NAP-Surv. Questionnaire / Interviewer ID _____ / Enrollment no _____

Sr. No.	QUESTIONS	RESPONSES	SOURCE/ CODE
A	**BASELINE INFORMATION**		STEPS/NCD V 1.4
A1	Sex	Male ☐ Female ☐	C1
A2	Marital status	Married ☐ unmarried ☐	
A3	Date of Birth How old are you	_____/_____/_____ (DD/MM/YY) Years _____	C2 C3
A4	What is the level of education you have completed?	No formal schooling ☐ Religious schooling ☐ Primary schooling ☐ Middle schooling ☐ Matric ☐ Intermediate ☐ Graduate ☐ Post graduate Degree ☐	C6
A5	Which of the following best describes your work status over the last 12 months	Govt. Employee ☐ Grade _____ Non-governmental Employee/Self employed ☐ Small income_____ Middle income_____ High income_____ Non paid ☐ Student ☐ Housewife ☐ Retired ☐ Unemployed(able to work) ☐ Un employed (Unable to work) ☐	C7
A6	How many people older than 18 years, including yourself, live in your household	No. of people _____	C8
A7	Taking the past year, can you tell me what the average earnings of the household have been	Rs. _____ Per month ***or*** Rs. _____ Per year	C9
B	**KAP SURVEY**		
B1	What in your opinion is heart attack?	Don't know ☐ Refused ☐	Heartfile methodology
B2	What in your opinion are the causes of a heart attack?	Don't know ☐ Refused ☐ *[1]Source of information……	Heartfile methodology
B3	In your opinion is regular moderate physical activity beneficial or harmful?	Don't know ☐ Refused ☐ *Source of information……	Heartfile methodology
B4	What in your opinion is a healthy diet?	Don't know ☐ Refused ☐ * Source of information……	Heartfile methodology
B5	What in your opinion are the effects of tobacco on health?	Don't know ☐ Refused ☐	Heartfile methodology
B6	What in your opinion are the effects on health of inhaling smoke of other smoker's?	Don't know ☐ Refused ☐ * Source of information……	Heartfile methodology
B7	What in your opinion is high blood pressure?	Don't know ☐ Refused ☐	Heartfile methodology
B8	What in your opinion are the causes of high blood pressure?	Don't know ☐ Refused ☐	Heartfile methodology
B9	In your opinion how can blood pressure be controlled?	Don't know ☐ Refused ☐	Heartfile methodology
B10	In your opinion, what is the percentage of population in Pakistan suffering from high blood pressure?	Don't know ☐ Refused ☐	Heartfile methodology
B11	How often do you usually add salt to your food at the table?	Most of the times ☐ Some of the times ☐ Don't know ☐ Refused ☐ Rarely ☐	Heartfile methodology

[1] * Doctor, dispenser, LHW, LHV, TV, Radio, Newspaper, Internet, Heartfile Media Campaign or any other source

B12	If the blood pressure is not treated and controlled, what can the effects be on health?	Don't know ☐ Refused ☐ *Source of information……..	Heartfile methodology
B13	What do you think are the effects of obesity?	Don't know ☐ Refused ☐	Heartfile methodology
B14	What do you think are the effects of obesity in children?	Don't know ☐ Refused ☐ *Source of information……..	Heartfile methodology
B15	What in your opinion is stroke?	Don't know ☐ Refused ☐	Heartfile methodology
B16	What in your opinion are the causes of stroke?	Don't know ☐ Refused ☐ * Source of information……..	Heartfile methodology
B17	What in your opinion is diabetes?	Don't know ☐ Refused ☐	Heartfile methodology
B18	What in your opinion are the risks of getting diabetes?	Don't know ☐ Refused ☐	Heartfile methodology
B19	How can you prevent diabetes?	Don't know ☐ Refused ☐	Heartfile methodology
B20	If diabetes is not treated and controlled, what can the effects be on health?	Don't know ☐ Refused ☐	Heartfile methodology
B21	What are the food items that a diabetic should not be taking?	Don't know ☐ Refused ☐ *Source of information……..	Heartfile methodology
B22	What in your opinion is cancer?	Don't know ☐ Refused ☐	Heartfile methodology
B23	What in your opinion are the causes of cancer?	Don't know ☐ Refused ☐	Heartfile methodology
B24	What in your opinion are the warning signs of cancer?	Don't know ☐ Refused ☐	Heartfile methodology
B25	Do you examine your own breasts for lumps/sores/cancer?	Don't know ☐ Refused ☐	BRFSS V 1.5
B26	A clinical breast is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical exam?	Don't know ☐ Refused ☐	BRFSS V 1.5
B27	A mammogram is on an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? If Yes, how many times in the last five years?	Don't know ☐ Refused ☐	BRFSS V 1.5
B28	A pap smear is a test for cancer of the cervix. Have you ever had a smear?	Don't know ☐ Refused ☐ *Source of information……..	BRFSS V 1.5
B29	In your opinion what is depression?	Don't know ☐ Refused ☐	Heartfile methodology
B30	In your opinion what is the percentage of people that suffer from depression in Pakistan?	Don't know ☐ Refused ☐	Heartfile methodology
B31	What are the manifestations of depression?	Don't know ☐ Refused ☐	Heartfile methodology
B32	What do you think is the cause of psychosis?	Don't know ☐ Refused ☐	Heartfile methodology

B33	What are the manifestations of psychosis?	Don't know ☐ Refused ☐	Heartfile methodology
B34	In your opinion can the mentally ill play a useful role in the society?	Don't know ☐ Refused ☐	Heartfile methodology
B35	In your opinion what can cause Mental Retardation?	Don't know ☐ Refused ☐	Heartfile methodology
B36	In your opinion what are the effects of Substance Abuse on health?	Don't know ☐ Refused ☐	Heartfile methodology
B37	In your opinion what is epilepsy?	Don't know ☐ Refused ☐	Heartfile methodology
B38	In your opinion is it a treatable illness?	Don't know ☐ Refused ☐	Heartfile methodology
B39	How do you think epilepsy can be treated?	Don't know ☐ Refused ☐	Heartfile methodology
B40	Can a person with epilepsy revert to a normal life?	Don't know ☐ Refused ☐	Heartfile methodology

*Source of information.....

B41	Was there a time in the past 12 months when you needed to see a doctor but couldn't because of the cost?	Yes ☐ No ☐ Don't know ☐ Refused ☐	BRFSS V 1.5
B42	Was there a time in the past 12 months when you needed to see a doctor but couldn't because the hospital was not close by?	Yes ☐ No ☐ Don't know ☐ Refused ☐	Heartfile methodology
B43	Was there a time in the past 12 months when you needed to see a doctor but couldn't because doctor was not on his seat?	Yes ☐ No ☐ Don't know ☐ Refused ☐	Heartfile methodology
B44	When you are ill, which type of Hospital / Clinic do you go?	BHU ☐ Gov. Hospital ☐ Private Doctor ☐ Homeopathic ☐ Dispenser ☐ LHV / LHW ☐	Heartfile methodology

B45 How much money have you spent in the last 3 months on treating communicable diseases in the children of the house { Calculate number of expense of each child and add up} — BRFSS V 1.5

	Number of persons suffering in a year	Total Number of episodes in a year	Was the cost borne by the respondent or some other source	Cost of treatment per year (calculate)
Diarrhea *			Self_____ Partially self _____ Other_____	
Malaria *			Self_____ Partially self _____ Other_____	
Chest infection			Self_____ Partially self _____ Other_____	
Upper respiratory tract infections (flu)			Self_____ Partially self _____ Other_____	
Urinary tract infection			Self_____ Partially self _____ Other_____	
Tuberculosis			Self_____ Partially self _____ Other_____	

Prolonged fevers			Self_____ Partially self _____ Other_____	
Other illnesses - give details			Self_____ Partially self _____ Other_____	

Refused ☐ Don't know ☐

B46 **How much money have you spent in the last one year on treating Non-communicable Diseases in your household?** **BRFSS V 1.5**

	Number of persons suffering	Was the cost borne by the respondent or some other source	Cost of treatment Per month
Heart disease		Self_____ Partially self _____ Other_____	
Diabetes		Self_____ Partially self _____ Other_____	
High blood pressure		Self_____ Partially self _____ Other_____	
Injuries		Self_____ Partially self _____ Other_____	
Mental illnesses		Self_____ Partially self _____ Other_____	
Other illnesses – enumerate		Self_____ Partially self _____ Other_____	
		Self_____ Partially self _____ Other_____	

Refused ☐ Don't know ☐

RISK FACTORS

C PHYSICAL ACTIVITY — STEPS/NCD V 1.4

C1	**Does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?** *(if YES, go to C6)*	Yes ☐ No ☐	**P1**
C2	**Does your work involve vigorous activity (like heavy lifting, digging, or construction work) for at least 10 minutes at a time?** *(if NO, go to C4)*	Yes ☐ No ☐	**P2**
C3a	**In a typical week, on how many days do you do vigorous activities as part of your work?**	_____ Days a week	**P3 a**
C3b	**On a typical day on which you do vigorous activity, how much time do you spend doing such work?**	In _____ hours and _____ minutes ***or*** in _____ Minutes only	**P3 b**
C 4	**Does your work involve moderate intensity (like brisk walking or carrying light loads) for at least 10 minutes at a time?** *(if NO, go to C6)*	Yes ☐ No ☐	**P4**
C5a	**In a typical week, on how many days do you do moderate-intensity activities as part of your work?**	_____ Days a week	**P5 a**
C5b	**On a typical day on which you did moderate-intensity activities, how much time do you spend doing such work?**	In _____ hours and _____ minutes In _____ minutes only	**P5 b**
C6	**How long is your typical work day?**	_____Number of hours	**P6**
C7	**Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?** *(if NO, go to C9)*	Yes ☐ No ☐	**P7**

C8a	**IF YES: In a typical <u>week</u>, on how many <u>days</u> do you walk or bicycle for at least 10 minutes to get to and from places?**	_____Days a week	P8 a
C8b	**How much <u>time</u> would you spend walking or bicycling for travel on a typical <u>day</u>?**	In_____ hours and minutes ***Or***_____ in minutes only	P6 b
C9	**Does your (<u>recreation, sports, or leisure time</u>) involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time?** ***(if YES, go to C14)***	Yes ☐ No ☐	P9
C10	**If NO In your leisure time, do you do any <u>vigorous activities</u> (like running or strenuous sports, weight lifting) for at least 10 minutes at a time?** ***(if NO, go to C12)***	Yes ☐ No ☐	P10
C11a	**IF YES In a typical week, on how many days do you do vigorous activities as part of your leisure time?**	_____Days a week	P11 a
C11b	**How much time do you spend doing this on a typical day?**	In _____hours and _____minutes **Or** in _____minutes only	P11 b
C12	**In your [leisure time], do you do any <u>moderate-intensity</u> activities (like brisk walking, cycling or swimming) for at least 10 minutes at a time?** ***(if NO, go to C14)***	Yes ☐ No ☐	P12
C13a	**IF YES In a typical <u>week</u>, on how many <u>days</u> do you do moderate-intensity activities as part of leisure time?**	_____Days a week	P13 a
C13b	**How much <u>time</u> do you spend doing this on a typical <u>day?</u>**	In_____ hours and _____minutes **Or** in _____minutes only	P13 b
C14	**Over the past 7 days, how much time did you spend sitting or reclining on a typical day?**	In _____hours and _____minutes **Or** in _____minutes only	P14
D	**DIET**		**STEPS/NCD V 1.4**
D1a	**In a typical week, on <u>how many days</u> do you eat fruit?** ***(if 0 go to D2a)***	_____Number of days	D1 a
D1b	**How many <u>servings</u> of fruit do you eat on one of those days**	_____Number of servings	D1 b
D2a	**In a typical week, on <u>how many days</u> do you eat vegetables?** ***(if 0 go to D3)***	_____Number of servings	D2 a
D2b	**How many <u>servings</u> of vegetables do you eat on one of those days?**	_____Number of servings	D2 b
D3	**What type of oil or fat is most often used for meal preparation in your household?**	Vegetable oil ☐ Banaspati ghee ☐ Palm oil ☐ Do not know ☐ Desi ghee ☐ Combination ☐	D3
E	**TOBACCO**		**STEPS/NCD V 1.4**
E1a	**Do you <u>currently</u> smoke any <u>tobacco products</u>, such as cigarettes, cigars, berri, hukkah, pipes?** ***(if NO go to E4)***	Yes ☐ No ☐	S1 a
E1b	**IF YES Do you currently smoke tobacco products <u>daily?</u>** ***(if NO go to E4)***	Yes ☐ No ☐	S1 b
E2a	**How old were you when you first started smoking daily?** ***(if known go to E3)***	Age _____ (years) Don't remember ☐	S2 a
E2b	**Do you remember how long ago it was?**	In _____ years / In _____ months In _____ weeks	S2 b

E3	**On average, how many of the following do you smoke each day?**	_____ Manufactured cigarettes _____Hand–rolled (Berri) _____cigars _____Hukkah____ Others(specify)_____	**S3**
E4	**In the <u>past,</u> did you ever smoke daily?** ***(if NO go to E6 a)***	Yes ☐ No ☐	**S4**
E5a	***IF YES*** **How old were you when you stopped smoking daily?** ***(if known go to E6a)***	Age _____ (years) Don't remember ☐	**S5 a**
E5b	**How long ago did you stop smoking daily?**	_____Years ago **Or** _____Months ago **O**r _____Weeks ago	**S5 b**
E6a	**Do you currently use any <u>smokeless tobacco</u> such as [snuff, chewing tobacco, betal]?** ***(i f NO go to E8)***	Yes ☐ No ☐	**S6 a**
E6b	***IF YES*** **Do you currently use smokeless tobacco products daily?** ***(if NO go to E8)***	Yes ☐ No ☐	**S6 b**
E7	**On average, how many times a day do you use? [*record for each type*]**	_____Snuff by mouth _____Snuff by nose _____Chewing tobacco _____Betal _____Others (specify)	**S7**
E8	**In the <u>past,</u> did you ever use smokeless tobacco such as [snuff, chewing tobacco, betal]?**	Yes ☐ No ☐	**S8**
E9	**Do any of the following people regularly smoke in your presence?**	Spouse ☐ co-workers ☐ Parent ☐ children ☐ Friends ☐ siblings ☐ others(specify)_____	**INTERHEART study**
E10	**How often are you exposed to other people smoke** **If yes: what is your usual duration of exposure**	Never ☐ Everyday ☐ Less than once a week ☐ Three to six times a week ☐ One to two times a week ☐ _____(hours per week)	**INTERHEART study**
F	**HISTORY OF HIGH BLOOD PRESSURE**		**STEPS/NCD V 1.4**
F1	**When was your blood pressure last measured by a health professional? (If option "a" ask the next question. If options are b,c,d skip the section.)**	a-Within past 12 months ☐ b-1-5 years ago ☐ c-Not within past 5 years ☐ d-Never ☐	**H1**
F2	**During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension?** ***(if NO, skip to section G)***	Yes ☐ No ☐	**H2**
F3a	**During the last 2 weeks have you taken medication to lower blood pressure?**	Yes ☐ No ☐	**H3 a**
F3b	**During the last 2 weeks have you taken special prescribed diet for lowering blood pressure?**	Yes ☐ No ☐	**H3 b**
F3c	**During the last 2 weeks have you received advice or treatment to reduce weight?**	Yes ☐ NA ☐ No ☐	**H3c**
F3d	**During the last 2 weeks have you received advice or treatment to stop smoking?**	Yes ☐ NA ☐ No ☐	**H3 d**
F3e	**During the last 2 weeks have you received advice to start or do more exercise?**	Yes ☐ No ☐	**H3 e**
F4	**During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension?**	Yes ☐ No ☐	**H4**

Ff5	**Are you currently taking any herbal or traditional remedy for your high blood pressure?**	Yes ☐ No ☐				H5
G	**HISTORY OF DIABETES**					STEPS/NCD V 1.4
G1	**Have you had blood sugar measured in the last 12 months?**	Yes ☐ No ☐				H6
G2	**During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes? (*if NO, skip to section H)***	Yes ☐ No ☐				H7
G3	**Are you currently receiving any of the treatments for diabetes (Drugs, insulin, homeopathic)**	Yes ☐ No ☐				H8 {ab}
G4	**During the last 2 weeks have you received advice or treatment to reduce weight?**	Yes ☐ No ☐	NA ☐			H8 d
G5	**During the last 2 weeks have you taken special prescribed diet for diabetes**	Yes ☐ No ☐				H8 c
H	**CORNARY HEART DISEASE**					ROSE-ANGINA QUESTIONNAIRE
H1	**Have you ever had pain or discomfort in your chest? (*if NO, skip to section J)***	Yes ☐ No ☐				
H2	**Do you get it when you walk uphill or hurry?**	Yes ☐ No ☐				
H3	**Do you get it when you walk at an ordinary pace at a level?** *(If G2 & G3 are "No" skip to section J)*	Yes ☐ No ☐				
H4	**What do you do when you get it while you are walking?**	Stop ☐	or slow down ☐	Other response_____		
H5	**If you are standing still, what happens to it?**	Relieves ☐ Continues ☐				
H6	**How soon?**	_____ minutes				
J.	**STROKE**					STEPS S-RF
J1	**Have you ever been told by a health professional that you have had a stroke?**	Yes ☐ No ☐	Unknown ☐			MS-1
J2	**Have there been serious changes in the way you speak?**	Yes ☐ No ☐	Unknown ☐			MS-2
J3	**Has your face, or any part of it, ever been paralyzed for more than 24 hours?**	Yes ☐ No ☐	Unknown ☐			MS-3
J4	**Have you ever suffered from paralysis or weakness in your arms or legs for more than 24 hours?**	Yes ☐ No ☐	Unknown ☐			MS-4
J5	**Have you ever had, for more than 24 hours (or less time but more than once), tingling, pain, burning, or loss of feeling in your arms and legs, without anything having happened to you immediately before?**	Yes ☐ No ☐	Unknown ☐			MS-5
K	**INJURIES**					WHO Injury Module
K1	**In the past 30 days how often did you use a seat belt when you were the driver or a passenger of a motor vehicle**	All the time ☐ Sometimes ☐ Never ☐ Did not drive in the past 30 days ☐ No seat belt in the car I usually drive or ride in ☐ Do not know/Unsure ☐ Refused ☐				T1

K2	**In the past 30 days how often did you wear a <u>helmet</u> when you drove or road as a passenger on a motorcycle or motor-scooter?**	All the time Sometimes Never Did not drive in the past 30 days Do not own a helmet Do not know/Unsure Refused	☐ ☐ ☐ ☐ ☐ ☐ ☐	**T2**
K3	**In the past 12 months, have you been involved in a <u>road traffic crash</u> as a passenger, driver or pedestrian?** ***(if NO go to K5)***	Yes (as driver) Yes (as passenger) Yes (as pedestrian) No Do not know Refused	☐ ☐ ☐ ☐ ☐ ☐	**T4**
K4	**Did you sustain an injury or injuries in the road traffic crash?**	Yes No Do not remember Refused	☐ ☐ ☐ ☐	**T5**
K5	**<u>Excluding road traffic crashes</u>, during the past 12 months, were you injured accidentally where you required medical treatment for your injuries?** ***(if NO go to K8)***	Yes No Do not remember Refused	☐ ☐ ☐ ☐	**T6**
K6	**Remembering the most serious accident, please indicate which the cause of your injury was.** ***READ OUT RESPONSES***	Fall Fire, flames or heat Poisoning Near-drowning Animal bite Other (specify) Don't remember Refused	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	**T7**
K7	**Where were you when you had your most serious injury in the past 12 months?**	Home School Workplace Road/Street/Highway Farm Sports/athletic area Other (Specify) Do not know Refused	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	**ET1**
K8	**In the past 30 days how often did you wear a <u>helmet</u> when you rode a <u>bicycle?</u>**	Always Sometimes Never Did not ride in the past 30 days Do not know Refused	☐ ☐ ☐ ☐ ☐ ☐	**ET2**

K9	**During the past 12 months, how many times were you in a violent incident in which you were injured and required treatment for your injuries?**	Often (6 or more times) ☐ Sometimes (3-5 times) ☐ Rarely (1-2 times) ☐ Never ☐ Don't remember ☐ Refused ☐	V1
K10	**Looking back at the most serious such incident, please indicate which of the following was the most important in causing your injury:** ***READ OUT RESPONSES***	Being shot with a firearm ☐ Being beaten, stabbed, burnt, throttled or otherwise attacked with another weapon (e.g. bottle, glass, club, knife, hot liquid, rope) being used by that person ☐ Being slapped shoved punched, pushed or kicked without any weapon being used by that person ☐ Don't remember ☐ Refused ☐	V2
L	**MENTAL HEALTH**		**WHO Mental Health V 0.7**
L1	**Have any of your parents, siblings or children ever had mental disorder?**	Yes ☐ No ☐ Do not remember ☐ Refused ☐	M15
L2	**Have you ever been told by a health professional that you have a mental disorder?**	Yes ☐ No ☐ Do not remember ☐ Refused ☐	M14
L3	**During the last 30 days, about how often did you feel tired out for no good reason?** ***READ OUT RESPONSES***	None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time ☐ Do not know ☐ Refused ☐	M1
L4	**During the last 30 days, about how often did you feel nervous?(If option is none of the time, go to L6)** ***READ OUT RESPONSES***	None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time ☐ Do not know ☐ Refused ☐	M2
L5	**During the last 30 days, about how often did you feel so nervous that nothing could calm you down?** ***READ OUT RESPONSES***	None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time ☐ Do not know ☐ Refused ☐	M3
L6	**During the last 30 days, about how often did you feel hopeless?** ***READ OUT RESPONSES***	None of the time ☐ A little of the time ☐ Some of the time ☐ Most of the time ☐ All of the time ☐ Do not know ☐ Refused ☐	M4

L7	**During the last 30 days, about how often did you feel <u>sad or down</u>?** ***(If none of the time, go to L9)*** ***READ OUT RESPONSES***	None of the time A little of the time Some of the time Most of the time All of the time Do not know Refused	☐ ☐ ☐ ☐ ☐ ☐ ☐	**M7**
L8	**During the last 30 days, about how often did you feel so sad or down that nothing could cheer you up?** ***READ OUT RESPONSES***	None of the time A little of the time Some of the time Most of the time All of the time Do not know Refused	☐ ☐ ☐ ☐ ☐ ☐ ☐	**M6**
L9	**During the last 30 days, about how often did you feel that <u>everything was an effort?</u>** ***READ OUT RESPONSES***	None of the time A little of the time Some of the time Most of the time All of the time Do not know Refused	☐ ☐ ☐ ☐ ☐ ☐ ☐	**M9**
L10	**During the last 30 days, about how often did you feel <u>worthless?</u>** ***READ OUT RESPONSES***	None of the time A little of the time Some of the time Most of the time All of the time Do not know Refused	☐ ☐ ☐ ☐ ☐ ☐ ☐	**M10**

M BRADFORD SOMATIC INVENTORY

All questions refer to symptoms experienced during <u>the past month</u>

M1	**Have you had severe headaches?**	Yes No	☐ ☐
M2	**Have you had fluttering or a feeling of something moving in your stomach?**	Yes No	☐ ☐
M3	**Have you had pain or tension in your neck and shoulders?**	Yes No	☐ ☐
M4	**Have you had a feeling of constriction of your head, as if it was being gripped tightly from outside?**	Yes No	☐ ☐
M5	**Have you felt pain in the chest or heart?**	Yes No	☐ ☐
M6	**Has your mouth or throat felt dry?**	Yes No	☐ ☐
M7	**Have you felt a lack of energy (weakness) much of the time?**	Yes No	☐ ☐
M8	**Have you been sweating a lot?**	Yes No	☐ ☐
M9	**Have you felt as if there was pressure or tightness on your chest or heart?**	Yes No	☐ ☐
M10	**Has there been a choking sensation in your throat?**	Yes No	☐ ☐
M11	**Have you felt aches or pains all over your body?**	Yes No	☐ ☐
M12	**Have you been aware of palpitations (Heart pounding)?**	Yes No	☐ ☐
M13	**Have you been trembling or shaking?**	Yes No	☐ ☐
M14	**Have you been passing urine more frequently?**	Yes No	☐ ☐

M15	**Has your head felt heavy?**	Yes ☐ No ☐	
M16	**Have you been feeling tired, even when you are not working?**	Yes ☐ No ☐	
M17	**Have you had a feeling of pressure inside your head, as if your head was going to burst?**	Yes ☐ No ☐	
M18	**Have you been troubled by constipation?**	Yes ☐ No ☐	
M19	**Has your heart felt weak or sinking?**	Yes ☐ No ☐	
M20	**Have you suffered from excessive wind (gas) or belching?**	Yes ☐ No ☐	
M21	**Have your hands or feet felt cold?**	Yes ☐ No ☐	
N.	**ANTHROPOMETRY**		**STEPS/NCD V 1.4**
	HEIGHT AND WEIGHT		
N1	**Height**	In _____centimeters	**M3**
N2	**Weight**	In _____kilograms	**M4**
N3	**Waist circumference**	In centimeters	**M5**
	BLOOD PRESSURE		
N4	**Devise ID for blood pressure** **Supervisor ID**	_____ _____	**M10**
N5	**Cuff Size used**	Small ☐ Normal ☐ Large ☐	**M11**
N6a	**Reading 1**	Systolic _____ mmHg Diastolic_____ mmHg	**M13 a** **M13 b**
N6b	**Reading 2**	Systolic _____ mmHg Diastolic_____ mmHg	**M14 a** **M14b**