoke tobacco products <u>daily</u> ?	YES.....1 NO.....2	→ 3.6
3.4 In the past, did you <u>ever smoke daily</u> ?	YES.....1 NO.....2	→ 3.6
3.5 How long ago did you stop smoking daily? RECORD IN ONLY ONE UNIT, (Y=Years, M=Months, W=Weeks)	UNIT <input type="text"/> Number of units <input type="text"/> <input type="text"/> Ago	
3.6 Have you ever used smokeless tobacco such as [snuff, chewing tobacco, betel]?	YES.....1 NO.....2	→ 3.10
3.7 Do you <u>currently use</u> any <u>smokeless tobacco</u> such as [snuff, chewing tobacco, betel]?	YES.....1 NO.....2	→ 3.9
3.8 Do you currently use smokeless tobacco products <u>daily</u> ?	YES.....1 NO.....2	→ 3.10
3.9 In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily?	YES.....1 NO.....2	

Alcohol Consumption

Now I am going to ask you some questions about the consumption of alcohol.

3.10 Have you consumed alcohol (such as beer, 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	→ 3.15
3.11 In the past 12 months, <u>how frequently</u> have you had at least <u>one alcoholic drink</u> ? FW: READ RESPONSES	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 Other..... 6	
3.12 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"/>	

3.13 When you drink alcohol, on average, how many drinks of () - drink mentioned in 3.12 - do you <u>have during one day</u> ? IF DON'T KNOW, CIRCLE 98	<div><div></div><div></div></div> DON'T KNOW98	
3.14 Have you consumed alcohol (such as beer, wine, spirits, fermented cider or chaag'a) within the <u>past 30 days</u> ?	YES.....1 NO.....2 → 3.16	
3.15 Have you <u>ever</u> consumed alcohol (such as beer, spirits, chang'aa, busa, muratina, kumi-kumi or other alcoholic drink)? FW; TAKING JUST A SIP E.G. AT HOLY COMMUNION DOES <u>NOT</u> COUNT!	YES.....1 NO.....2 → Diet	
3.16 When did you last take an alcoholic drink?	<div>Y Y Y Y</div> <div><div></div><div></div><div></div><div></div></div>	
3.17 What was the reason(s) why you stopped taking alcohol CIRCLE ALL THAT APPLY	RELIGIOUS/MORAL REASONS A ADVICE BY DOCTOR/HEALTH WORKER B HEALTH REASONS - TO BE HEALTHY C HEALTH REASONS - BCOZ OF ILLNESS D FAMILY/SOCIAL REASONS E ECONOMIC REASONS F	
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 year.		
Diet		
3.18 In a typical week, on <u>how many days</u> do you eat fruit? IF DON'T KNOW, CIRCLE 98	<div></div> DON'T KNOW98 IF ZERO DAYS, SKIP TO → 3.20	
3.19 How many <u>servings</u> of fruit do you eat in <u>one of those days</u> ? FW: USING SHOWCARD, CALCULATE THE PATIENT'S FRUIT INTAKE	<div><div></div><div></div></div> DON'T KNOW98	
3.20 In a typical week, on how many days do you eat vegetables? IF DON'T KNOW, CIRCLE 98	<div></div> DON'T KNOW98 IF ZERO DAYS, SKIP TO → 3.23	
3.21 How many servings of vegetables do you eat in one of those days? FW: USING SHOWCARD, CALCULATE THE PATIENT'S VEGETABLE INTAKE	<div><div></div><div></div></div> DON'T KNOW98	
3.22 Do you add salt to vegetables while cooking/ Do the vegetables you eat usually have salt in them?	YES.....1 NO.....2	
3.23 Do you add salt to your food when you are eating? CIRCLE ONLY <u>ONE</u> RESPONSE	Yes, most of the time.....1 1 Yes, some of the time..... 2 Yes, but in rare cases..... 3 Never..... 4	
3.24 How often do you eat red meat (beef, pork, lamb, goat, game)? (RED MEAT IS MEAT OTHER THAN FISH, CHICKEN)	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 2-3 times a year..... 6 Once a year..... 7 Never..... 8 Other 9	
<div></div> (Specify)		

3.25 How often do you eat the following? Codes: A=More than once daily B= Once daily C=5-6 times a week D=3-4 times a week E=1-2 times a week F= 2-3 times a month G=Once a month H= Less than once a month I = Never	Chips <input type="checkbox"/> Mandazi <input type="checkbox"/> Samosa <input type="checkbox"/> Fried chicken <input type="checkbox"/> Fried Fish <input type="checkbox"/>	
3.26 Do you add sugar to your beverages such as tea, coffee or cocoa?	YES.....1 NO.....2	→ 3.29
3.27 How many spoons of sugar do you usually add?	<input type="text"/>	
3.28 Taking into account the amount of tea/coffee/cocoa that you drink, how many spoons of sugar do you take on an average day? FW: PROMPT AND GUIDE THE RESPONDENT THROUGH THE CALCULATIONS	<input type="text"/>	
3.29 In the past 12 months have you ever taken a soft drink (e.g. CoCa, Sprite, Fanta, Pespi etc..)?	YES.....1 NO.....2	→ 3.30
3.29a In the past 12 months, <u>how frequently</u> have you had at least <u>one soft drink</u> ? FW: READ RESPONSES _____ (Specify)	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 Other 6	
3.30 How often do you take plain water in a day? DO NOT PROMPT - CIRCLE ONLY ONE RESPONSE	Never 1 Less than once (e.g. if there are days when respondent does not take water) 2 Once 3 Two to three times 4 Four to five times 5 More than five times 6	→ 3.32
3.31 Whenever you take water, how much, on average do you take? FW:FILL IN TYPE OF CUP IN SPACE PROVIDED	Glasses (small) <input type="checkbox"/> Glasses (big) <input type="checkbox"/> Cups() <input type="checkbox"/> Bottles (1/2 litre) <input type="checkbox"/> Bottles (1litre) <input type="checkbox"/>	
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. 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.</p>		
Physical Activity		
Activities at Work		
3.32 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	→ 3.35
3.33 In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	<input type="text"/> Days	
3.34 How much time do you spend doing vigorous-intensity activities at work on a typical day?	HOURS <input type="text"/> MIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

3.35 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	→ 3.38
3.36 In a typical week, on how many days do you do moderate-intensity activities as part of your work?	<input type="text"/> Days	
3.37 How much time do you spend doing moderate-intensity activities at work on a typical day?	HOURS <input type="text"/> <input type="text"/> MIN <input type="text"/> <input type="text"/>	
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,[insert other examples if needed]		
3.38 Do you walk or ride a bicycle for at least 10 minutes continuously to get to and from places?	YES.....1 NO.....2	→ 3.41
3.39 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?	<input type="text"/> Days	
3.40 How much time do you spend walking or cycling on a typical day?	HOURS <input type="text"/> <input type="text"/> MIN <input type="text"/> <input type="text"/>	
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), [insert relevant terms].		
3.41 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	→ 3.44
3.42 In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	<input type="text"/> Days	
3.43 How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	HOURS <input type="text"/> <input type="text"/> MIN <input type="text"/> <input type="text"/>	
3.44 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	→ 3.47
3.45 In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	<input type="text"/> Days	
3.46 How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?	HOURS <input type="text"/> <input type="text"/> MIN <input type="text"/> <input type="text"/>	
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], [insert other examples]		
3.47 How much time do you usually spend sitting or reclining on a typical day (not including sleeping)?	HOURS <input type="text"/> <input type="text"/> MIN <input type="text"/> <input type="text"/>	
3.48 How many hours do you usually spend sleeping in a typical 24 hour day?	<input type="text"/> <input type="text"/> Hours	

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
4.1 Do you have enough energy for everyday life?	01	02	03	04	05
4.2 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	NEITHER SATISFIED NOR DISSATISFIED	DISSATISFIED	VERY DISSATISFIED
4.3 How satisfied are you with your health?	01	02	03	04	05
4.4 How satisfied are you with yourself?	01	02	03	04	05
4.5 How satisfied are you with your ability to perform your daily living activities?	01	02	03	04	05
4.6 How satisfied are you with your personal relationships?	01	02	03	04	05
4.7 How satisfied are you with the conditions of your living place?	01	02	03	04	05
4.8 Taking all things together, how satisfied are you with your life as a whole these days?	01	02	03	04	05
4.9 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).					
<div></div>					
4.10 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)					
<div></div>					
5.0 ANTHROPOMETRICS AND BIOMARKERS					
Now, we would like to measure a few things, like your general health, blood pressure, your weight and height.					
General examination					
5.0a Is the patients anaemic? (CHECK PALMS, EYES, TONGUE)					
Yes..... 1					
No..... 2					
5.0b Is the patient dehydrated? (CHECK EYES, SKIN, LIPS, TONGUE)					
Yes..... 1					
No..... 2					
5.0c Does the patient have pedal oedema?					
Yes..... 1					
No..... 2 → 5.1					
5.0d What is the level of oedema? 1= Mild, 2=Moderate, 3=Severe					
<div></div>					
Blood Pressure					
5.1 Blood Pressure on first visit					
a Systolic <div></div>					
(FW: CHECK PATIENT'S RECORDS)					
b Diastolic <div></div>					
5.2 Blood Pressure on last visit					
a Systolic <div></div>					
(FW: CHECK PATIENT'S RECORDS)					
b Diastolic <div></div>					
5.3 Blood pressure today					
a Systolic <div></div>					
b Diastolic <div></div>					

Anthoropometric measurements										
5.4 Can respondent stand up? IF NO, SKIP TO 5.10	YES.....1 NO.....2 → 5.10									
5.5 Measured height in cm a 1st Reading <table><tr><td></td><td></td><td></td></tr></table> . <table><tr><td></td></tr></table> b 2nd Reading <table><tr><td></td><td></td><td></td></tr></table> . <table><tr><td></td></tr></table>										
5.6 Weight at first visit in Kg <table><tr><td></td><td></td><td></td></tr></table> . <table><tr><td></td></tr></table> (FW: CHECK PATIENT'S RECORDS)										
5.7 Weight today in Kg <table><tr><td></td><td></td><td></td></tr></table> . <table><tr><td></td></tr></table>										
5.8 Waist circumference <table><tr><td></td><td></td><td></td></tr></table> . <table><tr><td></td></tr></table> Hip Circumference <table><tr><td></td><td></td><td></td></tr></table> . <table><tr><td></td></tr></table>										
5.9 Body Impedance Assessment FW: ATTACH TANITA PRINT OUT TO THIS QUESTIONNAIRE										
Blood measurements										
5.10 Blood glucose <table><tr><td></td><td></td><td></td></tr></table> mg/100ml										
5.11 HBA1c measurement <table><tr><td></td><td></td><td></td></tr></table> FW: FILL IN 999 IF THIS IS FIRST ROUND OF INTERVIEW										
END THE INTERVIEW BY THANKING THE RESPONDENT										