

ENGLISH

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

1.0 IDENTIFICATION INFORMATION AND CONSENT

1.1 FIELD WORKER'S CODE

1.2 SITE

KOCH.....1

VIWANDANI.....2

1.3 DATE OF INTERVIEW (DD/MM/YYYY)

1.4 RESPONDENT'S ID

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

1.6 RESPONDENT'S SEX

(F=Female; M=Male)

1.7 RESPONDENT'S FULL NAME

1.8 ID OF ROOM WHERE RESPONDENT SLEEPS

1.9 MOBILE NUMBER

1.10 START TIME (24 HR-FORMAT)

INTRODUCTION AND CONSENT

Hello, my name is _____ and I work with the African Population and Health Research Centre.(APHRC). 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 indentifying 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

1.10 Do you accept to participate in the study?

(Y=YES; N=NO; IF 'YES' SKIP TO 1.13)

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

1.15 DATA ENTRY CLERK'S CODE

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 2.14	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	→ 2.21
2.15 How much would you say you 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	
2.21a Did you participate in the SCALE UP study on CVD conducted by APHRC	YES.....1 NO.....2	2.21
2.22a Were you told by the interviewer that you had either hypertension or diabetes at that time?	YES.....1 NO.....2	2.22

2.23a	Were you referred to a clinic to receive treatment for your hypertension or diabetes?	YES.....1 NO.....2	2.2
2.24a	Did you attend the clinic?	YES.....1 NO.....2	2.21
2.25a	Are you still enrolled in the clinic?	YES.....1 NO.....2	2.2
2.26a	Why did you drop out of the clinic?	<div style="text-align: right;"> Could no longer afford the medication 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 </div>	2.28
2.27a	Why did you not attend the clinic even after you were told about your condition?	<div style="text-align: right;"> 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 first treatment was for free 04 I preferred to seek alternative treatment (herbal, traditional, spiritual etc) 05 _____ Other (specify) 96 </div>	3.3.1
2.28	Did the CHW follow up his or her visit with you?	YES.....1 NO.....2	
2.29	Did you receive an automatic SMS from APHRC or the clinic?	YES.....1 NO.....2	
2.21	Did you participate in study on CVD conducted by APHRC from 2008-2009	YES.....1 NO.....2	
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?		
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	
2.27 Why did you not attend the free clinic even after you were told about your condition?		
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	
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
3.3.1b	When were you diagnosed with diabetes? 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	MONTH YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> DON'T KNOW.....98
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 <div style="border: 1px solid black; width: 20px; height: 20px;"></div> No. of units <div style="border: 1px solid black; width: 20px; height: 20px;"></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
3.3.2b	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 style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> 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 <div style="border: 1px solid black; width: 20px; height: 20px;"></div> No. of units <div style="border: 1px solid black; width: 20px; height: 20px;"></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																															
3.3.3a	Have you been screened for cardiovascular diseases in the last 12 months, for example measured BP or glucose?	YES.....1 NO.....2	4.0																														
3.3.3b	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																															
3.3.3c	How did you find out about where to get screened? DO NOT READ OPTIONS OUT. IF A RESPONSE IS MENTIONED CIRCLE 1. CIRCLE 2 FOR THE OPTIONS NOT MENTIONED BY THE RESPONDENT IF HE/SHE HAS STOPPED MENTIONING THEIR SOURCES.	<table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> </tr> <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> </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	
	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																															
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																														

<p>4.11 What behaviours did you receive information about? Probe: And what else?</p> <p>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.</p> <p>_____ (Specify)</p>	<p>Behaviour mentioned? Y N</p> <p>A) Stop Smoking..... 1 2</p> <p>B) Reduce alcohol intake.... 1 2</p> <p>C) Reduce weight..... 1 2</p> <p>D) Reduce salt intake..... 1 2</p> <p>E) Eat more vegetables..... 1 2</p> <p>F) Eat more fruits..... 1 2</p> <p>G) Do regular exercises..... 1 2</p> <p>H) Reduce fat intake 1 2</p> <p>I) Other..... 1 2</p>	
<p>4.12 Where did you get this information from?</p> <p>DO NOT READ OPTIONS OUT. IF A RESPONSE IS MENTIONED CIRCLE 1. CIRCLE 2 FOR THE OPTIONS NOT MENTIONED BY THE RESPONDENT IF HE/SHE HAS STOPPED MENTIONING THEIR SOURCES.</p> <p>_____ (Specify)</p>	<p>Source mentioned? Y N</p> <p>A) Newspaper..... 1 2</p> <p>B) Television..... 1 2</p> <p>C) Radio..... 1 2</p> <p>D) Baraaza..... 1 2</p> <p>E) Religious services..... 1 2</p> <p>F) Community Health Work..... 1 2</p> <p>G) Religious Service..... 1 2</p> <p>H) Posters or Flyers 1 2</p> <p>I) Other..... 1 2</p>	
<p>4.13 Did you change your own behaviour after you received this information?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	5.0
<p>4.14 What specific behaviours did you change?</p> <p>DO NOT READ OPTIONS OUT. IF A RESPONSE IS MENTIONED CIRCLE 1. CIRCLE 2 FOR THE OPTIONS NOT MENTIONED.</p> <p>_____ (Specify)</p>	<p>Behaviour mentioned? Y N</p> <p>A) Stopped Smoking..... 1 2</p> <p>B) Reduced or stopped alco..... 1 2</p> <p>C) Reduced weight..... 1 2</p> <p>D) Reduced salt intake..... 1 2</p> <p>E) Eating more vegetables.. 1 2</p> <p>F) Eating more fruits..... 1 2</p> <p>G) Doing regular exercises. 1 2</p> <p>H) Reduced fat intake 1 2</p> <p>I) Other..... 1 2</p>	
<p>5.0 RISK FACTORS AND PREVENTIVE BEHAVIOUR</p>		
<p>Now I am going to ask you some more questions about various health behaviours. This includes things like smoking,</p> <p>drinking alcohol, what you eat and physical activity. Let's start with tobacco.</p> <p>Tobacco use</p> <p>5.1 Have you <u>ever</u> smoked tobacco or used smokeless <u>tobacco</u>? YES.....1 NO.....2</p>		
<p>5.2 Do you <u>currently smoke</u> any tobacco products, such as cigarettes, cigars or pipes? YES.....1 NO.....2</p>		
<p>5.3 Do you currently smoke tobacco products <u>daily</u>? YES.....1 NO.....2</p>		

Alcohol Consumption		
Now I am going to ask you some questions about the consumption of alcohol.		
5.5.11	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
5.1	In the past 12 months, <u>how frequently</u> did you have at least <u>one</u> alcoholic drink? 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
5.13	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"/>
5.14	How much of _____ (type of drink in 5.13) do you drink <u>during one day</u> ? [TYPE may be bottle, glass, kasuku cup etc. AMOUNT is number of type above e.g. 2 bottles, 1 glass etc. QTY may be 500ml, 300 ml etc (USE SHOW CARDS)] _____	TYPE _____ AMOUNT <input type="text"/> <input type="text"/> . <input type="text"/> QTY <input type="text"/> <input type="text"/> <input type="text"/>
Diet		
5.2 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.		
5.2	In a typical week, on <u>how many days</u> do you eat fruit? IF DON'T KNOW, CIRCLE 98	<input type="text"/> <input type="text"/> DON'T KNOW.....98 IF 00 DAYS, SKIP TO
5.17	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	<input type="text"/> <input type="text"/> DON'T KNOW.....98
5.18	In a typical week, on how many days do you eat vegetables? IF DON'T KNOW, CIRCLE 98	<input type="text"/> <input type="text"/> DON'T KNOW.....98 IF 00 DAYS, SKIP TO

Question / Instruction	Response categories	Skip to
5.19 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: center;"> <input type="text"/> <input type="text"/> </div> DON'T KNOW.....98	
5.20 Do you cook in your household/ are meals prepared in the household in which you live?	YES.....1 NO.....2	5.15
5.21 What is the name of the oil or fat that is <u>most often</u> used for meal preparation in your household? FW: RECORD THE TYPE OF FAT MOST OFTEN USED [USE CODE SHEET B]	<div style="text-align: center;"> <hr style="width: 100px; border: 0.5px solid black;"/> <div style="display: flex; justify-content: center; gap: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	
5.25 Do you eat deep fried foods or snacks or fast foods at least 2 or 3 times a week?	YES.....1 NO.....2	
5.26 Do you add salt to your food when you are eating? (IF YES, HOW OFTEN?) CIRCLE ONLY <u>ONE</u> RESPONSE	Yes, most of the time..... 1 Yes, some of the time..... 2 Yes, but in rare cases..... 3 Never..... 4	5.18
5.27 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	
5.28 Do you eat salty food or snacks one or more time a day?	YES.....1 NO.....2	

Question / Instruction	Response categories	Skip to
5.29 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	
5.30 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 style="text-align: right;"> <input type="text"/> <input type="text"/> </div>	
5.31 In the past 12 months have you ever taken a soft drink (e.g. Coca-Cola, Sprite, Fanta, Pepsi etc.)?	YES.....1 NO.....2	5.47
5.32 In the past 12 months, <u>how frequently</u> have you had at least one soft drink? 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	
5.33 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 style="text-align: right;"> <input type="text"/> <input type="text"/> </div> DON'T KNOW.....98	
Physical Activity		
<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 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>		
5.34 Do you engage in any of the following types of physical activity? FW. READ OUT EACH OPTION AND TICK WHICHEVER APPLIES		
A) Work that involve Vigorous-Intensity activity for at least 10 minutes continuously	<div style="text-align: right;"> Y N <input type="checkbox"/> <input type="checkbox"/> </div>	
B) Work that involve Moderate-Intensity activity for at least 10 minutes continuously.	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>	
C) walking or riding on a bicycle to and from places continuously for at least 10 minutes.	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>	
D) Games , physical fitness exercises or leisure activities that involve vigorous intensity activity , continuously for at least 10 minutes	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>	
E) Sports , physical fitness exercises or leisure activities that involve moderate intensity activity , continuously, for at least 10 minutes.	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>	

Question / Instruction	Response categories	Skip to
<p>5.35 On How many days in a typical week do you engage in the following types of activities?</p> <p>[FW: ENTER 00 IF NOT APPLICABLE] FW. READ OUT EACH OPTION AND SELECT WHICHEVER APPLIES</p> <p>A) Work that involve Vigorous-Intensity activity for at least 10 minutes continuously</p> <p>B) Work that involve Moderate-Intensity activity for at least 10 minutes continuously.</p> <p>C) walking or riding on a bicycle to and from places continuously for at least 10 minutes.</p> <p>D) Games , physical fitness exercises or leissure activities that involve vigorous intensity activity, continuously for at least 10 minutes</p> <p>E) Sports , physical fitness exercises or leissure activities that involve mooderate intensity acctivity, cotinously, for at least 10 minutes.</p>	<p>DAYS</p> <p><input type="text"/> <input type="text"/> . <input type="text"/></p> <p><input type="text"/> <input type="text"/> . <input type="text"/></p> <p><input type="text"/> <input type="text"/> . <input type="text"/></p> <p><input type="text"/> <input type="text"/> . <input type="text"/></p> <p><input type="text"/> <input type="text"/> . <input type="text"/></p>	
<p>5.36 On a typical da How much time do you take doing the following types of physical activity?</p> <p>[FW: ENTER 00 WHERE NOT APPLICABLE] FW. READ OUT EACH OPTION AND SELECT WHICHEVER APPLIES</p> <p>A) Work that involve Vigorous-Intensity activity for at least 10 minutes continuously</p> <p>B) Work that involve Moderate-Intensity activity for at least 10 minutes continuously.</p> <p>C) walking or riding on a bicycle to and from places continuously for at least 10 minutes.</p> <p>D) Games , physical fitness exercises or leissure activities that involve vigorous intensity activity, continuously for at least 10 minutes</p> <p>E) Sports , physical fitness exercises or leissure activities that involve mooderate intensity acctivity, cotinously, for at least 10 minutes.</p>	<p>HOURS MINUTES</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>Sedentary behaviour</p> <p>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].</p>		
<p>5.37 How much time do you usually spend sitting or reclining on a typical day (not including sleeping)?</p>	<p>HOURS MINUTES</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>5.38 How many hours do you usually spend sleeping in a typical 24 hour day?</p>	<p>HOURS MINUTES</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>5.39 What level of financial stress do you feel?</p>	<p>Little or none..... 01</p> <p>Moderate or severe.... 02</p>	

5.40 How often have you felt stress in the last year?		Never or some periods 01 Several periods of stress or permanent stress 02	
5.41 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 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) within the next ten years are, very high, high, moderate, low or very low CHOOSE ONLY ONE 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 ONE RESPONSE		Very high..... 01 High..... 02 Moderate..... 03 Low..... 04 Very low..... 05 I DON'T KNOW..... 98	
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	<input type="text"/> <input type="text"/> <input type="text"/>
	b	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>
	c	Pulse rate	<input type="text"/> <input type="text"/> <input type="text"/> per minute
7.12 2nd BP Reading	a	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>
	b	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>
	c	Pulse rate	<input type="text"/> <input type="text"/> <input type="text"/> per minute
7.13 3rd BP Reading	a	Systolic	<input type="text"/> <input type="text"/> <input type="text"/>
	b	Diastolic	<input type="text"/> <input type="text"/> <input type="text"/>
	c	Pulse rate	<input type="text"/> <input type="text"/> <input type="text"/> per minute

7.14 Averag IT IS IMPORTANT THAT THE RESPONDENT IS RELAXED, SO MAKE HIM/HER RELAX	
b Diastolic	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
c Pulse rate	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> per minute
Anthropometric measurements	
7.20 Can respondent stand up? IF NO, SKIP TO 16.28	
YES.....1 NO.....2	
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 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> b 2nd Reading <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>	7.23 Measured waist circumference in cm a 1st Reading <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> b 2nd Reading <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>
7.22 Measured weight in kg a 1st Reading <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> b 2nd Reading <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>	7.24 Measured hip circumference in cm a 1st Reading <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> b 2nd Reading <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>
7.25 Body Mass Index <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
Blood measurements	
7.26 Respondent eligible for Blood Glucose?	
YES.....1 NO.....2	
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 little.	
7.30 At what time did you last have a meal? (RECORD TIME IN 24 HR FORMAT) <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> 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. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
FW: FOLLOW INSTRUCTIONS IN YOUR MANUAL ON MEASUREMENT OF CHEMICAL BIOMARKERS	
Biomarker	Measurement
7.32 Blood glucose	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> mmol/l
8.10 Respondent eligible for referral?	
YES..... 1 NO..... 2	
END THE INTERVIEW BY THANKING THE RESPONDENT	
8.3 END TIME (24 HOUR): <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

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"/>	
END THE INTERVIEW BY THANKING THE RESPONDENT		
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		
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		
9.6 Questions with doubtful answers (Explain)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9.7 Questions needing follow-up or clarification from supervisor (Explain)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9.8 What questions did respondent find difficult, embarrassing or confusing? (Explain)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9.9 What questions did you the interviewer find difficult, embarrassing or confusing (Explain)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9.10 INTERVIEWER NOTES		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		