

## Kenya 2015 (12-March-2015)

Participant Identification Number (seven digits)

### Survey Information

Survey Information		
Location and Date	Response	Code
Cluster/Centre/Village ID (4 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I1
Cluster/Centre/Village name (20 characters)		I2
County Name (20 digits)		X1
Location \Residence	Rural 1 Urban 2	X2a
Household number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	X2b
Interviewer ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	I3
Date of interview	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd mm year	I4
Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5
Interview Language	English 1 Kiswahili 2 Other 3	I6
Time of interview (24 hour clock)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> hrs mins	I7
Family Surname		I8
First Name		I9
Contact phone number where possible (10 digits)		I10

## Step 1 Demographic Information

Demographic Information		
Question	Response	Code
Sex ( <i>Record Male / Female as observed</i> )	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _   _ _ _   _ _ _ _  If known, Go to C4 dd mm year	C2
How old are you?	Years  _ _	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years  _ _	C4
What is the <b>highest level of education</b> you have completed?  <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	No formal schooling 1 primary school incomplete 2 Primary school completed 3 Secondary school incomplete 4 Secondary school completed 5 A-level completed 6 College/University completed 7 Post graduate degree 8 Refused 88	C5
What is your <i>ethnic background</i> ?	Borana 1 Embu 2 Kalenjin 3 Kamba 4 Kikuyu 5 Kisii 6 Luhya 7 Luo 8 Maasai 9 Meru 10 Miji Kenda 11 Somali 12 Turkana 13 Others 14 Refused 88	C6
What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7

Question	Response	Code
Which of the following best describes your <b>main work</b> status over the past 12 months?	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid/volunteer 4 Student 5 Homemaker (housewife/house husband) 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
How many people older than 18 years, including yourself, live in your household?	Number of people  _ _	C9
What is the main source of drinking water for members of your household? (Choose ONLY One)	Piped water (into dwelling) 11 Piped into compound, yard or Piped to neighbor 13 Piped to water kiosk 14 Public tap/standpipe 15 Tubewell/Borehole 21 Dug well (protected) 31 Dug well (unprotected) 32 Spring water (protected) 41 Spring water (unprotected) 42 Rainwater collection 51 Tanker-truck 61 Cart with small tank/drum 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) 81 Bottled water 91 Other ( <i>specify</i> ) 96	X3
	Others	X3others

Question	Response	Code
What kind of toilet facility do members of your household usually use?	Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place/not sure/DK 15 Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab/open 23 Composting toilet 31 Bucket 41 Hanging toilet/hanging latrine 51 No facilities or bush or field or ocean 95 Other (specify) 96	X4
	Others _____	X4others
Main material of the dwelling floor: Record observation	Earth/sand 11 Dung 12 Wood planks 21 Palm/bamboo 22 Parquet or polished wood 31 Vinyl or asphalt strips 32 Ceramic tiles 33 Cement 34 Carpet 35 Other (specify) 96	X5
	Other _____	X5others
<b>Main</b> material of the roof: Record observation (Choose ONLY One)	No Roof 11 Grass/Thatch/Makuti 12 Dung/Mud 13 Corrugated iron (Mabati) 21 Tin cans 22 Asbestos sheet 31 Concrete 32 Tiles 33 Others 96	X6
	Others _____	X6others



Question	Response	Code
Main materials of the walls: Record observation	No walls 11 Cane/palm/trunks 12 Dirt 13 Bamboo with mud 21 Stone with mud 22 Uncovered adobe 23 Plywood 24 Cardboard 25 Reused wood 26 Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks 34 Covered adobe 35 Wood planks/shingles 36 Other (specify) 96	X7
	Others _____	X7others
What type of fuel does your household mainly use for cooking?	Electricity 01 Liquefied Petroleum Gas 02 Natural gas 03 Biogas 04 Kerosene 05 Coal / Lignite 06 Charcoal 07 Wood 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11 Other (specify) 96 No food cooked in the 97	X8
Does this household or any member of ther household own any of the following items?	a. Electricity <i>1 =Yes, 2=No</i> b. Radio <i>1 =Yes, 2=No</i> c. Television <i>1 =Yes, 2=No</i> d. Mobile Telephone <i>1 =Yes, 2=No</i> e. Non-Mobile Telephone <i>1 =Yes, 2=No</i> f. Refrigerator <i>1 =Yes, 2=No</i> g. Washing machine <i>1 =Yes, 2=No</i> h. Computer <i>1 =Yes, 2=No</i> i. Watch <i>1 =Yes, 2=No</i> j. Bicycle <i>1 =Yes, 2=No</i> k. Motorcycle/scooter <i>1 =Yes, 2=No</i> l. Animal Drawn Cart <i>1 =Yes, 2=No</i> m. Car/Truck <i>1 =Yes, 2=No</i> n. Boat with motor <i>1 =Yes, 2=No</i>	X9a X9b X9c X9d X9e X9f X9g X9h X9i X9j X9k X9l X9m X9n
Do you or someone living in this household own this dwelling or do you rent this dwelling?	Own 1 Rent 2	X10

	Rent free/squatter/other	3	
Does your household employ any help (such as house help, shamba man etc)?	Yes	1	X11
	No	2	
Does any member of this household own any agricultural land?	Yes	1	X12
	No	2	
Does this household own any livestock, herds, other farm animals, or poultry?	Yes	1	X13
	No	2 If no, skip to T1	
How many of the following animals does the household own?	a. Local Cattle		X14a
	b. Exotic/grade cattle		X14b
	c. Horse/donkey/camel		X14c
	d. goat		X14d
	e. sheep		X14e
	f. chicken/goose/duck		X14f
	g. Pigs		X14g
	h. Camel		X14h
	If don't know, record		
	888		

### Step 1 Behavioural Measurements

#### CORE: Tobacco Use

Now I am going to ask you some questions about tobacco use.

Question	Response	Code
Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, hand-rolled, cigars, waterpipes/shisha, or pipes/kiko? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
How old were you when you <b>first started</b> smoking?	Age (years) Don't know 77  _ _  <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years  _ _  <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months  _ _  <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks  _ _	T4c
On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes  _ _ _ _ _ _ _ _   _ _ _ _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarettes  _ _ _ _ _ _ _ _   _ _ _ _ _ _ _ _	T5b/T5bw
	Pipes full of tobacco (Kiko)  _ _ _ _ _ _ _ _   _ _ _ _ _ _ _ _	T5c/T5cw
	Cigars, cheroots, cigarillos  _ _ _ _ _ _ _ _   _ _ _ _ _ _ _ _	T5d/T5dw
Number of Shisha sessions  _ _ _ _ _ _ _ _   _ _ _ _ _ _ _ _	T5e/T5ew	

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	Other _____ <i>If Other, go to T5other, else go to T6</i>	T5f/T5f w
	Other (please specify): _____	T5other/ T5other w
During the past 12 months, have you tried to <b>stop smoking</b> ?	Yes 1	T6
	No 2	

Question	Response	Code
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you <b>ever smoke</b> any tobacco products? ( <i>USE SHOWCARD</i> )	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you <b>ever smoke daily</b> ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9
How old were you when you <b>stopped</b> smoking?	Age (years)  _ _  <i>If Known, go to T12</i> Don't Know 77	T10
How <b>long ago</b> did you stop smoking? ( <i>RECORD ONLY 1, NOT ALL 3</i> ) <i>Don't Know 77</i>	Years ago  _ _  <i>If Known, go to T12</i>	T11a
	OR Months ago  _ _  <i>If Known, go to T12</i>	T11b
	OR Weeks ago  _ _	T11c
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as <i>snuff, chewing tobacco, kuber, , pan?</i> ( <i>USE SHOWCARD</i> )	Yes 1 No 2 <i>If No, go to T15</i>	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T14aw</i>	T13
On average, how many <b>times a day/week</b> do you use .... <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	DAILY↓ WEEKLY↓	
	Snuff, by mouth  _ _ _ _ _   _ _ _ _ _	T14a/ T14aw
	Snuff, by nose  _ _ _ _ _   _ _ _ _ _	T14b/ T14bw
	Chewing tobacco e.g. kuber  _ _ _ _ _   _ _ _ _ _	T14c/ T14cw
	Betel, quid with tobacco (pan)  _ _ _ _ _   _ _ _ _ _	T14d/ T14dw
	Other  _ _ _ _ _   _ _ _ _ _  <i>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
Other (please specify):  _ _ _ _ _   _ _ _ _ _  <i>If T13=No, go to T16, else go to T17</i>	T14othe r/ T14othe rw	
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>snuff, chewing tobacco, kuber, or pan?</i>	Yes 1 No 2 <i>If No, go to T17</i>	T15



Question	Response	Code
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>snuff, chewing tobacco, or betel</i> <b>daily</b> ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke <b>in your home</b> ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed 3	T18
Have you ever used an electronic cigarette?"	Yes 1 No 2 Don't know 3	X15

### Alcohol Consumption

The next questions ask about the consumption of alcohol. When asking about amount of alcohol consumed, you can tell me what types of alcohol you were drinking and I will calculate how much this is when measured in "standard unit of alcohol" or "standard drink" which is the amount of alcohol you find in a small beer, one glass of wine, or one tot of spirits.

Question	Response	Code
Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits, fermented cider, changaa, busaa, or any other local brew? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1
Have you consumed any alcohol within the <b>past 12 months</b> ?	Yes 1 <i>If Yes, go to A4</i> No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 <i>If Yes, go to D1</i> No 2 <i>If No, go to D1</i>	A3

Question	Response	Code
During the past 12 months, <b>how frequently</b> have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4
Have you consumed any alcohol within the <b>past 30 days</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	A5
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?	Number Don't know 77  _ _	A6
During the past 30 days, when you drank alcohol, <b>how much did you on average drink</b> during one drinking occasion? (USE SHOWCARD)	Number of standard units of alcohol Don't know 77  _ _	A7

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<p>During the past 30 days, what was the <b>largest number</b> of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?</p>	<p>Largest number of standard units of alcohol Don't Know 77    <input type="text"/></p>	<p>A8</p>
<p>During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion?</p>	<p>Number of times Don't Know 77    <input type="text"/></p>	<p>A9</p>
<p>During each of the <b>past 7 days</b>, how many standard drinks did you have each day? <i>(USE SHOWCARD)</i> <i>Don't Know 7</i></p>	<p>Monday    <input type="text"/></p>	<p>A10a</p>
	<p>Tuesday    <input type="text"/></p>	<p>A10b</p>
	<p>Wednesday    <input type="text"/></p>	<p>A10c</p>
	<p>Thursday    <input type="text"/></p>	<p>A10d</p>
	<p>Friday    <input type="text"/></p>	<p>A10e</p>
	<p>Saturday    <input type="text"/></p>	<p>A10f</p>
	<p>Sunday    <input type="text"/></p>	<p>A10g</p>

Alcohol Consumption, continued		
I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another		
Question	Response	Code
During the <b>past 7 days</b> , did you consume any <b>homebrewed</b> alcohol (excluding changaa, busaa or muratina) or any alcohol <b>not intended for drinking</b> ? (USE SHOWCARD)	Yes 1 No 2    If No, go to D1	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ? (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. changaa     _ _	A12a
	Homebrewed beer or wine, e.g. Busaa, muratina, mnazi, mkoma beer, or fruit wine     _ _	A12b
	Alcohol brought over the border/from another country     _ _	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves     _ _	A12d
	Other untaxed alcohol in the country     _ _	A12e

Diet		
The next questions ask about the fruits and vegetables that you usually 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 (one serving). As you answer these questions please think of a typical week in the last year.		
Question	Response	Code
In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _     If Zero days, go to D3	D1
How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77     _ _	D2
In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _     If Zero days, go to D5	D3
How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77     _ _	D4

<b>Dietary</b>		
<p>With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soya sauce or fish sauce (see show cards). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>packaged salty snacks e.g crisps</i>, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.</p>		
<b>Question</b>	<b>Response</b>	<b>Code</b>
<p>How often do you <b>add salt or a salty sauce such as soya sauce</b> to your food right before you eat it or as you are eating it? (USE SHOWCARD)</p>	<p>Always (every meal) 1 Often (most meals) 2 Sometimes (every week ) 3 Rarely (not every week) 4 Never 5 Don't know 77</p>	D5
<p>How often is <b>salt, salty seasoning or a salty sauce put</b> in the food when cooking or preparing foods in your household?</p>	<p>Always (every meal) 1 Often (most meals) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5 Don't know 77</p>	D6
<p>How often do you eat <b>processed food high in salt</b>? By processed food high in salt, I mean foods that have been altered from their natural state, such as njugu-karanga, packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and</p>	<p>Always (every meal) 1 Often (most meals) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5 Don't know 77</p>	D7
<p><b>How much salt or salty sauce</b> do you think you consume?</p>	<p>Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77</p>	D8
<p>How important to you is <b>lowering the salt</b> in your diet?</p>	<p>Very important 1 Somewhat important 2 Not at all important 3 Don't know 77</p>	D9
<p>Do you think that too much salt or salty sauce in your diet could cause a <b>health problem</b>?</p>	<p>Yes 1 No 2 Don't know 77</p>	D10
<p>Do you do any of the following on a regular basis to <b>control your salt intake</b>? (RECORD FOR EACH)</p>		
<p>Limit consumption of processed foods</p>	<p>Yes 1 No 2 Not applicable 3</p>	D11a
<p>Look at the salt or sodium content on food labels</p>	<p>Yes 1 No 2 Not applicable 3</p>	D11b

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Question	Response	Code
Buy low salt/sodium alternatives	Yes 1 No 2 Not applicable 3	D11c
Use spices other than salt when cooking	Yes 1 No 2 Not applicable 3	D11d
Avoid eating foods prepared outside of a home	Yes 1 No 2 Not applicable 3	D11e
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go</i> No 2 Not applicable 3	D11f
Other (please specify)	_ _ _ _ _ _ _ _ _	D11other
The next questions ask about the oil or fat that is most often used for meal preparation in your household, and about meals that you eat outside a home.		
What type of <b>oil or fat is most often</b> used for meal preparation in your household?  (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil (liquid) 1	D12
	Vegetable fat (solid) 2	
	Lard or suet 3	
	Butter or ghee 4	
	Margarine 5	
	Palm Oil 6	
	Coconut Oil 7	
	Other 8 <i>If Other, go to D12 other</i>	
	None in particular 9	
	None used 10	
Don't know 77	D12other	
Other  _ _ _ _ _ _ _ _ _ _		
On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77  _ _	D13

### Dietary Sugar Intake

With the next questions, we would like to learn more about sugar in your diet. Dietary sugar includes ordinary sugar, refined sugar such as candy, chocolate, fizzy drinks (see show card). The following questions are on adding sugar to beverages right before you drink them, on how sweet beverages foods are prepared in your home, on eating processed foods that are high in sugar such as packaged snacks and questions on controlling your sugar intake. Please answer the questions even if you consider yourself to eat a diet low in sugar.

Question	Response	Code
How often do you <b>add sugar to your beverages</b> right before you drink them or as you are drinking them?  (SELECT ONLY ONE) (USE SHOWCARD)	Always (every drink) 1 Often (every day but not  _ _ _ _ _ _ _ _ _ _ ) 2 Sometimes (every week) 3 Rarely (not every week) 4 Never 5	X16

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	Don't know 77	
In a typical week on how many days do you take soda (carbonated drinks) like fanta, coca cola, 7-up, Afya, Softa, Vimto, or other sugary drinks?	Number of days Don't Know 77     _ _     If Zero days, go to x18	X17a
How many 300ml bottles do you take each time you drink soda on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77     _ _	X17b
<b>Question</b>	<b>Response</b>	<b>Code</b>
How often do you eat <b>processed food high in sugar</b> ? By processed food high in sugar, I mean biscuits, wafers, cakes, candy, sweets and chocolate and alike? (USE SHOWCARD)	Always (every meal) 1 Often (every day) 2 Sometimes (every week) 3 Rarely 4 Never 5 Don't know 77	X18
<b>How much sugar</b> do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	X19
How important to you is <b>lowering the sugar</b> in your diet?	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	X20
Do you think that too much sugar in your diet could cause a <b>health problem</b> ?	Yes 1 No 2 Don't know 77	X21
Do you do any of the following on a regular basis to <b>control your sugar intake</b> ? (RECORD FOR EACH)		
Minimize the amount of sugar used in beverages	Yes 1 No 2	X22a
Limit consumption of soda and sugary drinks	Yes 1 No 2	X22b
Limit consumption of processed foods	Yes 1 No 2	X22c
Use of natural/unrefined alternatives	Yes 1 No 2	X22d
Do other things specifically to control your sugar intake	Yes 1 No 2	X22e
Other (please specify)	_ _ _ _ _ _ _ _ _ _	X22other

**Physical Activity**

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions 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 hunting for food, seeking employment. *[Insert other examples if needed]*. 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 activities that require moderate physical effort and cause small increases in breathing or heart rate.

**Work**

Question	Response	Code	Question
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>carrying or lifting heavy loads, digging or construction work</i> for at least 10 minutes continuously?	Yes 1 No 2	If No, go to P 4	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days	_	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes	_  :  _  hrs mins	P3 (a-b)
Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or <i>carrying light loads</i> for at least 10 minutes	Yes 1 No 2	If No, go to P 7	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days	_	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes	_  :  _  hrs mins	P6 (a-b)



Travel to and from places		
Question	Response	Code
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 to and from places. For example to work, for shopping, to market, to place of worship.		
Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 <i>If No, go to P</i> 10	P7
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days  _	P8
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes       _ _  :  _ _  hrs mins	P9 (a-b)
Recreational activities		
Question	Response	Code
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 ( <i>leisure</i> ),		
Do you do any vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like running or playing football for at least 10 minutes continuously?	Yes 1 No 2 <i>If No, go to P</i> 13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days  _	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes       _ _  :  _ _  hrs mins	P12 (a-b)
Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball for at least 10	Yes 1 No 2 <i>If No, go to</i> P16	P13
Question	Response	Code
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days  _	P14

How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	_____ : _____ Hours : minutes          hrs mins	P15 (a-b)
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Sedentary behavior		
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, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. (USE SHOWCARD)		
How much time do you usually spend sitting or reclining on a typical day?	_____ : _____ Hours : minutes          hrs mins	P16 (a-b)

History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 H6 <i>If No, go to</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 H6 <i>If No, go to</i>	H2a
Have you been told in the past 12 months?	Yes 1 No 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 H12 <i>If No, go to</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 H12 <i>If No, go to</i>	H7a
Have you been told in the past 12 months?	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

History of Raised Total Cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases		
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2 Don't know 3	H18
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1 No 2 Don't know 3	H19

Lifestyle Advice		
During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce the use of alcohol/ don't start	Yes 1 No 2	H20b
Reduce salt in your diet	Yes 1 No 2	H20c
Reduce use of refined sugar in your diet	Yes 1 No 2	H20d
Eat at least five servings of fruit	Yes 1	H20e

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and/or vegetables each day	No 2	
Reduce fat in your diet	Yes 1 No 2	H20f
Start or do more physical activity	Yes 1 No 2	H20g
Did not see a physician within the last 3 years		

Question	Response	Code
Maintain a healthy body weight or lose weight	Yes 1 No 2	H20h
Where is your primary source of health care?	Self-medication 1 Herbal/alternative therapy 2 Dispensaries 3 Community Health Worker 4 Health center 5 Sub county/district hospitals 6 County referral hospital (provincial) 7 National referral 8 Private clinic 9 Private hospital 10 OTC/pharmacy 11	X23

### Cervical Cancer Screening

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina/cervix, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

Question	Response	Code
<b>For men and women:</b> Have you heard of the cervical cancer screening methods described above??	Yes 1 No 2 Don't know 77	X24
<b>For women only:</b> Have you ever had a screening test for cervical cancer, using any of these methods described	Yes 1 No 2	CX1

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above?	Don't know 77
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Injury		
The next questions ask about different experiences and behaviours that are related to		
Question	Response	Code
In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	All of the time 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4 No seat belt in the vehicle I usually am in 5 Don't Know 77 Refused 88	V1
In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?	All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88	V2
In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to V5</i> Don't know 77 <i>If don't know, go to V5</i> Refused 88 <i>If Refused, go to V5</i>	V3
Did you have any injuries in this road traffic crash which required medical attention?	Yes 1 No 2 Don't know 77 Refused 88	V4
The next questions ask about the most serious <b>accidental</b> injury you have had in the past 12 months.		
In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention?	Yes 1 No 2 <i>If No, go to V8</i> Don't know 77 <i>If don't know, go to V8</i> Refused 88 <i>If Refused, go to V8</i>	V5
Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite/attack 6 Other (specify) 7 Don't know 77	V6

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\_\_\_\_\_

	Refused	88	
	Other (please specify)	_____	V6oth er



Question	Response	Code
Where were you when you had this injury?	Home 1 School 2 Workplace 3 Road/Street/Highw 4 Farm 5 Sports/athletic 6 Other (specify) 7 Don't know 77 Refused 88	V7
	Other (please specify) _____	V7oth or

Unintentional Injury		
The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger.		
Question	Response	Code
In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle?	Always 1 Sometimes 2 Never 3 Did not ride in the 4 Don't Know 77 Refused 88	V8
In the past 30 days, how often did you cross the road at a designated crossing area (zebra crossing, foot bridge)?	Every time I 1 crossed the road Sometimes 2 Never 3 Have not had to 4 cross a road in the past 30 days The roads I cross 5 do not have designated Don't Know 77	X25
In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times _____ Don't Know 77 Refused 88	V9
In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? (USE SHOWCARD)	Number of times _____ Don't Know 77 Refused 88	V10

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Violence		
The following questions are about different experiences and behaviours that are		
Question	Response	Code
In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention?	Never 1	V11
	Rarely (1- 2) 2	
	Sometimes (3 - 5) 3	
	Often (6 or more) 4	
	Don't know 77	
	Refused 88	
The next questions ask about the most serious violent incidence you have had in the		
Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS)	Being shot with a firearm 1	V12
	A weapon (other than a firearm) was used by the person who injured me 2	
	Being injured without any weapon (slapped, pushed...) 3	
	Other (specify) 4	
	Don't know 77	
	Refused 88	
	-----	V12ot
	-----	her
Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1	V13
	Parent 2	
	Child, sibling, or other relative 3	
	Friend /acquaintance/nei 4	
	Unrelated 5	
	Stranger 6	
	Official or legal 7	
	Other (specify) 8	
	Refused 88	
	Other (please specify) _____	V13ot
		her

Oral Health		
The next questions ask about your oral health status and related behaviours.		
Question	Response	Code
How many <b>natural teeth</b> do you have?	No natural teeth 1 <i>If no natural</i> 1 to 9 teeth 2 10 to 19 teeth 3 20 to 27 teeth or more 4 28 to 32 teeth 5 Don't know 77	01
How would you describe the <b>state of your teeth?</b>	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77	02
How would you describe the <b>state of your gums?</b>	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't know 77	03
Do you have any <b>removable dentures?</b>	Yes 1 No 2 <i>If No, go to 06</i>	04
Which of the following removable dentures do you have? (RECORD FOR EACH)		
An upper jaw denture	Yes 1 No 2	05a
A lower jaw denture	Yes 1 No 2	05b
During the past 12 months, did your teeth or mouth cause any <b>pain or discomfort?</b>	Yes 1 No 2	06
The last time you had pain or discomfort with your teeth or mouth, what did you do first of all?	Went to consult a Traditional healer 1 Went to Health dispensary 2 Went to Public Medical Center\Hospital 3 Went to Private Medical Center\Hospital 4 Went to a Private Dental Clinic 5 Went to a Pharmacy 6 I used self-medication only 7 I did not use or do anything 8 Did other things 9 Don't know 77	X26
	Other (please Specify)  _ _ _ _ _ _ _ _ _ _	X26other
How long has it been since you last <b>saw a dentist?</b>	Less than 6 months 1 6-12 months 2 More than 1 year but less 3	07

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	2 or more years but less	4	
	5 or more years	5	
	Never received dental care	6 <i>If Never,</i>	

Question	Response	Code
What was the <b>main reason for your last visit</b> to the dentist?	Consultation / advice 1 Pain or trouble with teeth, 2 Treatment / Follow-up 3 Routine check-up treatment 4 Other 5 <i>If Other, go to 08other</i>	08
	Other (please specify)  _ _ _ _ _ _ _ _ _ _	08other
How <b>often do you clean</b> your teeth?	Never 1 <i>If Never, go to 013a</i> Once a month 2 2-3 times a month 3 Once a week 4 2-6 times a week 5 Once a day 6 Twice or more a day 7	09
Do you use <b>toothpaste</b> to clean your teeth?	Yes 1 No 2 <i>If No, go to 012a</i>	010
Do you use <b>toothpaste</b> containing <b>fluoride</b> ?	Yes 1 No 2 Don't know 77	011
Do you use any of the following to <b>clean your teeth</b> ?		
Toothbrush	Yes 1 No 2	012a
Wooden toothpicks	Yes 1 No 2	012b
Plastic toothpicks	Yes 1 No 2	012c
Thread (dental floss)	Yes 1 No 2	012d
Charcoal	Yes 1 No 2	012e
Chewstick / miswak	Yes 1 No 2	012f
Other	Yes 1 <i>If Yes, go to 012g</i> No 2	012g
Other (please specify)  _ _ _ _ _ _ _ _ _ _		012other
How often do you replace your tooth brush?		
Have you <b>experienced any of the following problems</b> during the past 12 months because of the <b>state of your teeth</b> ? (RECORD FOR EACH)		
Difficulty in chewing foods	Yes 1 No 2	013a
Difficulty with speech/trouble pronouncing words	Yes 1 No 2	013b
Felt tense because of problems with teeth or mouth	Yes 1 No 2	013c
Embarrassed about appearance of teeth	Yes 1 No 2	013d

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Avoid smiling because of teeth	Yes 1 No 2	O13e
Sleep is often interrupted	Yes 1 No 2	O13f

Question	Response	Code
Days not at work (or school) because of teeth or mouth	Yes 1 No 2	O13g
Difficulty doing usual activities	Yes 1 No 2	O13h
Less tolerant of spouse or people close to you	Yes 1 No 2	O13i
Reduced participation in social activities	Yes 1 No 2	O13j

Khat use		
Now I am going to ask you some questions about Khat chewing.		
Question	Response	Code
Have you ever chewed Khat? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to End of STEP1</i>	K1
Do you currently chew Khat?	Yes 1 No 2 <i>If No, go to End of STEP1</i>	K2

## Step 2 Physical Measurements

Blood Pressure		
Question	Response	Code
Interviewer ID	_ _ _	M1
Device ID for blood pressure	_ _	M2
Reading 1	Systolic ( mmHg)  _ _ _	M4a
	Diastolic (mmHg)  _ _ _	M4b
Heart Rate Reading 1	Beats per minute  _ _ _	M16a
Reading 2	Systolic ( mmHg)  _ _ _	M5a
	Diastolic (mmHg)  _ _ _	M5b
Heart Rate Reading 2	Beats per minute  _ _ _	M16b
Reading 3	Systolic ( mmHg)  _ _ _	M6a
	Diastolic (mmHg)  _ _ _	M6b
Heart Rate Reading 3	Beats per minute  _ _ _	M16c
In the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1	M7
	No 2	
Height and Weight		
<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i>	M8
	No 2	
Device IDs for height and weight	Height  _ _	M10a
	Weight  _ _	M10b
Height	in Centimetres (cm)  _ _ _ .  _	M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)  _ _ _ .  _	M12
Waist		
Waist circumference	in Centimetres (cm)  _ _ _ .  _	M14
Hip Circumference and Heart Rate		
Hip circumference	in Centimeters (cm)  _ _ _ .  _	M15



