

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
SCALE-UP PROJECT: POPULATION BASELINE SURVEY

1.0 IDENTIFICATION INFORMATION and CONSENT

1.1 FIELD WORKER'S CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2 DATE OF INTERVIEW (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.3 RESPONDENT'S ID	<input type="text"/>		
1.4 RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.5 RESPONDENT'S SEX	(F=Female; M=Male)		<input type="text"/>
1.6 RESPONDENT'S FULL NAME	<input type="text"/>		
1.7 ID OF ROOM WHERE RESPONDENT SLEEPS	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.8 MOBILE NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.9 START TIME (24 HR-FORMAT)	<input type="text"/>	<input type="text"/>	<input type="text"/>

INTRODUCTION AND CONSENT**Investigators and Institutional Affiliation**

Researcher	Title	Role	Affiliation
Dr. Catherine Kyobutungi	Senior Research Scientist	Principal Investigator	African Population and Health Research Center
Prof. dr. Joep Lange	Executive Scientific Director	Co-Principal Investigator	Amsterdam Institute for Global Health and Development
Dr. Steven van de Vijver	Senior Research Officer	Study Coordinator	African Population and Health Research Center
Dr. Samuel Oti	Senior Research Officer	Study Coordinator	African Population and Health Research Center

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 cardiovascular diseases such as hypertension and diabetes among people in this community. Your participation in this research is totally voluntary. The information we get from this research will help us in identifying those who might be suffering from cardiovascular diseases so that we can assist them to get good quality treatment and to live healthier and longer lives. Our findings 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 cardiovascular diseases in the community and the country. If you agree to participate then we will proceed to interview you as regards your health, your health-related behavior as well as your thoughts about your chances of getting cardiovascular diseases. After this, we will then measure your height, weight and the width of your waist, and blood pressure. We might also take a few drops of blood and measure your blood sugar levels on the spot if necessary. This interview will take about 30 minutes of your time. You will benefit directly by being told the results from the measurements we take. If you are found with cardiovascular diseases such as hypertension and/or diabetes, you will be advised on how to get treatment. You will also receive advice on how to live a healthy lifestyle. This interview is not expected to cause you any harm or discomfort, but you may feel a little pain if we take the blood drops. If you feel uncomfortable with certain questions you can choose not to answer them without any consequences. We, however, hope you will participate in this survey since your views are very important to us. All your information will be treated with confidentiality. We have a secure system that will ensure that no one apart from the main researchers of this study will have access to your personal information.

If you have any questions about the study do not hesitate to contact Dr. Catherine Kyobutungi on this number: 020 400 1000.

If you have any questions about your rights of participation in this study you may contact the Secretary, KEMRI/NERC on any of these numbers: 020 272 2541, 0722 205 901, 0733 400003

You will not be paid for participating in the study but those found with a cardiovascular disease will receive a voucher that will entitle them to get a free consultation at Provide International clinic.

1.10 Do you accept to participate in the study?

(Y=YES; N=NO; IF 'YES' SKIP TO 1.12)

1.11 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.

1.12 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

IF RESPONDENT IS ILLITERATE, ASK HIM/HER FOR A THUMBPRINT.

Witness Signature (for those giving a thumbprint only).....

1.13 FINAL RESULT OF INTERVIEW (**CODE SHEET A¹**)

OFFICE/FIELD CHECK DETAILS

1.14 FIELD SUPERVISOR'S/TEAM LEADER'S CODE

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1.15 DATA ENTRY CLERK'S CODE

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2.0 DEMOGRAPHICS		
Question / Instruction	Response categories	Skip to
2.10 How long have you lived in Korogocho/Viwandani?	YEARS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/>	
2.11 What is your <u>current</u> marital status?	Never Married..... '01 Currently Married/Cohabiting..... '02 Divorced..... '03 Separated..... '04 Widowed..... '05	
2.12 Have you ever been to school? IF NO, SKIP TO 2.3	YES.....1 NO.....2	→ 2.14
2.13 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	
2.14 What would you say is your main source of livelihood currently? CIRCLE ONLY <u>ONE</u> RESPONSE [IF NO SOURCE OF LIVELIHOOD CURRENTLY, SKIP TO 2.16] _____ (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 None currently..... 09 Other..... 96	→ 2.16
2.15 How much would you say your earn monthly on average? CIRCLE <u>ONE</u> RESPONSE	Nothing..... 00 Less than 250KES..... 01 250 to 499KES..... 02 500 to 749KES..... 03 750 to 999KES..... 04 1,000 to 2,499KES..... 05 2,500 to 4,900KES..... 06 5000 to 7,499KES..... 07 7,500 to 9,999KES..... 08 10,000 to 14,999KES..... 09 15,000 to 20,000KES..... 10 Above 20,000KES..... 11 DON'T KNOW..... 98	
2.16 What would you say has been your regular source of livelihood that you have been involved in during the last 12 months?	<div><input type="text"/><input type="text"/></div> 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 <div>SPECIFY</div>	

2.17 For how long have you been involved in the source of livelihood mentioned?	WEEKS 1 MONTHS 2 YEARS 3	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
2.18 On average, how many days in week do you do this work?	DAYS	<table border="1"> <tr><td></td><td></td></tr> </table>													
2.19 On average, how many hours in a day do you do this work?	HOURS	<table border="1"> <tr><td></td><td></td></tr> </table>													
2.20 How would you describe the place where you work/have been working in the last 12 months: would you say it is: a Next to a busy road b Near a place where cooking takes place (e.g. road side food) c In a dusty place d In a factory where the air is 'bad' e Not fixed (itinerant trader)		<table border="1"> <tr><th>Y</th><th>N</th></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </table>	Y	N	1	2	1	2	1	2	1	2	1	2	
Y	N														
1	2														
1	2														
1	2														
1	2														
1	2														
2.21 Did you participate in study on CVD conducted by APHRC from 2008-2009?	YES.....1 NO.....2	→	3.3.1												
2.22 Were you told by the interviewer that you had either hypertension or diabetes at that time?	YES.....1 NO.....2	→	3.3.1												
2.23 Were you referred to a clinic to receive free treatment for your hypertension or diabetes?	YES.....1 NO.....2	→	3.3.1												
2.24 Did you attend the clinic?	YES.....1 NO.....2	→	2.27												
2.25 Are you still enrolled in the clinic?	YES.....1 NO.....2	→	3.3.1												
2.26 Why did you drop out of the clinic?	<table border="0"> <tr> <td>Could no longer afford the medication after user fee was introduced</td> <td>01</td> </tr> <tr> <td>I felt better so did not need further treatment</td> <td>02</td> </tr> <tr> <td>My illness was not improving</td> <td>03</td> </tr> <tr> <td>The clinic days were inconvenient for me due to work</td> <td>04</td> </tr> <tr> <td>I preferred to seek alternative treatment (herbal, traditional, spiritual etc)</td> <td>05</td> </tr> <tr> <td>Other (specify)</td> <td>96</td> </tr> </table>			Could no longer afford the medication after user fee was introduced	01	I felt better so did not need further treatment	02	My illness was not improving	03	The clinic days were inconvenient for me due to work	04	I preferred to seek alternative treatment (herbal, traditional, spiritual etc)	05	Other (specify)	96
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My illness was not improving	03														
The clinic days were inconvenient for me due to work	04														
I preferred to seek alternative treatment (herbal, traditional, spiritual etc)	05														
Other (specify)	96														
2.27 Why did you not attend the free clinic even after you were told about your condition?	<table border="0"> <tr> <td>I did not feel sick so I did not see the need</td> <td>01</td> </tr> <tr> <td>The clinic days were inconvenient for me due to work</td> <td>02</td> </tr> <tr> <td>The clinic was too far for me</td> <td>03</td> </tr> <tr> <td>I did not believe the treatment was for free</td> <td>04</td> </tr> <tr> <td>I preferred to seek alternative treatment (herbal, traditional, spiritual etc)</td> <td>05</td> </tr> <tr> <td>Other (specify)</td> <td>96</td> </tr> </table>			I did not feel sick so I did not see the need	01	The clinic days were inconvenient for me due to work	02	The clinic was too far for me	03	I did not believe the treatment was for free	04	I preferred to seek alternative treatment (herbal, traditional, spiritual etc)	05	Other (specify)	96
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Other (specify)	96														
3 HISTORY OF CHRONIC CONDITIONS															
3.3.1 Diabetes															
3.3.1a Have you ever been diagnosed with <u>diabetes</u> (high blood sugar)? (Not including diabetes associated with a pregnancy)	YES.....1 NO.....2	→	3.3.2												
3.3.1b When were you diagnosed with diabetes?	MONTH	YEAR													

IF YEAR IS UNKNOWN, OR BOTH MONTH AND YEAR ARE UNKNOWN, CIRCLE 98. IF DATES ARE KNOWN, FILL THE BOXES AND SKIP TO 3.3.1d		<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>DON'T KNOW.....98</div>	3.3.1d
3.3.1c	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><div></div><div></div><div></div></div>
3.3.1d	Have you been taking insulin or other blood sugar lowering medications in the last 2 weeks?	YES.....1 NO.....2	
3.3.1e	Have you been taking insulin or other blood sugar lowering medications in the <u>last 12 months</u> ?	YES.....1 NO.....2	
3.3.1f	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	

3.3.2 Hypertension (High blood Pressure)		
3.3.2a	Have you ever been diagnosed with <u>high blood pressure</u> (hypertension)?	YES.....1 NO.....2 → 3.3.3
3.3.2b	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 3.3.2d	MONTH YEAR <div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> → 3.3.2d DON'T KNOW.....98
3.3.2c	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> <div></div><div></div> </div>
Question / Instruction		Response categories Skip to
3.3.2d	Have you been taking <u>medications or other treatment</u> for it during the <u>last 2 weeks</u> ?	YES.....1 NO.....2
3.3.2e	Have you been taking <u>medications or other treatment</u> for it during the <u>last 12 months</u> ?	YES.....1 NO.....2
3.3.3 Stroke		
3.3.3a	Have you ever been told by a health professional that you have had a stroke?	YES.....1 NO.....2 → 3.3.3f
3.3.3b	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 3.3.3d	MONTH YEAR <div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> → 3.3.3d DON'T KNOW.....98
3.3.3c	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> <div></div><div></div> </div>
3.3.3d	Have you been taking any medications or other treatment for stroke during the <u>last 2 weeks</u> ?	YES.....1 NO.....2
3.3.3e	Have you been taking any medications or other treatment for stroke during the <u>last 12 months</u> ?	YES.....1 NO.....2
3.3.3f	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
3.3.3g	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
3.3.4 Angina		
3.3.4a	Have you ever been diagnosed with angina or angina pectoris (a heart disease)?	YES.....1 NO.....2 → 3.3.4f
3.3.4b	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 3.3.4d	MONTH YEAR <div> <div></div><div></div><div></div><div></div><div></div><div></div> </div> → 3.3.4d DON'T KNOW.....98
3.3.4c	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> <div></div><div></div> </div>
3.3.4d	Have you been taking any medications or other treatment for angina in the <u>last 2 weeks</u> ?	YES.....1 NO.....2
3.3.4e	Have you been taking any medications or other treatment for angina in the <u>last 12 months</u> ?	YES.....1 NO.....2

3.3.4f	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																		
3.3.4g	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?	YES.....1 NO.....2	→ 4.0																		
3.3.4h	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																			
3.3.4i	If you stand still, what happens to the pain or discomfort? READ CHOICES	Pain is relieved..... 1 Pain is not relieved..... 2																			
3.3.4j	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	
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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																			
3.3.4k	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																			
Question / Instruction		Response categories	Skip to																		
4.0 Exposure to health promotion and behaviour change																					
4.10	In the last 12 months, have you received any information promoting behaviours that may prevent cardiovascular diseases such as diabetes, heart disease, cancers ?	YES..... 1 NO.....2	→ 5.0																		
4.11	What behaviours did you receive information 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																			
4.12	Where did you get this information from? 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) Newspaper..... 1 2 B) Television..... 1 2 C) Radio..... 1 2 D) Baraaza..... 1 2 E) Religious services..... 1 2 F) Community Health Worker .. 1 2 G) Religious Service..... 1 2 H) Posters or Flyers 1 2 I) Other..... 1 2																			
4.13	Did you change your own behaviour after you received this information?	YES..... 1 NO.....2	→ 5.0																		

4.14 What specific behaviours did you change?

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

Behaviour mentioned?	Y	N
A) Stopped Smoking.....	1	2
B) Reduced alcohol intake.....	1	2
C) Reduced weight.....	1	2
D) Reduced salt intake.....	1	2
E) Eating more vegetables.....	1	2
F) Eating more fruits.....	1	2
G) Doing regular exercises.....	1	2
H) Reduced fat intake	1	2
(Specify) I) Other.....	1	2

(Specify) I) Other..... 1 2

5.0 RISK FACTORS AND PREVENTIVE BEHAVIOUR

Now I am going to ask you some more 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

5.1 Have you ever smoked tobacco or used smokeless tobacco?

YES.....1

NO.....2

5.15

5.2 Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?

YES.....1

NO.....2

5.7

5.3 Do you currently smoke tobacco products daily?

YES.....1

NO.....2

5.7

Question / Instruction

Response categories

Skip to

5.4 How old were you when you first started smoking daily?

Years

IF AGE IS KNOWN, FILL THE BOX AND SKIP TO 5.6, IF DON'T REMEMBER CIRCLE 98

DON'T REMEMBER.....98

5.6

5.5 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 Ago

5.6 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

Manufactured cigarettes.....

Hand-rolled cigarettes.....

Pipes full of tobacco.....

Cigars, cheroots, cigarillos..

Other.....

5.10

(Specify)

5.7 In the past, did you ever smoke daily?

YES.....1

NO.....2

5.10

5.8 How old were you when you stopped smoking daily?

Years

IF AGE IS KNOWN, FILL THE BOX AND SKIP TO 6.10, IF DON'T REMEMBER CIRCLE 98

DON'T REMEMBER.....98

5.10

5.9 How long ago did you stop smoking daily?

RECORD IN ONLY 1 UNIT, (Y=Years, M=Months, W=Weeks)

UNIT
Number of units Ago

5.10 Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?

YES.....1

NO.....2

5.13

5.11 Do you currently use smokeless tobacco products daily?

YES.....1

NO.....2

5.13

5.12 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

Snuff, by mouth.....

Snuff, by nose.....

Chewing tobacco.....

Betel, quid.....

Kuber

Other.....

5.15

(Specify)

5.13 In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, kuber or betel] daily?		YES.....1 NO.....2																	
5.14 Over the past 12 months, what has been your typical exposure to <i>other</i> peoples tobacco smoke?		Less than one hour per week or no exposure..... 01 More than one hour per week..... 02																	
Alcohol Consumption																			
Now I am going to ask you some questions about the consumption of alcohol.																			
5.15 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	→ 5.26																
5.16 In the past 12 months, <u>how frequently</u> did you have at least <u>one</u> <u>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																
5.17 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"/>																	
5.18 How much of _____ (type of drink in 5.16a) 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																	
5.19 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																	
5.20 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?		Total No. of Standard drinks in a day <input type="text"/> <input type="text"/> DON'T KNOW.....98																	
<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>		Type of drink	Amount per day e.g 2x500ml, 3x1/2kg																
Type of drink	Amount per day e.g 2x500ml, 3x1/2kg																		
FW: PROMPT FOR ALL DRINKS HAD AND CALCULATE NUMBER OF STANDARD DRINKS USING SHOWCARDS IF DON'T KNOW, CIRCLE 98																			
FW: USE THE INFORMATION PROVIDED IN QNS. 5.16 AND 5.16a AND THE SHOWCARDS TO DETERMINE WHAT CONSTITUTES FIVE/FOUR STANDARD DRINKS TO ASK QN 5.18 AND 5.19																			
5.21 FW: IF RESPONDENT IS FEMALE, SKIP TO 5.19, ELSE ASK: In the past 12 months, on how many days did you have more than _____ bottles/cans/cups of _____ (type in 5.16a) 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	5.23																
5.22 In the past 12 months, on how many days did you have more than _____ bottles/cans/cups of _____ (type in 5.16a) in a single day? (EQUAL		<input type="text"/> <input type="text"/> <input type="text"/> DAYS																	

TO FOUR STANDARD DRINKS) IF DON'T KNOW, CIRCLE 998	DON'T KNOW.....998	
5.23 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 →	5.25

5.24 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	Day of week	Type of drink e.g 2 tusker,1 furaha	No. of standard drinks	
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			

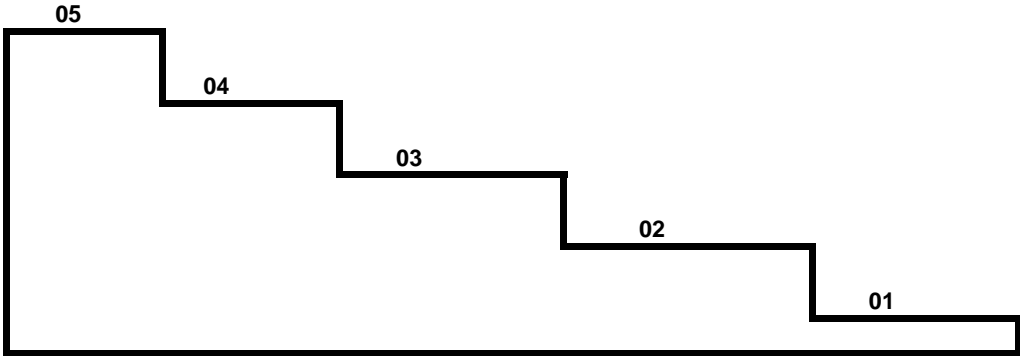
Diet	
5.25 The next questions ask about the fruits and vegetables that you eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last month.	
5.26 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 → 5.28
5.27 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
5.28 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 → 5.3
Question / Instruction	Response categories
5.29 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
5.30 Do you cook in your household/ are meals prepared in the household in which you live?	YES.....1 NO.....2 → 5.33
5.31 What is the name of the oil or fat that is <u>most often</u> used for meal preparation in your household? 5.32 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>
5.33 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 5.32a	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 → 5.36
5.34 Where do you mostly get food from, when you eat outside the home? <div style="text-align: right;"> <input type="text"/> (Specify) </div>	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

5.35 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 5.36	<div></div> <div></div> <div></div> <div></div>	
5.36 Do you eat deep fried foods or snacks or fast foods 3 or more times a week?	YES.....1 NO.....2	
5.37 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	5.4
5.38 How much salt do you add to your food when you are eating?	A pinch of salt 1 About half a teaspoon 2 About a teaspoon 3 More than a teaspoon 4	
5.39 Do you eat salty food or snacks one or more time a day?	YES.....1 NO.....2	
Question / Instruction	Response categories	Skip to
5.40 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 Other 96	
5.41 Do you put sugar in your beverages such as tea, coffee cocoa or porridge?	YES.....1 NO.....2	5.44
5.42 How many spoons of sugar do you usually put in a cup? IF DON'T KNOW CIRCLE 98	<div> <div></div> <div></div> </div> DON'T KNOW..... 98	5.44
5.43 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> <div></div> <div></div> </div>	
5.44 In the past 12 months have you ever taken a soft drink (e.g. Cola, Sprite, Fanta, Pespi etc..)?	YES.....1 NO.....2	5.47
5.45 In the past 12 months, <u>how frequently</u> have you had at least <u>one 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 Other 96	
5.46 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> <div></div> <div></div> </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.		
5.47 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	→ 5.50
5.48 In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	<input type="text"/> <input type="text"/> Days	
Question / Instruction	Response categories	Skip to
5.49 How much time do you spend doing vigorous-intensity activities at work on a typical day?	HOURS <input type="text"/> <input type="text"/>	
5.50 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	→ 5.53
5.51 In a typical week, on how many days do you do moderate-intensity activities as part of your work?	<input type="text"/> <input type="text"/> Days	
5.52 How much time do you spend doing moderate-intensity activities at work on a typical day?	HOURS <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.		
5.53 Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?	YES.....1 NO.....2	→ 5.56
5.54 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"/> <input type="text"/> Days	
5.55 How much time do you spend walking or cycling on a typical day?	HOURS <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).		
5.56 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	→ 5.59
5.57 In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	<input type="text"/> <input type="text"/> Days	
5.58 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"/>	
5.59 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	→ 5.62
5.60 In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	<input type="text"/> <input type="text"/> Days	
5.61 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"/>	
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].		

5.62 How much time do you usually spend sitting or reclining on a typical day (not including sleeping)?	HOURS <div></div> <div></div>	
5.63 How many hours do you usually spend sleeping in a typical 24 hour day?	<div></div> <div></div> Hours	
5.64 What level of financial stress do you feel?	Little or none..... 01 Moderate or severe..... 02	
5.65 How often have you felt stress in the last year?	Never or some periods 01 Several periods of stress or permanent stress 02	
5.66 During the past 12 months, was there ever a time you felt sad, blue or depressed for two weeks or more in a row?	YES.....1 NO.....2	
6.0 PERCEIVED PERSONAL RISK		
Question / Instruction	Response categories	Skip to
6.1 CHECK 3.3.1a, 3.3.2a, 3.3.3a and 3.3.4a, IF RESPONSE IS YES CIRCLE 6 AND MOVE TO 6.2 IF BOTH ARE NO ASK: Do you think your chances of getting cardiovascular disease (e.g. stroke or heart attack) ten years are, very high, high, moderate, low or very low CHOOSE ONLY <u>ONE</u> RESPONSE	Very high..... 01 High..... 02 Moderate..... 03 Low..... 04 Very low..... 05 Already have a CVD..... 06 I DON'T KNOW..... 98	6.2
6.2 Do you think your chances of getting another CVD are.....very high, high, moderate, low or very low? CHOOSE ONLY <u>ONE</u> RESPONSE	Very high..... 01 High..... 02 Moderate..... 03 Low..... 04 Very low..... 05 I DON'T KNOW..... 98	

6.3 Have you been screened for cardiovascular diseases in the 12 months?		YES.....1 NO.....2	→ 7.0																														
6.4 Where did you get screened? CHOOSE ONLY <u>ONE</u> RESPONSE _____ (Specify)		Health facility outside slum 01 Health facility in slum 02 Home visit by CHW 03 Medical Camp 04 Chemist/shop 05 Other 96																															
6.5 How did you find out about where to get screened? 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		<table><thead><tr><th></th><th>Y</th><th>N</th></tr></thead><tbody><tr><td>A) Newspaper.....</td><td>1</td><td>2</td></tr><tr><td>B) Television.....</td><td>1</td><td>2</td></tr><tr><td>C) Radio.....</td><td>1</td><td>2</td></tr><tr><td>D) Baraaza.....</td><td>1</td><td>2</td></tr><tr><td>E) Religious services.....</td><td>1</td><td>2</td></tr><tr><td>F) Community Health Worker ..</td><td>1</td><td>2</td></tr><tr><td>G) Religious Service.....</td><td>1</td><td>2</td></tr><tr><td>H) Posters or Flyers</td><td>1</td><td>2</td></tr><tr><td>I) Other.....</td><td>1</td><td>2</td></tr></tbody></table>		Y	N	A) Newspaper.....	1	2	B) Television.....	1	2	C) Radio.....	1	2	D) Baraaza.....	1	2	E) Religious services.....	1	2	F) Community Health Worker ..	1	2	G) Religious Service.....	1	2	H) Posters or Flyers	1	2	I) Other.....	1	2	
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H) Posters or Flyers	1	2																															
I) Other.....	1	2																															
6.7 How would you rate the quality of air in the community where you live (Viwandani/Korogocho)? Would you say it is: [ONLY ACCEPT A RESPONSE AFTER READING ALL OPTIONS]		VERY GOOD 01 GOOD 02 NEITHER GOOD NOR BAD 03 POOR 04 VERY POOR 05																															
6.8 How would you rate the quality of air in your house? Would you say it is: [ONLY ACCEPT A RESPONSE AFTER READING ALL OPTIONS]		VERY GOOD 01 GOOD 02 NEITHER GOOD NOR BAD 03 POOR 04 VERY POOR 05																															
6.9 Assume that people's level of annoyance due to indoor and outdoor air pollution from any source can be stacked on a ladder like the one shown here, with level 01 representing 'NO ANNOYANCE' and level 05 representing 'EXTREME ANNOYANCE'.  Where would you place yourself on this ladder with regards to annoyance due to: a) OUTDOOR AIR POLLUTION <input type="text"/> b) INDOOR AIR POLLUTION <input type="text"/> _____																																	
The following questions will touch on sources of air pollution inside and outside our homes. We will then discuss on the degree of health risks posed by the various sources of pollution.																																	

6.10 Which of the following would you say are the sources of outdoor and indoor air pollution within Korogocho/Viwandani?		<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>DUST</td> <td>1</td> <td>2</td> </tr> <tr> <td>VEHICLE EMISSIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>INDUSTRIAL EMISSIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>COOKING FUELS</td> <td>1</td> <td>2</td> </tr> <tr> <td>BURNING TRASH</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMELLY SEWAGE</td> <td>1</td> <td>2</td> </tr> <tr> <td>CIGARETTE SMOKING</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			Y	N	DUST	1	2	VEHICLE EMISSIONS	1	2	INDUSTRIAL EMISSIONS	1	2	COOKING FUELS	1	2	BURNING TRASH	1	2	SMELLY SEWAGE	1	2	CIGARETTE SMOKING	1	2	OTHER	1	2
	Y	N																												
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OTHER	1	2																												
<div style="text-align: center;"> <hr/> (SPECIFY) </div>																														
6.11 [IF ANY OF 6.10 IS YES]: How severe would you say is air pollution in Korogocho/Viwandani from (SOURCE)?																														
	LOW	MODERATE	HIGH	VERY HIGH	DON'T KNOW																									
01 DUST	1	2	3	4	8																									
02 VEHICLE EMISSIONS	1	2	3	4	8																									
03 INDUSTRIAL EMISSIONS	1	2	3	4	8																									
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06 SMELLY SEWAGE	1	2	3	4	8																									
07 CIGARETTE SMOKING	1	2	3	4	8																									
96 OTHER	1	2	3	4	8																									
6.12 How much health risk do you think each of the following is to you and your family?																														
	NONE	LOW	MODERATE	HIGH	VERY HIGH	DON'T KNOW																								
01 DUST	0	1	2	3	4	8																								
02 VEHICLE EMISSIONS	0	1	2	3	4	8																								
03 INDUSTRIAL EMISSIONS	0	1	2	3	4	8																								
04 COOKING FUELS	0	1	2	3	4	8																								
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07 CIGARETTE SMOKING	0	1	2	3	4	8																								
96 OTHER	0	1	2	3	4	8																								
6.13 What health problems do you think are brought about by air pollution?																														
PROBE: Any other?		COUGH/COLD		Y	N																									
		DIFFICULTY BREATHING		1	2																									
[CIRCLE 1 FOR ALL MENTIONED OPTIONS AND 2 OTHERWISE]		EYE PROBLEMS		1	2																									
		ASTHMA		1	2																									
		CANCER		1	2																									
		HEART PROBLEMS		1	2																									
		HEADACHE		1	2																									
<div style="text-align: center;"> <hr/> (SPECIFY) </div>		OTHER		1	2																									
<div style="text-align: center;"> <hr/> (SPECIFY) </div>		OTHER		1	2																									
6.14 In the past 12 months, have you received any information regarding air pollution including information on health risks associated with air pollution from any of the following sources?																														
				Y	N																									

			RADIO	1	2	
			TELEVISION	1	2	
			NEWSPAPERS/MAGAZINES	1	2	
[FW: READ THE OPTIONS]			BARAZAS	1	2	
[CIRCLE 1 FOR ALL MENTIONED OPTIONS			HEALTH WORKERS/FACILITIES	1	2	
AND 2 OTHERWISE]			OTHER SOURCES	1	2	
		(SPECIFY)				
7.0 ANTHROPOMETRICS AND BIOMARKERS						
Now we would like to measure a few things, like your blood pressure, your weight and height.						
7.1 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						
7.11 1st BP Reading	a	Systolic				
	b	Diastolic				
	c	Pulse rate				per minute
7.12 2nd BP Reading	a	Systolic				
	b	Diastolic				
	c	Pulse rate				per minute
7.13 3rd BP Reading	a	Systolic				
	b	Diastolic				
	c	Pulse rate				per minute
7.14 Average reading	a	Systolic				
	b	Diastolic				
	c	Pulse rate				per minute

Anthropometric measurements		
7.20 Can respondent stand up? IF NO, SKIP TO 16.28	YES.....1 NO.....2	→ 7.30
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		
7.21 Measured height in cm a 1st Reading <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b 2nd Reading <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	16.80 Measured waist circumference in cm a 1st Reading <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b 2nd Reading <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
7.22 Measured weight in kg a 1st Reading <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b 2nd Reading <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	16.90 Measured hip circumference in cm a 1st Reading <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> b 2nd Reading <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
Blood measurements FW: CHECK RESPONDENTS AGE, WAIST CIRCUMFERENCE, SEX AND AVERAGE BLOOD PRESSURE. IF OLDER THAN 55 YEARS OR MALE WITH WAIST CIRCUMFERENCE ABOVE 102CM OR FEMALE WITH WAIST CIRCUMFERENCE ABOVE 88CM OR AVERAGE SYSTOLIC BP IS > 140 mmHg OR AVERAGE DIASTOLIC IS > 90 mmHg THEN PERFORM BLOOD SUGAR TEST Now we are going to take some few drops of blood from your finger to test whether you have diabetes. 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		
7.30 At what time did you last have a meal? (RECORD TIME IN 24 HR FORMAT) <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> IF DON'T KNOW, FILL 9998 ANS SKIP TO 16.29		
7.31 FW: RECORD CURRENT TIME (24 HOUR FORMAT) ON RESPONDENT'S WATCH. IF RESPONDENT HAS NO WATCH USE YOUR OWN. <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> FW: FOLLOW INSTRUCTIONS IN YOUR MANUAL ON MEASUREMENT OF CHEMICAL BIOMARKERS		
Biomarker	Measurement	
7.32 Blood glucose	<table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> mmol/l	
8.0 FURTHER FOLLOW UP FOR DATA COLLECTION AND REFERRAL		
8.10 CHECK QN 7.14 IS THE AVERAGE SYSTOLIC BLOOD PRESSURE ≥ 140 mm Hg?	YES..... 1 NO..... 2	→ 8.2
8.11 CHECK QN 7.14 IS THE AVERAGE DIASTOLIC BLOOD PRESSURE ≥ 90 mm Hg?	YES..... 1 NO..... 2	→ 8.2
8.12 CHECK QN 7.32: IS THE BLOOD GLUCOSE READING ≥11.1mmol/l/? ≥ 140 mm Hg?	YES..... 1 NO..... 2	→ 8.2
8.2 REFER PATIENT FOR TREATMENT, FILL IN REFERRAL FORM AND INFORM TL Form filled and TL informed? 1=Yes , 2 =No <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>		
END THE INTERVIEW BY THANKING THE RESPONDENT		
8.3 END TIME (24 HOUR): <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>		

9.0 INTERVIEWER ASSESSMENT		
INTERVIEWER, PLEASE COMPLETE THE QUESTIONS BELOW BASED ON YOUR OWN OBSERVATION AND ASSESSMENT OF THE ENTIRE INTERVIEW PROCESS AND OF THE RESPONDENT		
9.1 What is your assessment of the respondent's cooperation? 1=Very good 2=Good 3=Moderate 4=Bad 5=Very bad	<input type="checkbox"/>	
9.2 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"/>	
9.3 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"/>	
9.4 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"/>	
9.5 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"/>	
9.6 Questions with doubtful answers (Explain) _____ _____ _____ _____		
9.7 Questions needing follow-up or clarification from supervisor (Explain) _____ _____ _____ _____ _____		
9.8 What questions did respondent find difficult, embarrassing or confusing? (Explain) _____ _____ _____ _____ _____		
9.9 What questions did you the interviewer find difficult, embarrassing or confusing? (Explain) _____ _____ _____ _____		
9.10 INTERVIEWER NOTES _____ _____ _____ _____		