

BANGLADESH DEMOGRAPHIC AND HEALTH SURVEY 2017-18
 BIOMARKER QUESTIONNAIRE

 NIPOORT, MOHFW
 MITRA AND ASSOCIATES

IDENTIFICATION																				
PLACE NAME _____																				
NAME OF HOUSEHOLD HEAD _____																				
CLUSTER NUMBER										<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>										
HOUSEHOLD NUMBER										<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>										
HEALTH TECHNICIAN VISITS																				
	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY																
HEALTH TECHNICIAN'S NAME	_____	_____	_____	MONTH																
NUMBER	<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>					<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>					<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>					YEAR				
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS																
TIME	_____	_____																		
NOTES:				TOTAL EVER MARRIED WOMEN 15-49 YRS FOR HEIGHT AND WEIGHT SEE HH COL. 16																
_____				<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																
_____				TOTAL CHILDREN 0-5 YRS FOR HEIGHT & WEIGHT SEE HH COL. 17																
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_____				TOTAL EVER MARRIED WOMEN 18-49 YRS FOR BP AND GLUCOSE SEE HH COL. 18																
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				TOTAL WOMEN EVER MARRIED 50+ YRS & NEVER MARRIED 18+ YRS FOR HEIGHT, WEIGHT, BP AND GLUCOSE SEE HH COL. 19																
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				TOTAL MEN 18+ YRS FOR HEIGHT, WEIGHT, BP AND GLUCOSE SEE HH COL. 20																
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SUPERVISOR				FIELD EDITOR				OFFICE EDITOR		KEYED BY										
NAME				NAME				<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>				<table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
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WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

101	CHECK COLUMNS 2 AND 17 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 102; IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 17. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (NAME)'s date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2012-2018?	YES 1 NO 2 (SKIP TO 109) ←	YES 1 NO 2 (SKIP TO 109) ←	YES 1 NO 2 (SKIP TO 109) ←
105	WEIGHT IN KILOGRAMS.	KG... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	KG... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996	KG... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996
106	HEIGHT IN CENTIMETERS.	CM.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←	CM.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←	CM.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT9994 REFUSED9995 OTHER9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
109	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
102	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 17.	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
103	IF MOTHER INTERVIEWED: COPY CHILD'S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM BIRTH HISTORY. IF MOTHER NOT INTERVIEWED ASK: What is (name)'ds date of birth?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR ... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
104	CHECK 103: CHILD BORN IN 2012-2018?	YES 1 NO 2 (SKIP TO 109) ←	YES 1 NO 2 (SKIP TO 109) ←	YES 1 NO 2 (SKIP TO 109) ←
105	WEIGHT IN KILOGRAMS.	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	KG.... <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
106	HEIGHT IN CENTIMETERS.	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←	CM.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996 (SKIP TO 108) ←
107	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
108	MEASURER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
109	GO BACK TO 103 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 201.			

WEIGHT AND HEIGHT MEASUREMENT FOR EVER-MARRIED WOMEN AGE 15-49

201	CHECK COLUMN 16 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202 AND 203. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
202	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMN 16. NAME FROM	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
203	CHECK MARITAL STATUS IN HOUSEHOLD QUESTIONNAIRE COLUMN 8	CODE 4 (NEVER MARRIED) 1 (SKIP TO 207) ↙ CODE 1-3 2	CODE 4 (NEVER MARRIED) 1 (SKIP TO 207) ↙ CODE 1-3 2	CODE 4 (NEVER MARRIED) 1 (SKIP TO 207) ↙ CODE 1-3 2
204	WEIGHT IN KILOGRAMS.	KG... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KG... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
205	HEIGHT IN CENTIMETERS.	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
206	MEASURER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
207	GO BACK TO 202 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE EVER-MARRIED WOMEN AGE 15-49, GO TO 300.			

BLOOD PRESSURE AND BLOOD GLUCOSE FOR ALL WOMEN AGE 18 AND OLDER IN SELECTED HOUSEHOLDS

HOUSEHOLD SELECTED FOR BIOMARKER? YES <input type="checkbox"/> NO <input type="checkbox"/> → END				
300	CHECK COLUMN 18 IN HOUSEHOLD SCHEDULE . RECORD THE LINE NUMBER AND NAME OF EVER MARRIED WOMEN AGE 18-49 FOR BP AND GLUCOSE MEASUREMENTS. CHECK COLUMN 19 IN HOUSEHOLD SCHEDULE . RECORD THE LINE NUMBER AND NAME OF EVER MARRIED WOMEN AGE 50+ AND NEVER MARRIED WOMEN AGE 18+ FOR HEIGHT, WEIGHT, BP AND GLUCOSE MEASUREMENTS. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
301	CHECK HOUSEHOLD QUESTIONNAIRE: LINE NUMBER FROM COLUMNS 18 OR 19. NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
302	Now I am going to ask you to participate in several physical measurements or tests. I will explain each measurement or test before starting the procedure. You will be free to say yes or no to each one. Before taking the measurements, I am going to ask a few questions about yourself.			
303	AGE: CHECK WOMAN'S QUESTIONNAIRE Q. 106 OR ASK: How old were you at your last birthday?	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>	YEARS <input type="text"/> <input type="text"/>
304	MARITAL STATUS: CHECK HOUSEHOLD QUESTIONNAIRE COLUMN 8	CODE 4 (NEVER MARRIED) 1 (GO TO 304C) ↙ CODE 1-3 2	CODE 4 (NEVER MARRIED) 1 (GO TO 304C) ↙ CODE 1-3 2	CODE 4 (NEVER MARRIED) 1 (GO TO 304C) ↙ CODE 1-3 2
304A	CHECK 303: AGE	AGE IS 50+ 1 (GO TO 304C) ↙ AGE IS 18-49 2	AGE IS 50+ 1 (GO TO 304C) ↙ AGE IS 18-49 2	AGE IS 50+ 1 (GO TO 304C) ↙ AGE IS 18-49 2
304B	PREGNANCY STATUS: Are you pregnant?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 305) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 305) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 305) ←
304C	WEIGHT IN KILOGRAMS. (IF NOT PRESENT IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT, MAKE A 3RD APPOINTMENT)	KG <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT99994 REFUSED 99995 OTHER99996	KG <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT99994 REFUSED 99995 OTHER99996	KG <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT99994 REFUSED 99995 OTHER99996
304D	HEIGHT IN CENTIMETERS. IF NOT PRESENT IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT, MAKE A THIRD APPOINTMENT	CM . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM . <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
304E	MEASURER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
305	EDUCATION Have you ever attended school?	YES 1 NO 2 (GO TO 307) ↙	YES 1 NO 2 (GO TO 307) ↙	YES 1 NO 2 (GO TO 307) ↙
306	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	PRIMARY 1 SECONDARY 2 HIGHER 3	PRIMARY 1 SECONDARY 2 HIGHER 3
307	WORK Are you currently working?	YES 1 NO 2 (GO TO 309) ↙	YES 1 NO 2 (GO TO 309) ↙	YES 1 NO 2 (GO TO 309) ↙
308	What is your occupation, that is what is the kind of work do you mainly do?	<input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> _____ _____

		WOMAN 1	WOMAN 2	WOMAN 3																																				
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																				
309	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT <p>I would like to measure your blood pressure. This will be done three times during the interview with intervals of about 5 minutes period. This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart and may lead to stroke and death.</p> <p>The results of this blood pressure measurement will be given to you after the measurement process is completed for further follow up if necessary. I will explain the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.</p> <p>You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures.</p> <p>Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) information that was given out at the beginning.</p> <p>Will you undergo the blood pressure measurements?</p>																																							
310	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 315) ↙ SIGN _____ ↙ RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. IF NO MORE RESPONDENTS, GO TO 400. ↙	GRANTED 1 REFUSED 2 (SIGN AND GO TO 316) ↙ SIGN _____ ↙ RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. IF NO MORE RESPONDENTS, GO TO 400. ↙	GRANTED 1 REFUSED 2 (SIGN AND GO TO 316) ↙ SIGN _____ ↙ RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. IF NO MORE RESPONDENTS, GO TO 400. ↙																																				
311	Before taking your blood pressure, I would like to ask a few questions about things that may affect these measurements. Have you done any of the following within the past 30 min: Eaten anything? Had coffee, tea, cola or other drink that has caffeine? Smoked/used tobacco?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED/ USED TOBACCO. .</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED/ USED TOBACCO. .	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED/ USED TOBACCO. .</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED/ USED TOBACCO. .	1	2	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>EATEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD CAFFEINATED DRINK</td> <td>1</td> <td>2</td> </tr> <tr> <td>SMOKED/ USED TOBACCO. .</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	EATEN	1	2	HAD CAFFEINATED DRINK	1	2	SMOKED/ USED TOBACCO. .	1	2
	YES	NO																																						
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312	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BP READING, MEASURE RESPONDENT'S ARM CIRCUMFERENCE MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD MEASUREMENT IN CENTIMETRES.	ARM CIRCUMFERENCE (IN CENTIMETRES) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			ARM CIRCUMFERENCE (IN CENTIMETRES) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			ARM CIRCUMFERENCE (IN CENTIMETRES) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																																
313	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4																																				
314	RECORD TIME	HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																												

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
317A	Where did you check your blood pressure last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINI..... 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINI..... 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)
317B	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2 (GO TO 319A) ←	YES 1 NO 2 (GO TO 319A) ←	YES 1 NO 2 (GO TO 319A) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
317C	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY
318	Are you currently receiving any of the following treatment/ advice by a doctor or other health worker to control your blood pressure? Prescribed medication? Advice to reduce salt intake? Advice/treatment to lose weight? Advice/treatment to stop smoking? Advice to start/do more exercise?	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. ... 1 2 REDUCE SALT. ... 1 2 LOSE WEIGHT. ... 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. ... 1 2 REDUCE SALT. ... 1 2 LOSE WEIGHT. ... 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2	<div style="text-align: right;">YES NO</div> PRESCR. MEDIC. ... 1 2 REDUCE SALT. ... 1 2 LOSE WEIGHT. ... 1 2 STOP SMOKING .. 1 2 EXERCISE 1 2
319	Are you currently taking any herbal or traditional remedies for your high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
319A	CHECK 310: CONSENT FOR BP MEASUREMENT	<div style="display: flex; justify-content: space-around;"> <div> 'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> </div> <div> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> </div> </div> <div style="text-align: center; margin-top: 10px;"> (SKIP TO 324) ← </div>	<div style="display: flex; justify-content: space-around;"> <div> 'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> </div> <div> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> </div> </div> <div style="text-align: center; margin-top: 10px;"> (SKIP TO 324) ← </div>	<div style="display: flex; justify-content: space-around;"> <div> 'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> </div> <div> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> </div> </div> <div style="text-align: center; margin-top: 10px;"> (SKIP TO 324) ← </div>
320	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT.			
321	RECORD TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
322	May I take your blood pressure this time?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
326A	Where did you check your blood glucose last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINI..... 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINI..... 21 NGO SATELLITE CLINIC . 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)
326B	Have you ever been told by a doctor or other health worker that you have high blood sugar or diabetes?	YES 1 NO 2 (GO TO 328A) ←	YES 1 NO 2 (GO TO 328A) ←	YES 1 NO 2 (GO TO 328A) ←

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
326C	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON TRAINED TBA (TTBA) J UNTRAINED TBA (UTBA) K UNQUALIFIED DOCTOR L RELATIVES M NEIGHBORS/FRIENDS N OTHER _____ X SPECIFY
327	Are you currently receiving any of the following treatment/ advice by a doctor or other health worker for your high blood glucose or diabetes? Prescribed medication such as insulin? Advice on special diet? Advice/treatment to lose weight? Advice/treatment to stop smoking? Advice to start/do more exercise?	<div style="text-align: right; margin-bottom: 10px;">YES NO</div> PRESCR. MEDIC. . . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2	<div style="text-align: right; margin-bottom: 10px;">YES NO</div> PRESCR. MEDIC. . . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2	<div style="text-align: right; margin-bottom: 10px;">YES NO</div> PRESCR. MEDIC. . . . 1 2 SPECIAL DIET. . . . 1 2 LOSE WEIGHT. . . . 1 2 STOP SMOKING . . 1 2 EXERCISE 1 2

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
328	Are you currently taking any herbal or traditional remedies for your high blood glucose or diabetes?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
328A	CHECK 310: CONSENT FOR BP MEASUREMENT	'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> (SKIP TO 333A) ←	'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> (SKIP TO 333A) ←	'GRANTED' CODE '1' CIRCLED <input type="checkbox"/> 'REFUSED' CODE '2' CIRCLED <input type="checkbox"/> (SKIP TO 333A) ←
329	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE THIRD BLOOD PRESSURE MEASUREMENT.			
330	RECORD TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
331	May I take your blood pressure this time?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
332	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 333A. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	BLOOD PRESSURE MEASUREMENT SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	BLOOD PRESSURE MEASUREMENT SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996	BLOOD PRESSURE MEASUREMENT SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996
333A	CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BP READINGS FROM 323 AND 332. (1) CALCULATE THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES IN 323 AND 332. (2) DIVIDE EACH SUM BY 2 AND RECORD THE AVERAGE. PLEASE NOTE: (1) IF THERE IS ONLY ONE BP READING, RECORD IT AS THE AVERAGE. (2) IF THERE IS MORE THAN ONE BP READING, ALWAYS EXCLUDE THE FIRST FROM THE AVERAGE. (3) IF THERE ARE ONLY TWO BP READINGS, THE 2ND IS THE AVERAGE. (4) IF ALL DIASTOLIC VALUES ARE '0', THE AVERAGE IS '0'.	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/>	AVERAGE OF 2ND AND 3RD MEASURES: SYSTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/> DIASTOLIC.. <input type="text"/> <input type="text"/> <input type="text"/>

		WOMAN 1	WOMAN 2	WOMAN 3																																																	
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																																	
333B	<p>USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL BASED ON AVERAGE VALUES IN 333A</p> <p style="text-align: center;">ADULT BLOOD PRESSURE VALUE BOX:</p> <table style="margin: 10px auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">SYSTOLIC</th> <th style="text-align: center; padding: 5px;">≤84</th> <th style="text-align: center; padding: 5px;">85-89</th> <th style="text-align: center; padding: 5px;">90-99</th> <th style="text-align: center; padding: 5px;">100-109</th> <th style="text-align: center; padding: 5px;">110-119</th> <th style="text-align: center; padding: 5px;">≥120</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px;">≤129</td> <td style="text-align: center; padding: 2px 5px;">1</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">130-139</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">2</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">140-159</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">3</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">160-179</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">4</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">180-209</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">5</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">≥210</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> <td style="text-align: center; padding: 2px 5px;">6</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE. DRAW A HORIZONTAL LINE IN THE SYSTOLIC PRESSURE ROW AND A VERTICAL LINE IN THE DIASTOLIC PRESSURE COLUMN. CIRCLE THE VALUE WHERE THE LINES MEET. CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .</p>				SYSTOLIC	≤84	85-89	90-99	100-109	110-119	≥120	≤129	1	2	3	4	5	6	130-139	2	2	3	4	5	6	140-159	3	3	3	4	5	6	160-179	4	4	4	4	5	6	180-209	5	5	5	5	5	6	≥210	6	6	6	6	6	6
SYSTOLIC	≤84	85-89	90-99	100-109	110-119	≥120																																															
≤129	1	2	3	4	5	6																																															
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140-159	3	3	3	4	5	6																																															
160-179	4	4	4	4	5	6																																															
180-209	5	5	5	5	5	6																																															
≥210	6	6	6	6	6	6																																															
334A	<p>ASK CONSENT FOR FASTING BLOOD SUGAR TESTING</p> <p>As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may be an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.</p> <p>For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers.</p> <p>If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions? If you have any questions about the procedure at any time, please ask me now.</p> <p>To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit.</p> <p>Would you allow me to return to take your blood glucose measurement before you break your fast?</p>																																																				
334B	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p> <p>(IF 'NOT PRESENT' IN THE 1st APPOINTMENT, MAKE A 2nd APPOINTMENT; MAKE A 3rd APPOINTMENT.)</p>	<p>1st APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 MAKE SECOND APPOINTMENT ↙</p> <p>2nd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 MAKE THIRD APPOINTMENT ↙</p> <p>3rd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>	<p>1st APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 MAKE SECOND APPOINTMENT ↙</p> <p>2nd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 MAKE THIRD APPOINTMENT ↙</p> <p>3rd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>	<p>1st APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 MAKE SECOND APPOINTMENT ↙</p> <p>2nd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 MAKE THIRD APPOINTMENT ↙</p> <p>3rd APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 335B) ↙</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>																																																	

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
334C	<p>When can I come to test your blood glucose?</p> <p>RECORD APPOINTMENT FOR BLOOD GLUCOSE TESTING AND PROCEED TO NEXT SECTION</p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>
334D	<p>WHEN RETURNING FOR BLOOD GLUCOSE TESTING: ASK CONSENT FOR BLOOD GLUCOSE TESTING</p> <p>As I mentioned yesterday, we are going to measure the level of sugar in blood. As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.</p> <p>For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>SHOW UNOPENED PACKAGE.</p> <p>The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept other strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>You can say yes or no to having the blood glucose measurement now.</p> <p>Do you have any questions? If you have any questions about the procedure at any time, please ask me.</p> <p>Would you allow me to proceed to take your measurement?</p>			
334E	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p> <p>(IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)</p>	<p>GRANTED 1</p> <p>REFUSED 2</p> <p>(SIGN AND GO TO 335B) ↙</p> <p>SIGN _____ ↙</p> <p>RESP. NOT PRESENT 3</p> <p>(AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>	<p>GRANTED 1</p> <p>REFUSED 2</p> <p>(SIGN AND GO TO 335B) ↙</p> <p>SIGN _____ ↙</p> <p>RESP. NOT PRESENT 3</p> <p>(AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>	<p>GRANTED 1</p> <p>REFUSED 2</p> <p>(SIGN AND GO TO 335B) ↙</p> <p>SIGN _____ ↙</p> <p>RESP. NOT PRESENT 3</p> <p>(AFTER TWO CALL BACKS, GO TO 301 IN NEXT COLUMN. ↙</p>
334F	When was the last time you had something to eat?	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
334G	When was the last time you had something to drink other than plain water?	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>HOURS MINUTES</p> <p>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

		WOMAN 1	WOMAN 2	WOMAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
334H	CHECK 334F: LAST TIME EAT	8 HOURS OR MORE 1 (SKIP TO 335) ↙ LESS THAN 8 HOURS 2	8 HOURS OR MORE 1 (SKIP TO 335) ↙ LESS THAN 8 HOURS 2	8 HOURS OR MORE 1 (SKIP TO 335) ↙ LESS THAN 8 HOURS 2
334I	READ TO RESPONDENT:	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 334B TO MAKE NEXT APPOINTMENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 334B TO MAKE NEXT APPOINTMENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 334B TO MAKE NEXT APPOINTMENT
335	PREPARE EQUIPMENT AND SUPPLIES FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST.			
335A	RECORD TIME FOR BLOOD GLUCOSE TESTING	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>
335B	RECORD FASTING BLOOD SUGAR IN MMOL/L. IF YOUR ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	MMOL/L <input type="text"/> <input type="text"/> <input type="text"/> (GO TO 301 IN NEXT COLUMN) ↙ REFUSED994 TECHNICAL PROBLEMS .995 OTHER 996 GO TO 301 IN NEXT COLUMN. ↙	MMOL/L <input type="text"/> <input type="text"/> <input type="text"/> (GO TO 301 IN NEXT COLUMN) ↙ REFUSED994 TECHNICAL PROBLEMS .995 OTHER 996 GO TO 301 IN NEXT COLUMN. ↙	MMOL/L.... <input type="text"/> <input type="text"/> <input type="text"/> (GO TO 301 IN NEXT COLUMN) ↙ REFUSED994 TECHNICAL PROBLEMS .995 OTHER 996 GO TO 301 IN NEXT COLUMN. ↙

BLOOD PRESSURE AND BLOOD GLUCOSE FOR MEN AGE 18 AND OLDER IN SELECTED HOUSEHOLDS

HOUSEHOLD SELECTED FOR BIOMARKER? YES <input type="checkbox"/> NO <input type="checkbox"/> → END				
400	CHECK COLUMN 20 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME OF ALL ELIGIBLE MEN AGE 18 AND OLDER FOR HEIGHT AND WEIGHT, BLOOD PRESSURE, AND BLOOD GLUCOSE MEASUREMENTS. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		MAN 1	MAN 2	MAN 3
401	CHECK HOUSEHOLD QUESTIONNAIRE LINE NUMBER FROM COLUMN 20 NAME FROM COLUMN 2.	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER <input type="text"/> <input type="text"/> NAME _____
402	Now I am going to ask you to participate in several physical measurements or tests. I will explain each measurement or test before starting the procedure. You will be free to say yes or no to each one. Before taking the measurements, I am going to ask a few questions about yourself.			
404B	WEIGHT IN KILOGRAMS.	KILOGRAM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KILOGRAM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996	KILOGRAM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> NOT PRESENT 99994 REFUSED 99995 OTHER 99996
404C	HEIGHT IN CENTIMETERS.	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996	CM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> NOT PRESENT 9994 REFUSED 9995 OTHER 9996
404D	MEASURER: :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MEASURER NUMBER
405	EDUCATION Have you ever attended school?	YES 1 NO 2 (GO TO 407) ↴	YES 1 NO 2 (GO TO 407) ↴	YES 1 NO 2 (GO TO 407) ↴
406	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	PRIMARY 1 SECONDARY 2 HIGHER 3	PRIMARY 1 SECONDARY 2 HIGHER 3
407	WORK Are you currently working?	YES 1 NO 2 (GO TO 409) ↴	YES 1 NO 2 (GO TO 409) ↴	YES 1 NO 2 (GO TO 409) ↴
408	What is your occupation, that is what is the kind of work you mainly do?	<input type="text"/> <input type="text"/> _____ _____ _____	<input type="text"/> <input type="text"/> _____ _____ _____	<input type="text"/> <input type="text"/> _____ _____ _____

		MAN 1	MAN 2	MAN 3																																				
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																				
409	ASK CONSENT FOR BLOOD PRESSURE MEASUREMENT I would like to measure your blood pressure. This will be done three times during the interview with intervals of five minutes period This is a harmless procedure. It is used to find out if a person has high blood pressure. If it is not treated, high blood pressure may eventually cause serious damage to the heart and may lead to stroke and death. The results of this blood pressure measurement will be given to you after the measurement process is completed for further follow up if necessary. I will explain the meaning of your blood pressure numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. You can say yes or no to having the blood pressure measurement now. You can also decide at anytime not to participate in the blood pressure measures. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. For more information, you may also contact the person(s) information that was given out at the beginning. Will you undergo the blood pressure measurements?																																							
410	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 415) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER 2 CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 415) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER 2 CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 415) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER 2 CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END)																																				
411	Before taking your blood pressure, I would like to ask a few questions about things that may affect thee measurements. Have you done any of the following within the past 30 min:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Eaten anything?</td> <td>EATEN 1</td> <td>2</td> </tr> <tr> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK 1</td> <td>2</td> </tr> <tr> <td>Smoked/used tobacco?</td> <td>SMOKED/ USED TOBACCO. . 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Eaten anything?	EATEN 1	2	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1	2	Smoked/used tobacco?	SMOKED/ USED TOBACCO. . 1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Eaten anything?</td> <td>EATEN 1</td> <td>2</td> </tr> <tr> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK 1</td> <td>2</td> </tr> <tr> <td>Smoked/used tobacco?</td> <td>SMOKED/ USED TOBACCO. . 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Eaten anything?	EATEN 1	2	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1	2	Smoked/used tobacco?	SMOKED/ USED TOBACCO. . 1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Eaten anything?</td> <td>EATEN 1</td> <td>2</td> </tr> <tr> <td>Had coffee, tea, cola or other drink that has caffeine?</td> <td>HAD CAFFEINATED DRINK 1</td> <td>2</td> </tr> <tr> <td>Smoked/used tobacco?</td> <td>SMOKED/ USED TOBACCO. . 1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Eaten anything?	EATEN 1	2	Had coffee, tea, cola or other drink that has caffeine?	HAD CAFFEINATED DRINK 1	2	Smoked/used tobacco?	SMOKED/ USED TOBACCO. . 1	2
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412	May I begin the process of measuring your blood pressure? I will begin by measuring the circumference of your arm to make sure that I use the right equipment. BEFORE TAKING THE FIRST BP READING, MEASURE RESPONDENT'S ARM CIRCUMFERENCE MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD MEASUREMENT IN CENTIMETRES.	ARM <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> CIRCUMFERENCE (IN CENTIMETRES)	ARM <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> CIRCUMFERENCE (IN CENTIMETRES)	ARM <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> CIRCUMFERENCE (IN CENTIMETRES)																																				

		MAN 1	MAN 2	MAN 3																																																
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																																
413	USE THE ARM CIRCUM. MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR CUFF SIZE. CIRCLE THE CODE FOR THE CUFF SIZE.	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4	SMALL: 16 CM – 24 CM 1 MEDIUM: 25 CM – 36 CM 2 LARGE: 37 CM – 45 CM 3 EXTRA LARGE: 46 CM - 60 CM 4																																																
414	RECORD TIME	HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																
414A	May I take your blood pressure at this time?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																																
415	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 417. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	BLOOD PRESSURE MEASUREMENT SYSTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS . . . 995 OTHER 996							BLOOD PRESSURE MEASUREMENT SYSTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS . . . 995 OTHER 996							BLOOD PRESSURE MEASUREMENT SYSTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC . . <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS . . . 995 OTHER 996																																				
417	Before this survey, has your blood pressure ever been measured?	YES 1 NO 2 (GO TO 420A) ↙ REFUSED . . 4 (GO TO 420A) ↙	YES 1 NO 2 (GO TO 420A) ↙ REFUSED . . 4 (GO TO 420A) ↙	YES 1 NO 2 (GO TO 420A) ↙ REFUSED . . 4 (GO TO 420A) ↙																																																
417A	When did you check your blood pressure last?	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGC 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGC 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
417B	Where did you check your blood pressure last?	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL..... 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC..... 21 NGO SATELLITE CLINIC .. 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORI.. 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL..... 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC..... 21 NGO SATELLITE CLINIC .. 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORI.. 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)	PUBLIC SECTOR MEDICAL COLLEGE HOSPITAL 11 SPECIALIZED GOVT HOSPITAL 12 DISTRICT HOSPITAL..... 13 MCWC 14 UPAZILA HEALTH COMPLEX 15 UH & FAMILY WELFARE CENTER 17 COMMUNITY CLINIC 18 SATELLITE CLINIC 19 GOVT. FIELDWORKER (HA & FWA) 20 OTHER PUBLIC SECTOR 16 (SPECIFY) NGO SECTOR NGO STATIC CLINIC..... 21 NGO SATELLITE CLINIC .. 22 NGO DEPO HOLDER 23 NGO FIELD WORKER 24 OTHER NGO SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE MEDICAL COLLEGE HOSPITAL . 31 PRIVATE HOSPITAL 32 PRIVATE CLINIC 33 QUALIFIED DOCTOR'S CHAMBER 34 NON-QUALIFIED DOCTOR'S CHAMBER 35 PHARMACY/DRUG STORE .. 37 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) OTHER SOURCE HOME 41 WORKPLACE 42 SHOP 43 TRADITIONAL PRACTITIONER 44 OTHER 96 (SPECIFY)
418	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES 1 NO 2 (GO TO 420A) ←	YES 1 NO 2 (GO TO 420A) ←	YES 1 NO 2 (GO TO 420A) ←

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
418A	Who told you?	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR . . L RELATIVES M NEIGHBORS/FRIENDS . . . N OTHER _____ X SPECIFY _____	HEALTH PERSONNEL QUALIFIED DOCTOR A NURSE/MIDWIFE/ PARAMEDIC B FAMILY WELFARE VISITOR (FWV) C COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) D SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) E COMMUNITY HEALTH CARE PROVIDER (CHCP) F HEALTH ASSISTANT (HA) G FAMILY WELFARE ASSISTANT (FWA) H NGO WORKER I OTHER PERSON UNQUALIFIED DOCTOR . . L RELATIVES M NEIGHBORS/FRIENDS . . . N OTHER _____ X SPECIFY _____	HEALTH PERSONNEL QUALIFIED DOCTOR NURSE/MIDWIFE/ PARAMEDIC FAMILY WELFARE VISITOR (FWV) COMMUNITY SKILLED BIRTH ATTENDANT (CSBA) SUB-ASSISTANT COMMUNITY MEDICAL OFFICER (SACMO) COMMUNITY HEALTH CARE PROVIDER (CHCP) HEALTH ASSISTANT (HA) FAMILY WELFARE ASSISTANT (FWA) NGO WORKER OTHER PERSON UNQUALIFIED DOCTOR . . . RELATIVES NEIGHBORS/FRIENDS OTHER _____ SPECIFY _____
419	Are you currently receiving any of the following treatment/ advice by a doctor or other health worker to control your blood pressure? Prescribed medication? Advice to reduce salt intake? Advice/treatment to lose weight? Advice/treatment to stop smoking? Advice to start/do more exercise?	YES NO PRESCR. MEDIC. . . . 1 2 REDUCE SALT. 1 2 LOSE WEIGHT. 1 2 STOP SMOKING . . . 1 2 EXERCISE 1 2	YES NO PRESCR. MEDIC. . . . 1 2 REDUCE SALT. 1 2 LOSE WEIGHT. 1 2 STOP SMOKING . . . 1 2 EXERCISE 1 2	YES NO PRESCR. MEDIC. . . . 1 2 REDUCE SALT. 1 2 LOSE WEIGHT. 1 2 STOP SMOKING . . . 1 2 EXERCISE 1 2
420	Are you currently taking any herbal or traditional remedies for your high blood pressure?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
420A	CHECK 410: CONSENT FOR BP MEASUREMENT	'GRANTED' 'REFUSED' <input type="checkbox"/> CODE '1' CODE '2' <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 426) ←	'GRANTED' 'REFUSED' <input type="checkbox"/> CODE '1' CODE '2' <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 426) ←	'GRANTED' 'REFUSED' <input type="checkbox"/> CODE '1' CODE '2' <input type="checkbox"/> CIRCLED CIRCLED (SKIP TO 426) ←

		MAN 1	MAN 2	MAN 3																																																
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																																
421	HEALTH TECHNICIAN: CHECK THAT IT HAS BEEN AT LEAST 5 MINUTES BEFORE TAKING THE SECOND BLOOD PRESSURE MEASUREMENT.																																																			
422	RECORD TIME	HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									HOURS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																
423	May I take your blood pressure this time?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																																																
424	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 426. IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON BLOOD PRESSURE WAS NOT MEASURED	BLOOD PRESSURE MEASUREMENT SYSTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996							BLOOD PRESSURE MEASUREMENT SYSTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996							BLOOD PRESSURE MEASUREMENT SYSTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> DIASTOLIC .. <table border="1"><tr><td></td><td></td><td></td></tr></table> REFUSED 994 TECHNICAL PROBLEMS ... 995 OTHER 996																																				
426	Have you ever heard of an illness called diabetes?	YES 1 NO 2 REFUSED . 4	YES 1 1 NO 2 2 REFUSED . 4	YES ← 1 NO 2 REFUSED . 4																																																
427	Before this survey, has your blood glucose ever been measured?	YES 1 NO 2 (GO TO 431) ← REFUSED . 4 (GO TO 431) ←	YES 1 NO 2 (GO TO 431) ← REFUSED . 4 (GO TO 431) ←	YES 1 NO 2 (GO TO 431) ← REFUSED . 4 (GO TO 431) ←																																																
427A	When did you check your blood glucose last?	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO.... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGC.... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	DAYS AGO 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGC.... 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																

		MAN 1	MAN 2	MAN 3																																																							
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____																																																							
434	<p>TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND DIASTOLIC PRESSURE, THEN PROCEED TO 436A.</p> <p>IF YOU ARE UNABLE TO MEASURE RESPONDENT'S BLOOD PRESSURE, RECORD REASON BLOOD PRESSURE WAS NOT MEASURED.</p>	<p>BLOOD PRESSURE MEASUREMENT</p> <p>SYSTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEMS ... 995</p> <p>OTHER 996</p>	<p>BLOOD PRESSURE MEASUREMENT</p> <p>SYSTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEMS ... 995</p> <p>OTHER 996</p>	<p>BLOOD PRESSURE MEASUREMENT</p> <p>SYSTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>REFUSED 994</p> <p>TECHNICAL PROBLEMS ... 995</p> <p>OTHER 996</p>																																																							
435A	<p>CALCULATE THE AVERAGE OF THE SYSTOLIC AND DIASTOLIC BP READINGS FROM 424 AND 434.</p> <p>(1) CALCULATE THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES IN 424 AND 434.</p> <p>(2) DIVIDE EACH SUM BY 2 AND RECORD THE AVERAGE.</p> <p>PLEASE NOTE:</p> <p>(1) IF THERE IS ONLY ONE BP READING, RECORD IT AS THE AVERAGE.</p> <p>(2) IF THERE IS MORE THAN ONE BP READING, ALWAYS EXCLUDE THE FIRST FROM THE AVERAGE.</p> <p>(3) IF THERE ARE ONLY TWO BP READINGS, THE 2ND IS THE AVERAGE.</p> <p>(4) IF ALL DIASTOLIC VALUES ARE '0', THE AVERAGE IS '0'.</p>	<p>AVERAGE OF 2ND AND 3RD MEASURES:</p> <p>SYSTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>AVERAGE OF 2ND AND 3RD MEASURES:</p> <p>SYSTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>AVERAGE OF 2ND AND 3RD MEASURES:</p> <p>SYSTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DIASTOLIC .. <input type="text"/> <input type="text"/> <input type="text"/></p>																																																							
435B	<p>USE THE TABLE BELOW TO MAKE THE CORRECT REFERRAL BASED ON AVERAGE VALUES IN 435A</p> <p>ADULT BLOOD PRESSURE VALUE BOX:</p> <table border="1"> <thead> <tr> <th rowspan="2">SYSTOLIC</th> <th colspan="6">DIASTOLIC</th> </tr> <tr> <th>≤ 84</th> <th>85-89</th> <th>90-99</th> <th>100-109</th> <th>110-119</th> <th>≥120</th> </tr> </thead> <tbody> <tr> <td>≤129</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>130-139</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>140-159</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>160-179</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>180-209</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> </tr> <tr> <td>≥210</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> </tbody> </table> <p>CIRCLE AVERAGE VALUES FOR THE DIASTOLIC AND THE SYSTOLIC BLOOD PRESSURE IN THE TABLE ABOVE. DRAW A HORIZONTAL LINE IN THE SYSTOLIC PRESSURE ROW AND A VERTICAL LINE IN THE DIASTOLIC PRESSURE COLUMN. CIRCLE THE VALUE WHERE THE LINES MEET.</p> <p>CIRCLE THE SAME VALUE CODE IN THE BLOOD PRESSURE REPORTING FORM AND GIVE IT TO THE RESPONDENT .</p>				SYSTOLIC	DIASTOLIC						≤ 84	85-89	90-99	100-109	110-119	≥120	≤129	1	2	3	4	5	6	130-139	2	2	3	4	5	6	140-159	3	3	3	4	5	6	160-179	4	4	4	4	5	6	180-209	5	5	5	5	5	6	≥210	6	6	6	6	6	6
SYSTOLIC	DIASTOLIC																																																										
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180-209	5	5	5	5	5	6																																																					
≥210	6	6	6	6	6	6																																																					
436A	<p>ASK CONSENT FOR FASTING BLOOD SUGAR TESTING</p> <p>As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level may be an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.</p> <p>For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test. The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers.</p> <p>If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>Do you have any questions? If you have any questions about the procedure at any time, please ask me.</p> <p>To obtain correct blood glucose measurement, we would ask that you do not eat or drink anything except plain water for at least 8 hours prior to my blood glucose testing visit.</p> <p>Would you allow me to return to take your blood glucose measurement before you break your fast?</p>																																																										

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
436B	<p>CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME.</p> <p>(IF 'NOT PRESENT' IN THE 1ST APPOINTMENT, MAKE A 2ND APPOINTMENT; MAKE A 3RD APPOINTMENT.)</p>	<p>1ST APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE SECOND APPOINTMENT) ←</p> <p>2ND APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE THIRD APPOINTMENT) ←</p> <p>3RD APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←</p>	<p>1ST APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE SECOND APPOINTMENT) ←</p> <p>2ND APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE THIRD APPOINTMENT) ←</p> <p>3RD APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←</p>	<p>1ST APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE SECOND APPOINTMENT) ←</p> <p>2ND APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (MAKE THIRD APPOINTMENT) ←</p> <p>3RD APP. GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ←</p> <p>SIGN _____</p> <p>RESP. NOT PRESENT 3 (GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←</p>
436C	<p>When can I come to test your blood glucose?</p> <p>RECORD APPOINTMENT FOR BLOOD GLUCOSE TESTING AND PROCEED TO NEXT SECTION</p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>	<p>1ST APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>2ND APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p> <p>3RD APP. DATE _____</p> <p>HOUR. . . <input type="text"/> <input type="text"/></p> <p>MINUTES. <input type="text"/> <input type="text"/></p>

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
436D	<p>WHEN RETURNING FOR BLOOD GLUCOSE TESTING: ASK CONSENT FOR BLOOD GLUCOSE TESTING</p> <p>As I mentioned yesterday, we are going to measure the level of sugar in blood. As part of this survey, we are asking people all over the country to take a blood glucose test. Your glucose level is an indicator that can measure your risk associated with some non-communicable diseases such as diabetes. This survey will assist the government to develop programs to prevent and treat high and low glucose levels.</p> <p>For the blood glucose testing, we will need a few drops of blood from a finger. The equipment used to take the blood is clean and completely safe. It has never been used before and will be thrown away after each test.</p> <p>SHOW UNOPENED PACKAGE.</p> <p>The blood will be tested for glucose immediately, and the result will be told to you right away for further follow up, if necessary. The result will be kept other strictly confidential and will not be shared with anyone other than members of our survey team. The results will be given to you with an explanation of the meaning of your blood glucose numbers. If your blood glucose is high, we will suggest that you consult a health facility or doctor since we cannot provide any counselling, further testing or treatment during the survey.</p> <p>You can say yes or no to having the blood glucose measurement now.</p> <p>Do you have any questions? If you have any questions about the procedure at any time, please ask me.</p> <p>Would you allow me to proceed to take your measurement?</p>			
436E	CIRCLE THE APPROPRIATE CODE AND SIGN YOUR NAME (IF 'NOT PRESENT' MAKE 2 MORE CALL BACKS TO FIND THE RESPONDENT)	GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←	GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←	GRANTED 1 REFUSED 2 (SIGN AND GO TO 436K) ← SIGN _____ ← RESP. NOT PRESENT 3 (AFTER TWO CALL BACKS, GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) ←
436F	When was the last time you had something to eat?	HOURS MINUTES 1 ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HOURS MINUTES 1 ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HOURS MINUTES 1 ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3 RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		MAN 1	MAN 2	MAN 3
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____
436G	When was the last time you had something to drink other than plain water?	<div>HOURS MINUTES</div> <div>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>	<div>HOURS MINUTES</div> <div>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>	<div>HOURS MINUTES</div> <div>1ST APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>2ND APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>3RD APP. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>
436H	CHECK 436F: LAST TIME EAT	8 HOURS OR MORE 1 SKIP TO 436II LESS THAN 8 HOURS 2	8 HOURS OR MORE 1 SKIP TO 436II LESS THAN 8 HOURS 2	8 HOURS OR MORE 1 SKIP TO 436II LESS THAN 8 HOURS 2
436I	READ TO RESPONDENT:	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 436B TO MAKE NEXT APPOINTMENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 436B TO MAKE NEXT APPOINTMENT	As mentioned before, in order to obtain correct blood glucose measurement, we need you to fast for at least 8 hours prior to testing. GO TO 436B TO MAKE NEXT APPOINTMENT
436II	PREPARE EQUIPMENT AND SUPPLIES FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE BLOOD GLUCOSE TEST.			
436J	RECORD TIME FOR BLOOD GLUCOSE TESTING	<div>DAY <input type="text"/> <input type="text"/></div> <div>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>HOURS <input type="text"/> <input type="text"/></div> <div>MINUTES <input type="text"/> <input type="text"/></div>	<div>DAY <input type="text"/> <input type="text"/></div> <div>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>HOURS <input type="text"/> <input type="text"/></div> <div>MINUTES <input type="text"/> <input type="text"/></div>	<div>DAY <input type="text"/> <input type="text"/></div> <div>MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>HOURS <input type="text"/> <input type="text"/></div> <div>MINUTES <input type="text"/> <input type="text"/></div>
436K	RECORD FASTING BLOOD SUGAR IN MMOL/L. IF YOUR ARE UNABLE TO MEASURE RESPONDENT'S BLOOD GLUCOSE , RECORD REASON BLOOD GLUCOSE IS NOT MEASURED	<div>MMOL/L <input type="text"/> <input type="text"/> <input type="text"/></div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div> <div>REFUSED 994 </div> <div>TECHNICAL PROBLEMS ... 995 </div> <div>OTHER 996 </div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div>	<div>MMOL/L ... <input type="text"/> <input type="text"/> <input type="text"/></div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div> <div>REFUSED 994 </div> <div>TECHNICAL PROBLEMS ... 995 </div> <div>OTHER 996 </div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div>	<div>MMOL/L ... <input type="text"/> <input type="text"/> <input type="text"/></div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div> <div>REFUSED 994 </div> <div>TECHNICAL PROBLEMS ... 995 </div> <div>OTHER 996 </div> <div>(GO TO 401 IN NEXT COLUMN. IF NO MORE RESPONDENT, END) </div>

TO BE FILLED IN AFTER COMPLETING BIOMARKERS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.
