

Saudi Health Interview Survey Results



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in collaboration with



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Table of contents

Background	6
Survey objectives	7
Survey operations	7
Training	7
Survey implementation.....	8
Survey organization	8
Survey flow.....	9
(1) Household roster module.....	9
(2) Questionnaire and physical measurements module.....	10
(3) Disposition codes module	10
(4) Biochemical measurements module	10
Respondent recruitment.....	11
Confidentiality.....	11
Data collection	12
Data collection technology	12
Study design	12
Sampling.....	13
Weighting methodology	14
Results.....	16
Selected SHIS findings:.....	20
Appendix 1: Saudi Health Interview Survey 2013.....	55
Color-coding legend.....	56

Module 1: Household roster.....	57
Household roster – Survey information and consent.....	58
Household roster	59
Module 2a: Selected adult questionnaire for full survey	61
Survey information and consent – full survey	62
Selected adult questionnaire – full survey.....	63
Module 3: Disposition codes.....	102
Disposition codes	103
Module 4: Selected adult biochemical measurements	108
Selected adult biochemical measurements.....	109

Figures and Tables

Table 1: Age and sex distribution.....	20
Table 2: Level of education, men.....	21
Table 3: Level of education, women.....	21
Table 4: Total household income, men.....	22
Table 5: Household income level, women.....	22
Table 6: Smoking status, men	23
Table 7: Smoking status, women	23
Table 8: Smokeless tobacco use	24
Table 9: Mean age of smoking initiation.....	24
Table 10: Mean years of smoking	25
Table 11: Consumption of manufactured cigarettes	25
Table 12: Consumption of shisha.....	26
Table 13: Hours spent sitting per day, men.....	27

Table 14: Hours spent sitting per day, women	27
Table 15: Hours spent watching TV per day, men	28
Table 16: Hours spent watching TV per day, women	28
Table 17: Physical activity level*, men	29
Table 18: Activity level*, women	29
Table 19: Body mass index (BMI)*, men.....	30
Table 20: Body mass index (BMI)*, women.....	30
Table 21: Mean BMI.....	31
Table 22: Daily servings of fruits, men.....	32
Table 23: Daily servings of fruits, women.....	32
Table 24: Daily consumption of five or more servings of fruits.....	33
Table 25: Daily servings of vegetables, men.....	33
Table 26: Daily servings of vegetables, women.....	34
Table 27: Daily consumption of more than five servings of vegetables.....	34
Table 28: Daily servings of fresh juice, men.....	35
Table 29: Daily servings of fresh juice, women.....	35
Table 30: Daily consumption of more than five servings of fresh juice.....	36
Table 31: Daily servings of fruits, fresh juice, and vegetables, men.....	36
Table 32: Daily servings of fruits, fresh juice, and vegetables, women.....	37
Table 33: Daily consumption of more than five servings of fruits, fresh juice, and vegetables.....	37
Table 34: Mean of fruit, fresh juice, and vegetable servings consumed per day	38
Table 35: Self-rated health, men	39
Table 36: Self-rated health, women	39
Table 37: Last routine medical checkup, men	40
Table 38: Last routine medical checkup, women	40
Table 39: Distance traveled for medical checkup, men.....	41
Table 40: Distance traveled for medical checkup, women.....	41
Table 41: Hypertension* including those on drugs	42
Table 42: Status of diagnosis, treatment, and control among those who are hypertensive, men	42
Table 43: Status of diagnosis, treatment, and control among those who are hypertensive, women	43

Table 44: Mean of measured systolic blood pressure	43
Table 45: Mean of measured diastolic blood pressure.....	44
Table 46: Measured pre-hypertension	44
Table 47: Diabetes* including those on drugs.....	45
Table 48: Status of diagnosis, treatment and control among those who are diabetic, men	45
Table 49: Status of diagnosis, treatment and control among those who are diabetic, women	46
Table 50: Pre-diabetes* measured by HbA1C	46
Table 51: Mean of measured HbA1c Level	47
Table 52: Hypercholesterolemia*, including those on drugs	48
Table 53: Status of diagnosis, treatment and control among those who are hypercholesterolemic, men	48
Table 54: Status of diagnosis, treatment and control among those who are hypercholesterolemic, women	49
Table 55: Measured pre-hypercholesterolemia	49
Table 56: Mean of measured total blood cholesterol	50
Table 57: Vitamin D levels, men	51
Table 58: Vitamin D levels, women.....	51
Table 59: consumption of vitamin D supplements	52
Table 60: Mean of measured blood vitamin D level.....	52
Table 61: Self-reported chronic conditions, by sex.....	53

Figure 1: Survey flow

54

Background

The Kingdom of Saudi Arabia (KSA) has made large strides in improving health standards over the past two decades. The Kingdom has seen a dramatic shift in its burden of disease profile, transitioning away from communicable, maternal, and perinatal causes and toward non-communicable diseases. The leading causes of death for females in 2010 in the KSA were ischemic heart disease (IHD) followed by cerebrovascular disease, representing 18% and 17% of total deaths, respectively. In comparison, IHD was the leading cause of death for males, followed by road traffic injuries and cerebrovascular diseases. Diabetes mellitus ranked sixth, causing 3.7% of the total deaths in males, while in females it ranked seventh, causing 3.8% of total deaths in 2010. Risk factors for death, such as high blood pressure, high fasting plasma glucose (FPG), and high body mass index (BMI), among men of all ages ranked second, third, and fourth in 2010, whereas in females these risk factors ranked first, fourth, and third, respectively. Dietary risk factors contributed to 25% and 24% of deaths among males and females, respectively, while in both males and females physical activity was ranked as the sixth risk factor for deaths in 2010.

The Ministry of Health of the KSA is currently investing in reforming its health information systems and began a five-year collaboration with the Institute for Health Metrics and Evaluation (IHME) in 2012 to implement an integrated health information system in the Kingdom. The first step of this collaboration is to implement a population-based surveillance system that integrates multiple data sources to track the risk factors for chronic diseases at the local level. This system will capture the complete spectrum of relevant information from socioeconomic context and health risk factors to disease incidence and the resulting cascade of hospitalizations, outpatient visits, and use of and adherence to interventions. It will enable the Kingdom of Saudi Arabia to gain more information regarding health outcomes, health risk factors, health services, and socioeconomic determinants. Furthermore, it will allow them to evaluate disparities in health and tailor interventions confronting chronic disease in the Kingdom of Saudi Arabia.

Survey objectives

The primary objective of the Saudi Health Interview Survey (SHIS) was to collect data on health and demographic characteristics in order to assess the prevalence of several chronic conditions and identify their risk factors. The information provided by the survey will help the Ministry of Health better understand the health of people in the Kingdom of Saudi Arabia and provide a sound basis to better develop and implement preventive and curative programs throughout the Kingdom.

Survey operations

The MOH has implemented and overseen the operation of the survey, including planning and conducting fieldwork and processing collected data. MOH staff was responsible for overseeing the day-to-day technical operations, including recruiting and training field and data-processing staff and supervising office and field operations.

Financial support for the survey was provided by the Kingdom of Saudi Arabia. The Institute for Health Metrics and Evaluation (IHME) provided technical assistance when required.

Training

Joint and separate in-depth trainings were held for supervisors and local interviewers. During the training, survey experts from IHME and MOH introduced all aspects of the protocol and survey content, including methodology for physical measurement, to supervisors and interviewers. In addition, in-class practice was conducted in order to familiarize the interviewers with the instrument, and the intended purpose of each question was clearly explained. The training sessions included familiarizing interviewers and supervisors with using the computer software (DatStat) that was used for data collection. Interviewers learned DatStat and practiced administering the questionnaire and submitting the surveys in class.

A pilot study was conducted to familiarize the interviewers with the operation and the issues that might be encountered in the field. A final version of the survey was finalized based on the results of the pilot, and a final training was conducted in each region for all interviewers before the start of the survey.

Survey implementation

Each local survey area was composed of a supervisor and approximately 20 interviewers (10 two-person teams). Interviewers visited households in teams of two consisting of one male and one female to ensure that respondents were interviewed by a member of the same sex.

Lenovo notebooks were used in administering and transmitting the data via a secure link to MOH. The Health Interview Survey comprises four modules, which are discussed in detail in the following sections. The questions have been specifically selected to provide information on demographics, morbidity, effective coverage, and leading health conditions within the population.

Survey organization

The SHIS includes the following modules (described in detail later in this document):

- I. Household roster (**Module 1**)
- II. Selected adult questionnaire (**Module 2, part 1**)
 - a. Socio-demographic information
 - b. Tobacco use
 - c. Diet
 - d. General health status and functional health status
 - e. Physical activity
 - f. Access to and utilization of health care
 - g. Oral health

- h. History of chronic conditions
- i. Inventory of medications for chronic conditions
- j. Miscellaneous health behaviors
- III. Selected adult physical measurements (**Module 2, part 2**)
 - a. Anthropometry
 - b. Blood pressure, heart rate, and respiration
- IV. Disposition codes (**Module 3**)
- V. Selected adult biochemical measurements (completed at a local clinic) (**Module 4**)
 - a. Fasting lipid profile
 - b. Hemoglobin A1c
 - c. Vitamin D

Please refer to **Appendix 1** for the full instrument.

Survey flow

The flow of the survey and linkage between different steps is summarized in **Figure 1**. As the figure shows, there are four main components to the SHIS: (1) the household roster, (2) questionnaire and physical measurements, (3) disposition codes, and (4) biochemical measurements.

Details on each section are provided below.

(1) Household roster module

The SHIS starts with the household roster; after the household head was successfully identified, the interviewer administered the household roster module to them. If the head of household was away or unable to answer, a household member aged 15 years or older could fill in information for the roster. This module lasts about five minutes. Information collected for this module was used to randomly select an adult for the following modules. Specifically, at the end of the household roster module, the DatStat software randomly selected an eligible person from the list of all eligible persons in that household to participate in the rest of the survey.

(2) Questionnaire and physical measurements module

This module has two sub-components: 1) questionnaire and 2) physical measurements.

Once the randomly selected individual was successfully contacted and consent was obtained, a series of demographic and health questions were asked, followed by recording of physical measurements. These physical measurements include weight, height, waist circumference, blood pressure, and heart and respiration rates. Omron HN286 (SN:201207-03163F) was used to measure weight. Omron M6 Comfort (HEM-7223-E) was used to measure blood pressure. At the end of this module, respondents were invited to visit their local health clinic to have their blood drawn and tested.

(3) Disposition codes module

This module captures information used to calculate response rates and determines the final status of each contact with the selected household. When a survey was stopped at any point such as the end of or during a module, Datastat required a disposition code. When a survey was completed, the final disposition code was assigned as complete. This allowed the survey managers to monitor progress and assign work in the field. At the end of the survey, the disposition codes were used to compute the response rate.

(4) Biochemical measurements module

Participants were referred to a local clinic, where their blood was drawn for testing. After blood had been drawn from the participant, the local clinic shipped the blood sample collected to King Fahd Medical City (KFMC) in Riyadh for analysis. The blood collected was tested for fasting lipid profile, hemoglobin A1c, and Vitamin D. The survey used a central lab to ensure the standardization of all measurements. Roche Hitachi COBAS 8000 was used to measure total cholesterol, HDL, LDL, triglycerides, and vitamin D. COBAS INTEGRA400 plus was used to measure HbA1c.

DatStat was used to enter values at clinics and the lab, and this information was then transmitted to the MOH. The household ID (HHID) was used for data entry at all levels. Date and time of when the blood sample was taken and questions about drugs (such as insulin) that might have been taken by the participant during that day were collected at the clinic. When the sample was analyzed at KFMC lab, a lab technician entered and transmitted the results of the blood analysis on DatStat.

Respondent recruitment

The potential respondents were contacted by staff trained in interview procedures. Each potential respondent was informed about the purpose of the study and the approximate time needed for the interview. Written or verbal informed consent for participation was sought from each respondent. Potential respondents had the right to refuse participation, and a respondent could refuse to participate in the study at any given time. The respondent information sheet and informed consent form were translated into and administered in Arabic.

Confidentiality

All interviews were conducted with the respondent without the presence of another person from the household. Each respondent was identified by a unique identifier (HHID) and not by his or her name. The roster was administered to the head of the household or the most knowledgeable person of the house if the head of the household was not present at the time of the first contact. The roster included all members of the family listed according to their date of birth. A random member aged 15 or older was selected for the interview. The data transmitted to MOH had the HHID and not the personal identity of the respondents (i.e., names of the respondents were not collected by questions in the survey and hence not transmitted to the MOH).

Data collection

All interviews and physical measurements were done on a one-to-one basis. Each interview consisted of one interviewer and another interviewer responsible for physical measurements. Each team consisted of one male and one female interviewer to ensure that if a female was selected for the interview, a female interviewer could administer the questionnaire. No other person was present other than the respondent and the interviewer. Each respondent was identified by their HHID number.

Data-collection technology

DatStat software was used for data collection. This data entry program included range and consistency checks to control the quality of data entered. The data collected through this software were immediately sent to MOH's server and were constantly monitored and checked for quality purposes. All computers had connections to the internet for continuous data upload and feedback. This allowed timely feedback to interviewers in the field, thereby allowing better data-collection results. MOH was responsible for translating the survey into Arabic, and IHME programmed the survey in Arabic using DatStat. The final instrument covered information about socio-demographic data; tobacco consumption, diet, and physical activity pattern; history of blood pressure and diabetes; anthropometric and blood pressure measurements; and biochemical assessment of total and HDL cholesterol and triglycerides, hemoglobin A1c, and vitamin D.

Study design

The SHIS is based on a multistage representative sample of adults 15 years or older. The survey was conducted covering all regions in the Kingdom of Saudi Arabia using probability proportional to size. This study was used to estimate the prevalence of some of the risk factors of non-communicable diseases through interview, physical examination, and laboratory examination of blood samples of study participants.

Sampling

A multistage stratified probability sample was developed to recruit the study participants while ensuring probability proportionate to size for each stratum. Stratification was based the 13 regions of the Kingdom (Al Riyadh; Makkah Al Moukarrama; Eastern Region; Northern Borders; Madinah; Jazan; Aseer; Najran; Qaseem; Tabuk; Hail ; Al-Jouf; Al-Baha).

The Census Bureau of the Kingdom of Saudi Arabia has divided the Kingdom into small clusters of households (averaging about 140 household in each cluster) and labeled them as enumeration units. These enumeration units serve as primary sampling units (PSU) for the survey. The number of households in each PSU depends upon the population size, density, and geographical spread of the area. Therefore, the congested cities have more households in a PSU as compared to more scattered rural areas.

A probability proportional to size sample of PSUs was randomly selected from each of 13 administrative regions. Fourteen households from each PSU (enumeration unit) were randomly selected and contacted. A total of 12,000 households were selected and contacted. A total of 10,827 completed the survey and were invited to the local health clinics. The remaining 1,173 completed part of the roster or all of it, but the selected adult did not complete the rest of the survey (Module 2). The sections in the survey that were administered at the household (Modules 1 and 2) had a 90% response rate (10,827/12,000). A total of 5,941 individuals went to the local clinics and provided blood samples for analyses. The section of the survey that was administered at the clinic (Module 4) had a response rate of 55% (5,941/10,827), or a final response rate of 49.5% (5,941/12,000). All survey weights were post-stratified to the general Saudi population and to the composition of the selected adults. Hence, the methodology adjusted for self-selection bias in the clinic part of the survey. Indeed, participants who went to the clinic were more likely to be older women with certain pre-conditions. Consequently, our weights accounted for this bias.

Weighting methodology

As previously described, sampling was performed using the regions as strata and the primary sampling unit created by the census bureau in each region. There were 13 strata in total. Two sets of sample weights were generated and incorporated into the merged datasets for analysis. We define an individual's probability of selection as the total number of sampled individuals in his or her strata divided by the total number of households in that strata and the number of individuals eligible for selection in his or her household.

$$p_{\text{selection}} = \frac{N_{\text{individuals,sampled,strata}}}{N_{\text{households,total,strata}} N_{\text{individuals,total,household}}}$$

An individual's selection weight is defined as the inverse of the probability of selection.

$$w_{\text{person}} = \frac{1}{p_{\text{selection}}}$$

The selection weight is multiplied by a post-stratification factor to account for differences in the demographic distribution in our sample and the total population of Saudi Arabia. The post-stratified person-weight more fully incorporates information about the sample gleaned from the 2013 KSA census. The post-stratification factor is defined as the ratio of the percentage of individuals in that selected individual's age and sex group in the Saudi population to the percentage of individuals in that selected individual's age and sex group in our sample.

$$w_{\text{person,post-stratified}} = w_{\text{person}} \frac{\% \text{ pop}_{\text{Saudi,age,sex}}}{\% \text{ pop}_{\text{sample,age,sex}}}$$

This post-stratified person-weight is used when analyzing all data collected in the household.

For individuals who have completed Module 4, we computed an additional weight that should be used for all data collected in the laboratory. The non-post-stratified laboratory weight is defined as the ratio of the total number of sampled individuals in that individual's strata to the number of individuals in that individual's strata from whom laboratory data were collected and multiplied by the individual's selection weight computed above.

$$w_{\text{lab}} = \frac{N_{\text{individuals,sampled,strata}}}{N_{\text{individuals,Mod 4,strata}}} w_{\text{person}}$$

The individual's non-post-stratified laboratory weight is multiplied by a post-stratification factor using a predicted probability derived from a logistic regression on an individual's age group, sex, diabetes status, self-reported health, recent health clinic visits, and smoking status. An additional demographic post-stratification factor is applied to account for differences in the demographic characteristics of individuals completing Module 4 and the Saudi population. Finally, we apply a factor **F** to adjust the post-stratified lab weight to represent the sample estimated population of individuals 15 years of age and older in Saudi as predicted using a weighted tabulation of our post-stratified person-weight.

$$w_{\text{lab,post-stratified}} = w_{\text{lab}} p_{\text{logistic}} F \frac{\% \text{ pop}_{\text{householdSamplevariables}}}{\% \text{ pop}_{\text{Mod 4,variables}}}$$

This weight was used for all the data collected at the clinics.

Results

SHIS is a cross-sectional study covering all 13 regions of KSA that uses a multi-staged representative sample of adults 15 years and older. This study estimates the prevalence of non-communicable diseases and its risk factors in the Kingdom. The following is a brief summary of the key findings of our study.

The prevalence of obesity in Saudi Arabia ranged from 13.6% in young adults aged 15-24 to 48% in adults aged 55-64. 24.1 % of males and 33.5% of females have a body mass index (BMI) above 30 kg/m². 33.4% of males and 28.0% of females are overweight, with a BMI between 25 kg/m² and 30 kg/m².

The prevalence of hypertension also increased across age groups from 3.4% among those aged 15-24 to 48.4% among those aged 55 to 64 and 65.2% among those aged 65 and older. Borderline hypertension was noted in 46.5% (3.0 million) of males and 34.3% (2.1 million) of females. About 1.1 million Saudi men and 0.8 million Saudi women are hypertensive, with 0.5 million men and 0.4 million women who have been diagnosed with hypertension. 0.4 million men and 0.3 million women are on medication for hypertension; however, 0.2 million men and 0.2 million women have uncontrolled elevated blood pressure.

The prevalence of hypercholesterolemia increased with age and ranged from 5.7% among those aged 25-34 to 28.7% among those aged 65 and older. 19.5% (1.3 million) of males and 20.6% (1.2 million) of females have borderline hypercholesterolemia. About 0.7 million Saudi men and 0.5 million Saudi women are hypercholesterolemic, with 0.4 million men and 0.3 million women diagnosed with hypercholesterolemia. 0.2 million men and 0.1 million women are on medication for hypercholesterolemia; however, only 7.44% of hypercholesterolemic men and women who are treated have uncontrolled elevated blood cholesterol.

The prevalence of diabetes increased with age and ranged from 7.8% among those aged 25-34 to 50.4% among those aged 65 and older. Borderline diabetes was present in 17.0% (1.2 million) of males and 15.5% (1 million) of females. 1.0 million Saudi men and 0.7 million Saudi women are diabetic, with approximately 0.6 million men and 0.5 million women diagnosed with diabetes. 0.5 million men and 0.3 million women are on medication for their diabetes; however, about 0.2 million of those men and 0.2 million of those women have uncontrolled

diabetes. Moreover, 4.5% of men and 3.5% of females in KSA have asthma, whereas only 0.1% of men and 0.4% of females have reported to have cancer.

The findings of SHIS call for more efforts to prevent the chronic disease risk factors. Programs to improve diet, reduce smoking, and increase physical activity are urgently needed. The high rates of diabetes, high blood pressure, and high cholesterol levels in a young population are alarming. These rates will continue to increase as the Saudi population is aging. Moreover, the high prevalence of borderline and undiagnosed conditions as well as the lack of compliance with medical treatment call for campaigns of early detection and health education. Awareness campaigns need to highlight the importance of compliance with medication, the impact of shisha and smoking on health, and the interrelated risks of total caloric intake and physical activity with obesity.

The MOH is about to launch a health census that will provide a comprehensive picture of the burden of disease in the Kingdom. This includes assessing the prevalence of communicable and non-communicable diseases as well as injuries among populations in Saudi. The results of the census will be essential for implementing effective health policies that aim to create a better health system in the Kingdom that is based on prevention and early detection. The census will also give accurate information related to access to health care by facility by region, which is crucial in building a stronger and more efficient health system.

Why are SHIS findings different from those previously reported by other studies?

SHIS was based on a nationally representative household sample designed to produce national and regional estimates. All interviewers and supervisors used a standardized methodology for households' selection and data collection. All laboratory work was done in a standardized approach at a central location. SHIS used computer-assisted personal interviewing (CAPI) to improve the quality and the timeliness of data. The computer software used in data collection (DatStat) included range and consistency checks for all variables, hence eliminating interviewers' errors. Moreover, the software picked the eligible household member at random from a roster, hence eliminating selection bias at the household.

Finally, SHIS applied an advanced statistical approach in post-collection management of the data. The final weights used for individuals were based on the probability of selection and a post-stratification factor to ensure a representative sample of the Kingdom. More importantly, SHIS adjusted for self-selection bias among those who went to the clinic and those who did not. In health studies, sick persons or those who are not feeling well are more likely to accept physical exams and undergo blood analyses (refer to the table below). SHIS weights adjusted for this bias and applied an approach to correct the estimates to be representative of the general population and not of those who decided to go to the clinics.

Table: Clinical visit participation bias

Factors	Categories	Participated in the lab exam		Bivariate analysis		Multivariate analysis	
		No (row %)	Yes (row %)	Chi ²	P value	Adjusted OR	95% CI
Gender	Males	3,085 (58.2)	2,211 (41.8)	15.6	< 0.001	Reference	
	Females	3,010 (54.5)	2,515 (45.5)			1.2	1.1 – 1.3
Age	15 – 24	1,406 (59.0)	976 (41.0)	76.8	< 0.001	Reference	
	25 – 34	1,672 (60.6)	1,085 (39.4)			0.9	0.8 – 1.0
	35 – 44	1,314 (56.2)	1,025 (43.8)			1.05	0.9 – 1.2
	45 – 54	774 (50.9)	746 (49.1)			1.2	1.1 – 1.4
	55 – 64	455 (52.8)	407 (47.2)			1.2	1.0 – 1.4
	65 – 74	249 (45.9)	293 (54.1)			1.6	1.3 – 2.0
	75+	173 (51.9)	160 (48.1)			1.2	1.0 – 1.6
Routine medical check-up	Never	4,468 (56.8)	3,401 (43.2)	7.6	0.05		
	Within 2013	997 (54.4)	837 (45.6)				
	within 2012	391 (54.0)	333 (46.0)				
	2005 – 2011	241 (60.2)	159 (39.8)				
Fruits and vegetables consumption	< 5 servings per day	5,592 (56.30)	4,337 (43.7)	0.02	0.9		
	5+ servings per day	343 (56.4)	265 (43.6)				
Current smoking status	Non-smoker	5,189 (54.8)	4,272 (45.2)	65.6	< 0.001		
	Smoker	908 (66.5)	458 (33.5)				
BMI kg/m ²	< 25	2,070 (59.7)	1,398 (40.3)	67.7	< 0.001	Reference	
	25.00–29.99	1,195 (57.5)	1,477 (42.5)			1.1	0.9 – 1.2
	30.00–34.99	1,577 (51.5)	1,482 (48.5)			1.3	1.1 – 1.4
	≥ 35	185 (44.8)	228 (55.2)			1.7	1.3 – 2.1
Self-rated health	Excellent or very good	4,626 (58.7)	3,249 (41.3)	73.1	< 0.001		
	Good	1,026 (50.5)	1,004 (49.5)				
	Fair or poor	420 (47.7)	461 (52.3)				
Asthma	No	5,880 (56.5)	4,532 (43.5)	4.6	0.03		
	Yes	200 (51.0)	192 (49.0)				
COPD	No	6,066 (56.3)	4,709 (43.7)	0.7	0.4		
	Yes	14 (48.3)	15 (51.7)				
Pre-diabetes	No	5,996 (56.6)	4,603 (43.4)	20.5	< 0.001	Reference	
	Yes	83 (40.7)	121 (59.3)			1.7	1.2 – 2.2
Diabetes	No	5,415 (57.3)	4,027 (42.7)	31.4	< 0.001		
	Yes	616 (49.0)	641 (51.0)				
Blood pressure	No	5,518 (57.0)	4,161 (43.0)	21.9	< 0.001		
	Yes	511 (49.4)	523 (50.6)				
Cholesterol	No	5,574 (57.0)	4,206 (43.0)	16.3	< 0.001		
	Yes	379 (49.5)	387 (50.5)				
Total		6,097 (56.3)	4,730 (43.7)				

Selected SHIS findings:

Table 1: Age and sex distribution

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	1189	51.3	1.32	1193	48.7	1.32	2382	100	0.72
25 - 34	1254	51.1	1.30	1503	48.9	1.30	2757	100	0.51
35 - 44	1132	45.4	1.35	1207	54.6	1.35	2339	100	0.4
45 - 54	722	49.0	1.66	798	51.0	1.66	1520	100	0.39
55 - 64	439	55.4	2.30	423	44.6	2.30	862	100	0.29
65+	517	59.1	2.32	358	40.9	2.32	875	100	0.19
Total	5253	50.6	0.69	5482	49.4	0.69	10735	100	

Table 2: Level of education, men

Age	Can't read or write		Can read and write		Primary school completed		Intermediate school completed		Completed school or high school		College/university completed		Post-graduate degree	
	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)
15 - 24	2	0.2 (0.13)	25	3.5 (0.75)	126	10.8 (1.10)	428	35.4 (1.77)	528	42.4 (1.84)	79	7.7 (1.03)	0	N/A(N/A)
25 - 34	9	0.8 (0.29)	13	1.4 (0.47)	63	5.0 (0.73)	140	11.2 (1.20)	526	43.1 (1.89)	481	37.0 (1.79)	21	1.6(0.42)
35 - 44	17	2 (0.63)	30	2.5 (0.55)	89	8.9 (1.13)	152	13.2 (1.36)	419	38.2 (1.89)	381	31.5 (1.78)	42	3.7(0.67)
45 - 54	29	3.1 (0.76)	52	8.0 (1.33)	114	16.7 (1.87)	139	18.5 (1.86)	208	30.0 (2.20)	152	19.1 (1.78)	25	4.6(1.03)
55 - 64	74	17.3 (2.51)	60	12.5 (2.09)	97	23.3 (2.71)	70	17 (2.35)	64	15.3 (2.33)	63	12.6 (1.83)	10	2.0(0.79)
65+	231	43.0 (2.97)	92	16.5 (2.09)	94	21.1 (2.54)	42	8.3 (1.62)	29	6.3 (1.49)	23	4.0 (0.95)	5	0.7(0.30)
Total	362	4.2 (0.31)	272	4.7 (0.41)	583	11.3 (0.60)	971	22.5 (0.87)	1774	36.8 (0.96)	1179	18.8 (0.70)	103	1.6(0.19)

Table 3: Level of education, women

Age	Can't read or write		Can read and write		Primary school completed		Intermediate school completed		Completed school or high school		College/university completed		Post-graduate degree	
	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)
15 - 24	16	1.1 (0.39)	41	4.3 (0.79)	118	9.5 (1.11)	346	27.5 (1.67)	481	41.5 (1.86)	187	16.0 (1.38)	2	0.1 (0.05)
25 - 34	51	3.3 (0.65)	71	4.7 (0.70)	135	8.5 (1.04)	171	11.3 (1.09)	486	31.5 (1.65)	563	39.2 (1.77)	21	1.5 (0.38)
35 - 44	140	11.3 (1.22)	107	10.2 (1.24)	142	14.8 (1.48)	172	15.4 (1.42)	251	20.2 (1.46)	373	26.8 (1.62)	21	1.3 (0.32)
45 - 54	297	34.9 (2.18)	124	17.4 (1.89)	109	14.2 (1.64)	83	11.7 (1.54)	90	11.0 (1.31)	86	9.6 (1.25)	8	1.3 (0.55)
55 - 64	283	66.4 (3.12)	60	15.4 (2.53)	28	6.0 (1.29)	22	6.1 (1.52)	17	3.5 (1.01)	10	2.3 (0.87)	2	0.3 (0.24)
65+	322	89.5 (2.01)	19	5.6 (1.53)	6	1.5 (0.64)	4	1.4 (0.80)	4	1.5 (0.87)	1	0.1 (0.13)	1	0.3 (0.29)
Total	1109	14.5 (0.59)	422	7.8 (0.51)	538	10.3 (0.60)	798	17.9 (0.79)	1329	28.3 (0.92)	1220	20.5 (0.77)	55	0.8 (0.12)

Table 4: Total household income, men

Age	Less than 3,000 riyal		3,000 to less than 5,000 riyal		5,000 to less than 7,000 riyal		7,000 to less than 10,000 riyal		10,000 to less than 15,000 riyal		15,000 riyal or more	
	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)
15 - 24	187	20.2(1.75)	183	19.5(1.72)	134	13.0(1.45)	160	19.3(1.77)	122	15.1(1.61)	95	12.9(1.48)
25 - 34	118	10.5(1.18)	198	18.5(1.58)	231	19.7(1.58)	304	24.8(1.68)	171	13.5(1.27)	132	13.0(1.32)
35 - 44	74	6.6(0.97)	122	11.0(1.20)	171	14.6(1.40)	222	20.7(1.67)	284	27.1(1.82)	180	20.0(1.65)
45 - 54	47	7.3(1.38)	112	16.2(1.87)	95	13.4(1.62)	130	19.2(1.97)	131	19.9(1.99)	147	23.9(2.14)
55 - 64	65	17.8(2.72)	104	27.9(3.02)	62	15.0(2.24)	49	12.4(2.25)	51	11.3(1.96)	62	15.6(2.28)
65+	158	30.5(2.84)	110	29.2(3.09)	62	15.8(2.47)	42	9.2(1.80)	48	8.9(1.54)	32	6.5(1.64)
Total	649	14.4(0.76)	829	18.7(0.83)	755	15.2(0.74)	907	19.7(0.84)	807	16.5(0.77)	648	15.3(0.74)

Table 5: Household income level, women

Age	Less than 3,000 riyal		3,000 to less than 5,000 riyal		5,000 to less than 7,000 riyal		7,000 to less than 10,000 riyal		10,000 to less than 15,000 riyal		15,000 riyal or more	
	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)	N	Weighted % (SE)
15 - 24	173	21.7(1.91)	187	23.2(1.92)	135	13.5(1.49)	161	17.0(1.63)	122	13.2(1.45)	86	11.3(1.38)
25 - 34	162	15.3(1.53)	220	20.2(1.71)	221	14.1(1.22)	307	25.2(1.67)	179	13.8(1.34)	121	11.3(1.32)
35 - 44	125	14.1(1.58)	171	19.0(1.76)	175	16.2(1.55)	161	16.5(1.62)	179	19.1(1.68)	147	15.2(1.50)
45 - 54	127	22.0(2.40)	130	19.4(2.01)	96	12.9(1.57)	89	15.0(1.81)	88	14.4(1.78)	88	16.3(2.01)
55 - 64	122	31.1(3.47)	54	22.1(3.72)	46	15.6(2.80)	35	12.6(2.94)	34	10.2(2.09)	30	8.3(1.79)
65+	174	57.1(4.13)	38	13.1(2.39)	21	11.9(2.98)	20	9.0(2.64)	11	4.9(1.85)	11	4.0(1.39)
Total	883	20.7(0.93)	800	20.9(0.94)	694	14.1(0.74)	773	18.0(0.83)	613	14.1(0.74)	483	12.2(0.71)

Table 6: Smoking status, men

Age	Never			Ex			Current daily			Current non-daily		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	943	81.2	1.46	42	2.7	0.55	191	14.9	1.33	11	1.2	0.48
25 - 34	771	62.0	1.83	83	7.6	1.01	374	29.0	1.72	19	1.4	0.38
35 - 44	688	60.5	1.92	105	8.8	1.08	321	29.6	1.82	14	1.1	0.37
45 - 54	455	63.5	2.34	66	10.0	1.51	188	25.7	2.13	8	0.8	0.36
55 - 64	279	61.8	3.09	66	13.5	1.95	89	23.1	2.82	5	1.6	0.82
65+	406	74.7	3.80	67	15.5	2.32	37	9.1	2.00	3	0.7	0.42
Total	3,542	70.5	0.87	429	6.8	0.44	1,200	21.5	0.79	60	1.2	0.23

Table 7: Smoking status, women

Age	Never			Ex			Current daily			Current non-daily		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	1,169	98.5	0.48	8	0.7	0.35	5	0.5	0.31	6	0.3	0.11
25 - 34	1,475	98.5	0.37	6	0.4	0.17	11	0.5	0.17	6	0.6	0.29
35 - 44	1,178	98.0	0.45	6	0.7	0.28	14	0.7	0.21	6	0.6	0.29
45 - 54	771	96.5	0.84	2	0.5	0.50	24	2.9	0.69	1	0.1	0.08
55 - 64	404	95.1	1.87	4	0.7	0.46	15	4.2	1.82	0	N/A	N/A
65+	347	98.0	0.81	3	0.3	0.19	8	1.7	0.79	0	N/A	N/A
Total	5,344	97.9	0.27	29	0.6	0.17	77	1.1	0.20	19	0.4	0.09

Table 8: Smokeless tobacco use

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	19	1.1	0.33	0	N/A	N/A	19	0.6	0.17
25 - 34	33	1.6	0.37	4	0.4	0.37	37	1.1	0.26
35 - 44	28	2.0	0.54	1	0	0.02	29	0.9	0.25
45 - 54	14	1.8	0.66	2	0.6	0.53	16	1.2	0.42
55 - 64	13	1.9	0.67	2	0.5	0.37	15	1.3	0.41
65+	9	1.6	0.71	5	1.8	1.09	14	1.7	0.62
Total	116	1.5	0.20	14	0.3	0.11	130	0.9	0.12

Table 9: Mean age of smoking initiation

Age	N	Men			Women			Total		
		Mean	Lower 95 % CI	Upper 95% CI	Mean	Lower 95% CI	Upper 95% CI	Mean	Lower 95% CI	Upper 95% CI
15 - 24	244	16.24	15.7	16.7	17.76	16.7	18.7	16.35	15.9	16.8
25 - 34	478	18.67	18.2	19	18.43	14.3	22.5	18.66	18.2	19.0
35 - 44	441	19.8	19.3	20.3	25.71	22.5	28.9	20.09	19.5	20.6
45 - 54	263	20.66	19.8	21.4	23.31	17.5	29	20.86	20.0	21.7
55 - 64	160	20.61	19.6	21.5	18.5	12.2	24.7	20.43	19.4	21.4
65+	107	22.37	20.7	24	22.5	14.3	30.6	22.38	20.8	24.0

Table 10: Mean years of smoking

Age	Men				Women				Total			
	N	Mean	Lower 95% CI	Upper 95% CI	N	Mean	Lower 95% CI	Upper 95% CI	N	Mean	Lower 95% CI	Upper 95% CI
15 - 24	244	4.6	4.12	5.06	20	3.1	1.9	4.2	264	4.5	4.0	4.9
25 - 34	478	11.4	10.9	11.84	24	11.2	6.5	15.8	502	11.4	10.9	11.8
35 - 44	441	19.4	18.9	20.03	26	13.6	10.2	16.9	467	19.2	18.6	19.8
45 - 54	263	28.5	27.6	29.47	27	25.7	20.2	31.2	290	28.3	27.4	29.3
55 - 64	160	37.7	36.68	38.83	19	40.2	33.5	46.9	179	38	36.9	39.1
65+	107	49.6	47.34	51.82	11	47.5	37.4	57.6	118	49.4	47.3	51.6

Table 11: Consumption of manufactured cigarettes

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	195	15.6	1.38	10	0.7	0.33	205	8.3	0.75
25 - 34	367	28.7	1.72	13	0.8	0.22	380	14.9	0.95
35 - 44	312	28.7	1.82	8	0.6	0.25	320	13.2	0.92
45 - 54	188	25.4	2.12	20	2.4	0.63	208	13.6	1.16
55 - 64	89	23.2	2.82	7	3.3	1.81	96	14.3	1.81
65+	38	9.3	2.00	7	1.6	0.76	45	6.1	1.24
Total	1,189	21.6	0.80	65	1.1	0.20	1,254	11.4	0.44

Table 12: Consumption of shisha

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	191	14.7	1.33	10	0.7	0.33	201	7.9	0.73
25 - 34	365	27.9	1.69	16	1.1	0.32	381	14.8	0.95
35 - 44	314	28.1	1.78	17	1.1	0.32	331	13.3	0.91
45 - 54	186	25.1	2.11	24	2.9	0.69	210	13.8	1.16
55 - 64	86	23.0	2.84	13	4.0	1.81	99	14.5	1.83
65+	35	8.5	1.88	8	1.8	0.79	43	5.8	1.18
Total	1,177	20.9	0.78	88	1.4	0.21	1,265	11.3	0.43

Table 13: Hours spent sitting per day, men

	None			0.5 - <2			2-<4			4-<6			>6		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	10	0.8	0.34	119	10.7	1.18	408	38.3	1.90	232	24.3	1.71	308	26.0	1.67
25 - 34	10	0.7	0.32	99	8.3	1.04	409	38.9	1.95	305	27.9	1.81	295	24.2	1.72
35 - 44	13	1.0	0.41	121	10.8	1.13	392	42.7	2.10	198	20.5	1.66	294	25.0	1.80
45 - 54	4	0.7	0.40	66	9.4	1.41	236	39.2	2.47	168	27.9	2.30	178	23.0	2.06
55 - 64	0	N/A	N/A	31	8.3	1.81	143	39.8	3.26	103	28.5	3.17	115	23.5	2.58
65+	4	1.0	0.54	30	9.7	2.30	111	29.6	3.00	114	28.0	2.92	171	32.0	2.93
Total	41	0.8	0.17	466	9.8	0.6	1,699	38.8	1.01	1,120	25.5	0.91	1,361	25.1	0.88

Table 14: Hours spent sitting per day, women

	None			0.5 - <2			2-<4			4-<6			>6		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	12	1.1	1.43	92	8.7	1.12	346	32.1	0.86	286	29.0	1.87	307	29.1	1.83
25 - 34	17	1.2	1.41	140	10.4	1.12	490	36.9	0.83	311	27.0	1.76	339	24.8	1.70
35 - 44	17	0.9	0.31	127	13.6	1.52	412	42.6	2.08	234	24.0	1.80	223	19.1	1.59
45 - 54	9	0.6	0.25	76	10.7	1.44	284	44.1	2.44	164	22.0	2.01	168	22.4	2.07
55 - 64	12	1.5	0.50	33	12.5	2.84	87	29.1	3.54	76	24.0	3.31	132	33.2	3.48
65+	6	1.0	0.46	16	5.7	1.98	52	17.9	3.03	75	33.0	3.99	141	42.7	4.07
Total	73	1.0	0.21	484	10.2	0.62	1,671	35.8	1.00	1,146	26.6	0.96	1,310	26.3	0.94

Table 15: Hours spent watching TV per day, men

	None			0.5 - 2			2 - 4			4- 6			>6		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	30	3.1	0.74	134	15.4	1.58	380	42.6	2.10	199	23.7	1.85	138	15.1	1.55
25 - 34	28	2.8	0.65	135	13.6	1.49	411	47.1	2.21	196	19.9	1.71	142	16.7	1.67
35 - 44.	42	5.5	1.02	169	17.9	1.67	347	40.6	2.15	167	21.6	1.91	125	14.5	1.70
45 - 54	34	6.3	1.36	153	25.9	2.33	227	42.1	2.63	87	16.2	2.10	74	9.6	1.44
55 - 64	35	9.5	2.34	104	30.9	3.22	122	33.1	3.23	49	14.6	2.54	49	11.8	2.23
65+	109	25.8	2.85	100	23.9	2.83	122	33.5	3.18	56	10.8	1.90	35	6.0	1.28
Total	278	5.5	0.46	795	18.3	0.85	1,609	42.0	1.10	754	20.3	0.93	563	13.9	0.79

Table 16: Hours spent watching TV per day, women

	None			0.5 - 2			2 - 4			4- 6			>6		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	36	3.6	0.81	123	13.9	1.51	366	42.5	2.19	178	22.8	1.90	163	17.1	1.60
25 - 34	55	4.4	0.78	221	20.8	1.64	475	41.2	2.00	228	21.8	1.78	144	11.8	1.39
35 - 44.	77	7.6	1.10	193	21.0	1.81	387	44.4	2.20	137	15.0	1.59	122	12.0	1.41
45 - 54	51	9.4	1.51	158	29.0	2.42	218	35.3	2.51	100	14.2	1.74	76	12.1	1.86
55 - 64	53	14.1	2.49	85	30.8	3.76	103	29.9	3.48	47	12.5	2.42	49	12.8	2.31
65+	85	26.8	3.58	54	17.9	3.24	80	30.9	3.72	37	13.4	3.10	40	10.9	2.69
Total	357	6.7	0.50	834	19.7	0.87	1,629	40.4	1.11	727	19.2	0.93	594	14.0	0.79

Table 17: Physical activity level*, men

Age	Not active			Low			Moderate			High level		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	223	16.9	1.33	217	18.2	1.45	194	17.2	1.38	555	47.7	1.85
25 - 34	362	27.8	1.63	252	20.2	1.51	185	14.2	1.38	455	37.8	1.83
35 - 44	321	26.2	1.64	276	29.5	1.86	183	15.9	1.49	352	28.4	1.69
45 - 54	188	21.9	1.86	209	31.3	2.25	121	17.3	1.78	204	29.6	2.23
55 - 64	149	27.2	2.63	118	31.0	2.99	77	19.1	2.56	95	22.7	2.67
65+	232	37.9	2.82	128	27.1	2.71	65	12.2	1.94	92	22.8	2.65
Total	1,475	22.9	0.76	1,200	23.1	0.81	825	16.2	0.73	1,753	37.8	0.97

*A low level of physical activity is considered as a total of less than 150 minutes of moderate to intense activity per week. A moderate level of physical activity is considered as a total of 15–300 minutes of moderate to intense activity per week. A high level of physical activity is considered as a total of more than 450 minutes of moderate to intense activity per week.

Table 18: Activity level*, women

Age	Not active			Low			Moderate			High Level		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	520	41.6	1.84	339	30.9	1.78	143	11.1	1.15	191	16.5	1.39
25 - 34	730	45.1	1.76	382	27.6	1.65	137	9.1	1.08	254	18.2	1.45
35 - 44	627	48.1	1.90	297	28	1.75	111	8.6	1.10	172	15.3	1.44
45 - 54	418	51.6	2.31	204	26.4	2.04	81	9.4	1.28	95	12.5	1.54
55 - 64	247	54.2	3.44	96	28.3	3.28	31	4.9	1.00	49	12.6	2.38
65+	257	70.6	3.69	56	20.7	3.62	23	4.2	1.21	22	4.5	1.21
Total	2,799	46.5	0.97	1,374	28.6	0.91	526	9.4	0.57	783	15.5	0.72

*A low level of physical activity is considered as a total of less than 150 minutes of moderate to intense activity per week. A moderate level of physical activity is considered as a total of 15–300 minutes of moderate to intense activity per week. A high level of physical activity is considered as a total of more than 450 minutes of moderate to intense activity per week.

Table 19: Body mass index (BMI)*, men

	< 18.5 kg/m ²			18.5 – 25.0 kg/m ²			25.0 – 30.0kg/m ²			30.0 - 40.0 kg/m ²			> 40 kg/m ²		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	164	14.4	1.32	544	47.4	1.89	284	24.9	1.56	131	11.3	1.23	26	2.1	0.52
25 - 34	41	3.6	0.85	376	32.1	1.80	479	39.4	1.85	286	21.9	1.54	40	3.1	0.69
35 - 44	9	1.0	0.39	252	23.7	1.75	439	37.9	1.90	352	33.1	1.86	47	4.3	0.81
45 - 54	8	1.9	0.78	160	21.6	1.94	275	40.6	2.41	232	34.6	2.36	13	1.3	0.46
55 - 64	3	0.6	0.39	101	24.0	2.80	175	39.5	3.07	136	33.3	3.05	13	2.6	0.90
65+	13	2.0	0.72	152	31.9	2.90	196	38.3	2.94	136	26.4	2.62	5	1.4	0.74
Total	238	7.1	0.59	1,585	35.4	0.98	1,848	33.4	0.91	1,273	21.6	0.78	144	2.5	0.30

*BMI is calculated as the person's weight in kilograms divided by their squared height in meters.

Table 20: Body mass index (BMI)*, women

	< 18.5 kg/m ²			18.5 – 25.0 kg/m ²			25.0 – 30.0 kg/m ²			30.0 - 40.0 kg/m ²			> 40 kg/m ²		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	131	12.3	1.27	568	50.5	1.92	272	23.4	1.60	152	12.0	1.19	18	1.9	0.53
25 - 34	49	4.2	0.78	422	29.0	1.66	509	33.6	1.71	413	28.9	1.63	54	4.4	0.81
35 - 44	13	1.8	0.57	210	18.0	1.51	377	30.7	1.75	483	43.7	1.95	67	5.8	0.89
45 - 54	8	0.7	0.29	91	13.8	1.67	225	28	2.05	371	47.1	2.34	78	10.5	1.48
55 - 64	2	0.2	0.15	42	9.4	1.79	109	27.3	3.18	203	53.5	3.51	42	9.6	1.94
65+	6	2.0	1.00	70	20.8	3.01	107	33.6	3.70	145	39.9	3.68	12	3.7	1.22
Total	209	6.3	0.55	1,403	32.3	0.98	1,599	28	0.87	1,767	28.8	0.85	271	4.7	0.39

*BMI is calculated as the person's weight in kilograms divided by their squared height in meters.

Table 21: Mean BMI

	Men			Women			Total		
Age	N	Mean	SE	N	Mean	SE	N	Mean	SE
15 - 24	1,134	24.2	0.22	1,134	24.4	0.21	2,268	24.3	0.15
25 - 34	1,213	27.2	0.22	1,435	27.7	0.21	2,648	27.5	0.15
35 - 44	1,090	28.8	0.22	1,140	30.1	0.24	2,230	29.5	0.17
45 - 54	684	28.5	0.24	761	31.3	0.29	1,445	29.9	0.19
55 - 64	426	28.5	0.33	393	32.0	0.37	819	30.1	0.26
65+	500	27.4	0.32	339	29.5	0.45	839	28.2	0.27

Table 22: Daily servings of fruit, men

	<1			1			2 – 4			>5		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	918	81.6	1.47	131	11.7	1.25	64	5.6	0.84	15	1.1	0.34
25 - 34	918	77.0	1.68	143	13.4	1.38	95	8.1	1.10	19	1.5	0.40
35 - 44	796	73.9	1.77	156	14.3	1.36	92	8.7	1.22	31	3.0	0.68
45 - 54	471	67.7	2.28	105	15.6	1.78	90	14.3	1.73	19	2.4	0.66
55 - 64	294	75.3	2.72	64	13.0	1.90	40	9.8	2.06	7	1.9	0.86
65+	344	73.4	2.62	78	15.4	2.14	51	9.6	1.74	12	1.6	0.54
Total	3,741	77.0	0.82	677	13.2	0.68	432	8.1	0.52	103	1.7	0.21

Table 23: Daily servings of fruit, women

	<1			1			2 – 4			>5		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	922	84.0	1.41	119	10.3	1.19	71	5.6	0.82	8	0.6	0.28
25 - 34	1,105	81.0	1.40	181	11.2	1.09	97	6.0	0.81	25	2.1	0.61
35 - 44	848	74.0	1.77	155	14.7	1.49	110	9.7	1.13	15	1.6	0.50
45 - 54	556	78.0	1.93	110	13.0	1.54	50	6.4	1.14	17	2.7	0.79
55 - 64	295	76.0	3.09	47	10.9	1.97	28	10.8	2.58	9	2.1	0.87
65+	260	77.0	3.58	47	14.7	3.06	20	6.9	2.14	2	1.5	1.22
Total	3,986	80.0	0.78	659	11.8	0.64	376	6.8	0.47	76	1.5	0.22

Table 24: Daily consumption of five or more servings of fruit

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	15	1.1	0.34	8	0.6	0.28	23	0.9	0.22
25 - 34	19	1.5	0.40	25	2.1	0.61	44	1.8	0.36
35 - 44	31	3.0	0.68	15	1.6	0.50	46	2.2	0.41
45 - 54	19	2.4	0.66	17	2.7	0.79	36	2.6	0.51
55 - 64	7	1.9	0.86	9	2.1	0.87	16	2.0	0.61
65+	12	1.6	0.54	2	1.5	1.22	14	1.6	0.59
Total	103	1.7	0.21	76	1.5	0.22	179	1.6	0.16

Table 25: Daily servings of vegetables, men

Age	<1			1			2 – 4			>5		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	722	65.7	1.75	263	22.3	1.52	148	9.9	1.06	23	2.0	0.55
25 - 34	684	59.7	1.88	278	24.3	1.64	186	12.7	1.24	35	3.3	0.61
35 - 44	600	57.8	1.94	259	24	1.71	199	14.3	1.25	41	3.8	0.76
45 - 54	386	56.3	2.41	158	23.5	2.12	124	16.2	1.71	26	4.1	0.95
55 - 64	225	54.8	3.26	104	28.3	3.01	68	14.0	2.26	13	2.9	0.91
65+	313	65.7	2.85	93	17.1	2.18	78	15.0	2.18	11	2.2	0.84
Total	2,930	61.5	0.95	1,155	23.3	0.83	803	12.4	0.61	149	2.9	0.31

Table 26: Daily servings of vegetables, women

	<1			1			2 – 4			>5		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	697	57.7	1.91	295	26.8	1.73	120	10.8	1.19	34	4.7	0.95
25 - 34	831	58.7	1.81	383	25.9	1.64	184	11.2	1.10	45	4.2	0.84
35 - 44	652	57.3	1.91	309	25.5	1.68	163	12.8	1.26	38	4.4	0.87
45 - 54	430	57.5	2.33	196	25.2	2.00	107	13.7	1.72	26	3.6	0.85
55 - 64	209	52.6	3.59	102	25.4	3.03	64	16.0	2.69	13	5.9	2.12
65+	215	57.5	3.92	74	22.9	3.29	39	14.8	3.06	6	4.8	2.22
Total	3,034	57.5	0.98	1,359	26.0	0.89	677	12.0	0.63	162	4.5	0.47

Table 27: Daily consumption of more than five servings of vegetables

	Men			Women			Total		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	23	2.0	0.55	34	4.7	0.95	57	3.3	0.54
25 - 34	35	3.3	0.61	45	4.2	0.84	80	3.8	0.52
35 - 44	41	3.8	0.76	38	4.4	0.87	79	4.2	0.59
45 - 54	26	4.1	0.95	26	3.7	0.85	52	3.9	0.64
55 - 64	13	2.9	0.91	13	5.9	2.12	26	4.2	1.08
65+	11	2.2	0.85	6	4.8	2.20	17	3.2	1.03
Total	149	2.9	0.31	162	4.5	0.47	311	3.7	0.28

Table 28: Daily servings of fresh juice, men

	<1			1			2 – 4			>5		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	1,038	91.6	1.07	58	5.7	0.88	19	2.2	0.62	8	0.5	0.23
25 - 34	1,047	89.5	1.20	80	7.0	0.94	25	2.7	0.76	10	0.8	0.28
35 - 44	986	90.6	1.20	59	6.4	1.01	24	2.2	0.53	7	0.9	0.46
45 - 54	607	87.6	1.63	44	7.4	1.28	26	4.1	0.96	6	0.9	0.55
55 - 64	373	92.5	1.62	21	5.0	1.35	7	1.3	0.59	4	1.2	0.73
65+	457	93.4	1.58	19	4.9	1.41	7	1.6	0.77	2	0.1	0.09
Total	4,508	90.7	0.59	281	6.2	0.48	108	2.4	0.33	37	0.7	0.15

Table 29: Daily servings of fresh juice, women

	<1			1			2 – 4			>5		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	1,025	92.5	1.00	55	4.8	0.80	19	2.1	0.57	6	0.6	0.28
25 - 34	1,293	90.1	1.22	76	6.9	1.05	27	2.1	0.61	9	0.9	0.33
35 - 44	1,014	90.6	1.15	64	5.8	0.84	26	3.2	0.75	2	0.5	0.35
45 - 54	699	94.3	1.09	26	3.8	0.86	8	1.2	0.53	3	0.7	0.44
55 - 64	356	91.7	2.01	18	6.5	1.82	6	1.9	0.92	0	N/A	N/A
65+	308	93.1	1.83	13	4.8	1.58	6	1.2	0.66	2	0.9	0.72
Total	4,695	91.9	0.55	252	5.4	0.45	92	2.1	0.30	22	0.6	0.16

Table 30: Daily consumption of more than five servings of fresh juice

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	8.0	0.5	0.23	6.0	0.6	0.28	14.0	0.6	0.18
25 - 34	10.0	0.8	0.28	9.0	0.9	0.33	19.0	0.8	0.22
35 - 44	7.0	0.9	0.46	2.0	0.5	0.35	9.0	0.6	0.28
45 - 54	6.0	0.9	0.55	3.0	0.7	0.44	9.0	0.8	0.35
55 - 64	4.0	1.2	0.73	0.0	N/A	N/A	4.0	0.7	0.41
65+	2.0	0.1	0.09	2.0	0.9	0.72	4.0	0.4	0.29
Total	37.0	0.7	0.15	22.0	0.6	0.16	59.0	0.6	0.11

Table 31: Daily servings of fruit, fresh juice, and vegetables, men

Age	<1			1			2 – 4			>5		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	384	36.1	1.82	405	32.7	0.74	323	25.8	1.60	63	5.4	0.86
25 - 34	328	27.8	1.77	407	34.4	0.81	405	30.5	1.71	82	7.4	1.00
35 - 44	263	25.6	1.74	393	34.9	0.87	361	31.4	1.83	100	8.1	1.00
45 - 54	150	21.8	2.04	235	33.4	2.28	244	33.1	2.26	79	11.7	1.52
55 - 64	123	32.9	3.11	143	31.7	2.88	126	27.3	2.81	35	8.2	1.74
65+	172	34.6	2.87	140	28.8	2.74	158	30.2	2.78	39	6.3	1.27
Total	1,420	30.9	0.94	1,723	33.2	0.92	1,617	28.7	0.87	398	7.2	0.49

Table 32: Daily servings of fruit, fresh juice, and vegetables, women

	<1			1			2 – 4			>5		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	399	36.2	1.83	403	31.0	1.73	303	24.8	1.64	66	8.0	1.12
25 - 34	385	29.6	1.65	528	35.2	1.74	471	27.7	1.56	91	7.5	1.05
35 - 44	306	27.8	1.74	445	35.1	1.82	342	28.3	1.74	89	8.9	1.14
45 - 54	239	32.9	2.23	272	33.6	2.16	222	26.6	2.04	52	6.9	1.20
55 - 64	112	27.0	3.10	143	32.8	3.22	122	30.9	3.17	28	9.2	2.47
65+	131	35.5	3.50	112	29.1	3.42	90	26.2	2.26	14	9.3	3.00
Total	1,572	32.4	0.93	1903	33.0	0.91	1,550	26.6	0.86	340	8.0	0.57

Table 33: Daily consumption of more than five servings of fruit, fresh juice and vegetables.

	Men			Women			Total		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	63	5.4	0.86	66	8	1.12	129	6.6	0.71
25 - 34	82	7.4	1.00	91	7.5	1.05	173	7.4	0.73
35 - 44	100	8.1	1.00	89	8.9	1.15	189	8.5	0.77
45 - 54	79	11.7	1.52	52	6.9	1.20	131	9.3	0.97
55 - 64	35	8.2	1.74	28	9.2	2.47	63	8.7	1.46
65+	39	6.3	1.27	14	9.3	2.99	53	7.5	1.43
Total	398	7.2	0.49	340	8.9	0.57	738	7.6	0.38

Table 34: Mean of fruit, fresh juice, and vegetable servings consumed per day

Age	Men				Women				Total			
	N	mean	Lower CI	Upper CI	N	mean	Lower CI	Upper CI	N	mean	Lower CI	Upper CI
15 - 24	1,189	0.1	0.06	0.2	1,193	0.1	0.04	0.18	2,382	0.1	0.08	0.17
25 - 34	1,254	0.3	0.24	0.38	1,503	0.3	0.28	0.39	2,757	0.3	0.28	0.37
35 - 44	1,132	0.4	0.37	0.49	1,207	0.3	0.27	0.39	2,339	0.4	0.33	0.42
45 - 54	722	0.5	0.45	0.61	798	0.3	0.17	0.33	1,520	0.4	0.33	0.44
55 - 64	439	0.3	0.2	0.42	423	0.2	0.13	0.36	862	0.3	0.2	0.36
65+	517	0.2	0.04	0.27	358	-0.1	-0.2	0.09	875	0.1	-0.02	0.16

Table 35: Self-rated health, men

	Excellent or very good			Good			Fair or poor		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	1,075	90.3	1.12	84	7.5	1.00	29	2.2	0.54
25 - 34	1,098	87.7	1.17	123	10.1	1.09	31	2.1	0.46
35 - 44.	938	79.9	1.72	155	17.0	1.63	34	3.1	0.73
45 - 54	509	67.2	2.29	156	24.7	2.11	55	8.1	1.37
55 - 64	249	56.2	3.12	124	30.5	2.92	66	13.3	2.03
65+	171	31.9	2.79	184	38.0	2.93	161	30.1	2.69
Total	4,040	80.3	0.73	826	14.5	0.65	376	5.1	0.38

Table 36: Self-rated health, women

	Excellent or very good			Good			Fair or poor		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	1,010	85.0	1.35	146	11.4	1.18	33	3.6	0.74
25 - 34	1,232	83.1	1.27	222	14.6	1.21	45	2.3	0.45
35 - 44.	857	71.0	1.73	289	23.6	1.59	59	5.4	0.93
45 - 54	433	54.8	2.31	266	34.2	2.19	94	11.0	1.51
55 - 64	161	41.8	3.46	148	37.3	3.28	110	20.9	2.51
65+	87	26.5	3.24	122	37.1	3.70	148	36.5	3.58
Total	3,780	73.8	0.81	1,193	19.5	0.72	489	6.7	0.45

Table 37: Last routine medical checkup, men

	Never			Within 2013			Within 2012			2- 6 years ago		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	1,015	86.5	1.28	85	7.3	1.00	56	3.9	0.71	31	2.2	0.54
25 - 34	950	76.4	1.59	159	13.6	1.30	86	5.1	0.73	57	4.9	0.84
35 - 44.	766	66.6	1.87	202	18.9	1.58	97	8.6	1.05	66	5.9	1.02
45 - 54	436	56.8	2.38	188	29.2	2.23	64	9.9	1.42	34	4.1	0.86
55 - 64	250	59.5	3.07	122	24.7	2.60	42	9.3	1.89	25	6.5	1.63
65+	311	58.1	2.95	148	30.7	2.79	43	8.9	1.69	15	2.3	0.69
Total	3,728	74.8	0.81	904	15.2	0.66	388	6.2	0.43	228	3.8	0.36

Table 38: Last routine medical checkup, women

	Never			Within 2013			Within 2012			2-6 years ago		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	983	83.4	1.35	117	9.0	1.02	60	4.9	0.79	33	2.6	0.60
25 - 34	1,149	76.2	1.52	215	13.5	1.17	83	5.8	0.84	56	4.5	0.83
35 - 44.	902	73.1	1.68	194	16.6	1.39	76	7.3	1.03	35	3.0	0.63
45 - 54	536	67.5	1.16	178	21.2	1.85	54	7.6	1.26	29	3.8	0.90
55 - 64	282	66.9	3.16	105	23.8	2.81	27	6.7	1.66	8	2.6	1.20
65+	209	60.7	3.63	110	27.6	3.23	31	10.5	2.46	7	1.2	0.52
Total	4,061	76.3	0.79	919	14.3	0.62	331	6.2	0.45	168	3.2	0.34

Table 39: Distance traveled for medical checkup, men

Age	< 5 km			5 - 10 km			10 - 50 km			50 - 100 km		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	143	71.4	4.17	35	18.7	3.78	20	8.9	2.33	3	0.9	0.80
25 - 34	203	63.8	3.41	62	18.9	2.91	64	16.0	2.27	4	1.3	0.82
35 - 44.	238	60.8	3.34	72	19.0	2.62	68	19.8	2.82	2	0.5	0.34
45 - 54	182	66.3	3.48	51	16.5	2.68	47	16.3	2.72	2	0.9	0.73
55 - 64	117	62.8	4.63	36	19.5	3.93	29	16.8	3.49	3	0.9	0.56
65+	125	55.9	4.63	32	19.4	4.00	46	23.0	3.81	3	1.7	1.14
Total	1,008	64.9	1.62	288	18.5	1.39	274	15.6	1.14	17	1.0	0.32

Table 40: Distance traveled for medical checkup, women

Age	< 5 km			5 - 10 km			10 - 50 km			50 - 100 km		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	97	54.3	4.85	36	18.8	3.90	44	26.6	4.25	1	0.3	0.33
25 - 34	162	58.2	3.94	67	21.4	3.50	56	18.6	2.94	6	1.7	0.86
35 - 44.	110	49.3	4.36	49	21.7	3.60	53	24.1	3.78	6	4.9	2.52
45 - 54	117	54.1	4.22	56	20.5	3.23	51	22.5	3.61	4	2.9	1.54
55 - 64	65	60.4	6.06	24	22.8	5.82	25	14.3	3.14	3	2.5	1.45
65+	69	58.8	6.06	19	16.9	4.59	30	22.1	4.81	2	2.1	1.52
Total	620	55.0	2.02	251	20.4	1.69	259	22.4	1.71	22	2.1	0.57

Table 41: Hypertension* including those on drugs

	Men			Women			Total		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	50	4.2	0.75	24	2.4	0.63	74	3.4	0.49
25 - 34	135	10.3	1.06	69	4.1	0.66	204	7.3	0.63
35 - 44	216	21.1	1.61	149	13.3	1.37	365	16.9	1.05
45 - 54	232	35.3	2.37	224	26.9	2.04	456	31	1.56
55 - 64	209	48.3	3.17	214	48.4	3.44	423	48.4	2.33
65+	318	68	2.66	217	60.9	3.62	535	65.2	2.16
Total	1,160	17.7	0.67	897	12.5	0.57	2,057	15.1	0.44

*An individual is considered hypertensive if their systolic blood pressure was 140 mmHg or more, or if their diastolic blood pressure was 90 mmHg or more, or if they have been diagnosed and are currently treated for hypertension but their systolic and diastolic blood pressure are below the cited cut-off points.

Table 42: Status of diagnosis, treatment, and control among those who are hypertensive, men

	Undiagnosed			Untreated			Treated controlled			Treated uncontrolled		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	48	97.8	1.62	1	1.0	0.98	0	N/A	N/A	1	1.3	1.27
25 - 34	104	77.4	4.51	14	10.6	3.09	10	8.5	3.48	6	3.5	1.51
35 - 44	160	74.7	3.67	17	7.4	2.07	18	10.2	2.74	16	7.7	2.13
45 - 54	136	61.7	4.12	13	5.3	1.76	35	16.7	3.29	44	16.3	2.91
55 - 64	93	41.6	4.64	11	5.7	2.13	42	20.4	3.80	62	32.3	4.54
65+	117	39.0	3.71	17	4.6	1.47	60	17.6	2.88	117	38.8	3.74
Total	658	61.2	1.90	73	5.8	0.82	165	13.9	1.38	246	19.1	1.50

Table 43: Status of diagnosis, treatment and control among those who are hypertensive, women

Age	Undiagnosed			Untreated			Treated controlled			Treated uncontrolled		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	22	95.6	3.25	0	N/A	N/A	1	2.6	2.59	1	1.9	1.89
25 - 34	57	84.8	5.28	4	7.3	3.97	3	4.0	2.99	3	3.9	2.26
35 - 44	97	63.7	5.44	9	9.9	4.12	22	12.1	3.14	18	14.3	3.94
45 - 54	103	45.0	4.34	11	5.8	2.39	44	21.6	3.76	64	27.5	4.03
55 - 64	84	44.7	4.97	4	1.4	2.94	64	30.2	4.25	57	23.8	4.09
65+	68	32.1	4.71	12	4.2	1.38	61	30.0	4.74	73	33.7	4.66
Total	431	52.9	2.37	40	4.9	1.10	195	20.5	1.83	216	21.7	1.89

Table 44: Mean of measured systolic blood pressure

Age	Men			Women			Total		
	N	Mean	SE	N	Mean	SE	N	Mean	SE
15 - 24	1,180	116.0	0.38	1,178	109.1	0.43	2,358	112.6	0.30
25 - 34	1,238	120.0	0.34	1,489	111.3	0.39	2,727	115.8	0.28
35 - 44	1,122	123.3	0.49	1,183	116.0	0.49	2,305	119.3	0.36
45 - 54	705	129.0	0.75	789	123.3	0.83	1,494	126.1	0.57
55 - 64	435	135.1	1.14	417	129.2	1.32	852	132.5	0.88
65+	514	142.3	1.33	355	136.7	1.91	869	140.0	1.14

Table 45: Mean of measured diastolic blood pressure

Age	Men			Women			Total		
	N	Mean	SE	N	Mean	SE	N	Mean	SE
15 - 24	1,179	74.1	0.30	1,175	72.8	0.28	2,354	73.5	0.20
25 - 34	1,228	78.4	0.27	1,484	74.8	0.28	2,712	76.6	0.20
35 - 44	1,119	81.4	0.38	1,180	77.7	0.33	2,299	79.4	0.25
45 - 54	705	83.2	0.45	789	81.1	0.46	1,494	82.1	0.33
55 - 64	435	85.8	0.57	415	83.1	0.75	850	84.6	0.46
65+	514	84.5	0.70	355	83.3	0.94	869	84.0	0.57

Table 46: Measured pre-hypertension

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	454	38.7	1.82	295	24.5	1.62	749	31.8	1.24
25 - 34	651	54.7	1.88	485	34.4	1.73	1,136	44.8	1.31
35 - 44	610	54.6	1.96	501	43.3	1.92	1,111	48.4	1.38
45 - 54	373	51.4	2.43	366	37.1	2.32	739	49.2	1.68
55 - 64	224	53.3	3.16	186	43.3	3.41	410	49.3	2.33
65+	201	32.8	2.65	141	39.2	3.63	342	35.4	2.17
Total	2,513	46.5	0.98	1,974	34.3	0.91	4,487	40.5	0.68

*An individual is considered pre-hypertensive if their systolic blood pressure was 120 mmHg to less than 140 mmHg, or if their diastolic blood pressure was 80 mmHg to less than 90 mmHg

Table 47: Diabetes* including those on drugs

	Men			Women			Total		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	30	4.0	0.96	37	5.4	1.19	67	4.7	0.76
25 - 34	47	9.5	1.74	51	5.9	1.07	98	7.8	1.06
35 - 44	86	14.5	1.90	79	10.5	1.58	165	12.4	1.23
35 - 44	123	30.9	3.22	136	22.5	2.52	259	26.9	2.09
55 - 64	132	53.0	4.53	107	41.6	4.93	239	47.8	3.36
65+	175	51.8	3.94	96	48.2	5.02	271	50.4	3.11
Total	593	14.8	0.88	506	11.7	0.79	1,099	13.4	0.59

*An individual is considered diabetic if their blood HbA1c level was 6.5% or more, or if they have been diagnosed and are currently treated for diabetes but their blood HbA1c level was less than 6.5%.

Table 48: Status of diagnosis, treatment, and control among those who are diabetic, men

	Undiagnosed			Untreated			Treated controlled			Treated uncontrolled		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	25	92.8	3.83	1	1.4	1.43	0	N/A	N/A	3	5.7	3.50
25 - 34	29	71.7	7.77	1	1.4	1.45	14	26.0	7.60	2	0.9	0.68
35 - 44	41	42.5	6.80	3	2.3	1.47	23	28.6	6.36	18	26.5	6.33
45 - 54	38	24.5	5.05	6	3.5	1.65	51	50.5	6.20	26	21.5	4.81
55 - 64	32	24.0	5.38	1	0.4	0.42	53	38.5	5.57	45	37.1	5.70
65+	29	19.2	5.88	2	1.2	1.09	70	46.1	5.70	73	33.5	5.21
Total	194	40.2	3.14	14	1.8	0.54	211	35.1	2.76	167	22.9	2.31

Table 49: Status of diagnosis, treatment, and control among those who are diabetic, women

Age	Undiagnosed			Untreated			Treated controlled			Treated uncontrolled		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	29	84.8	6.40	0	N/A	N/A	5	12.7	6.11	2	2.6	1.84
25 - 34	40	81.0	6.68	0	N/A	N/A	6	9.8	5.08	5	9.2	4.79
35 - 44	47	54.6	7.95	0	N/A	N/A	18	23.3	6.28	14	22.0	7.00
45 - 54	44	31.8	5.49	1	0.1	0.07	35	27.3	5.50	56	40.9	6.11
55 - 64	24	33.8	7.80	2	0.3	0.24	50	45.1	7.02	31	20.8	4.80
65+	11	10.0	4.02	3	3.4	2.35	39	44.1	7.14	41	42.6	7.25
Total	195	48.4	3.33	6	0.5	0.30	153	27.8	2.71	149	23.4	2.49

Table 50: Pre-diabetes* measured by HbA1C

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	77	12.9	1.95	75	14.1	2.09	152	13.5	1.43
25 - 34	85	15.4	2.03	105	13.1	1.71	190	14.3	1.34
35 - 44	114	22.7	2.59	131	17.9	1.97	145	20.2	1.62
45 - 54	85	21.0	2.88	92	19.8	2.70	177	20.5	1.98
55 - 64	61	28.4	4.25	44	17.1	4.03	105	23.2	2.98
65+	66	21.0	3.26	44	21.3	1.03	110	21.2	2.53
Total	488	17.0	1.10	491	15.5	1.08	979	16.3	0.77

*An individual is considered pre-diabetic if their blood HbA1c level was 5.7% to less than 6.5%.

Table 51: Mean of measured HbA1c Level

Age	Men			Women			Total		
	N	Mean	SE of the mean	N	Mean	SE of the mean	N	Mean	SE of the mean
15 - 24	457	5.5	0.04	453	5.5	0.05	910	5.5	0.03
25 - 34	425	5.6	0.07	606	5.5	0.05	1031	5.6	0.05
35 - 44	426	5.8	0.07	545	5.7	0.07	971	5.8	0.05
45 - 54	313	6.0	0.09	387	6.0	0.09	700	6.0	0.06
55 - 64	199	6.7	0.15	185	6.3	0.27	384	6.5	0.15
65+	272	6.4	0.11	161	6.5	0.16	433	6.4	0.09

Table 52: Hypercholesterolemia*, including those on drugs

	Men			Women			Total		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	20	4.1	1.23	26	2.9	0.99	46	3.5	0.80
25 - 34	39	5.7	1.19	53	5.6	0.95	92	5.7	0.78
35 - 44	69	13.3	2.13	64	8.7	1.44	133	10.9	1.27
45 - 54	72	20.0	2.88	58	12.1	2.20	130	16.3	1.85
55 - 64	53	20.7	3.56	61	19.5	3.23	114	20.2	2.44
65+	77	27.6	3.60	52	30.5	4.88	129	28.7	2.91
Total	330	9.5	0.80	314	7.3	0.64	644	8.5	0.52

*An individual is considered hypercholesterolemic if their blood total cholesterol level was 6.2 mmol/L or more, or if they have been diagnosed and are currently treated for hypercholesterolemia but their blood total cholesterol level was less than 6.5 mmol/L.

Table 53: Status of diagnosis, treatment, and control among those who are hypercholesterolemic, men

	Undiagnosed			Untreated			Treated controlled			Treated uncontrolled		
Age	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	20	100	0	0	N/A	N/A	0	N/A	0	0	N/A	N/A
25 - 34	36	93.2	6.24	1	6.5	6.24	1	0.3	0.26	0	N/A	N/A
35 - 44	46	63.4	8.42	5	8.8	4.25	14	25.6	7.89	3	2.2	1.43
45 - 54	39	54.3	8.21	4	5.9	3.37	23	36.2	8.16	3	3.6	2.45
55 - 64	19	38.8	9.66	1	0.6	0.65	31	60.1	9.64	1	0.5	0.46
65+	14	17.0	5.59	1	1.1	1.08	59	81.0	5.72	2	1.0	0.80
Total	174	62.6	3.93	12	4.1	1.42	128	31.9	3.69	9	1.4	0.66

Table 54: Status of diagnosis, treatment, and control among those who are hypercholesterolemic, women

Age	Undiagnosed			Untreated			Treated controlled			Treated uncontrolled		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	26	100.0	0	0	N/A	N/A	0	N/A	N/A	0	N/A	N/A
25 - 34	49	95.4	2.94	1	2.6	2.55	2	2.0	1.47	0	N/A	N/A
35 - 44	47	73.7	7.90	6	11.0	6.13	8	14.1	5.92	2	1.2	0.89
45 - 54	28	63.3	8.62	1	4.6	4.54	25	31.1	7.73	1	0.9	0.92
55 - 64	19	33.1	8.07	5	7.6	3.51	32	54.6	8.45	2	4.7	3.29
65+	17	35.5	10.01	0	N/A	N/A	24	45.3	10.58	9	19.2	7.08
Total	186	68.9	3.68	13	4.6	1.68	91	23.0	3.06	14	3.5	1.13

Table 55: Measured pre-hypercholesterolemia

Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	52	10.3	1.83	77	14.0	2.13	129	12.0	1.40
25 - 34	115	21.1	2.47	157	22.5	2.40	272	21.7	1.73
35 - 44	144	30.1	2.93	159	25.6	2.38	303	27.8	1.89
45 - 54	99	30.1	3.38	139	30.8	3.06	238	30.4	2.29
55 - 64	64	30.0	2.25	57	30.0	5.40	121	30.0	3.38
65+	87	26.0	3.65	48	17.4	3.49	135	22.8	2.67
Total	561	19.5	1.17	637	20.6	1.22	1198	20.0	0.85

**An individual is considered pre-hypercholesterolemic if their blood total cholesterol level was 5.18 to less than 6.2 mmol/L.

Table 56: Mean of measured total blood cholesterol

Age	Men			Women			Total		
	N	Mean	SE of the mean	N	Mean	SE of the mean	N	Mean	SE of the mean
15 - 24	514	4.2	0.05	553	4.4	0.05	1067	4.3	0.04
25 - 34	483	4.7	0.06	683	4.7	0.05	1166	4.7	0.04
35 - 44	500	5.0	0.06	630	4.8	0.05	1130	4.9	0.04
45 - 54	344	5.1	0.08	438	5.0	0.07	782	5.0	0.05
55 - 64	214	4.9	0.09	220	5.1	0.09	434	5.0	0.06
65+	314	4.7	0.08	187	5.0	0.12	501	4.8	0.06

Table 57: Vitamin D levels, men

Age	Insufficient*			Sufficient*			Toxic levels*		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	228	48.8	2.97	274	50.6	2.97	5	0.62	0.36
25 - 34	175	39.7	3.14	296	59.8	3.14	2	0.54	0.41
35 - 44	169	34.8	2.93	320	64.7	2.94	3	0.50	0.31
45 - 54	112	32.4	3.56	229	67.6	3.56	0	N/A	N/A
55 - 64	60	28.6	4.22	150	70.7	4.24	2	0.74	0.54
65+	62	20.5	3.06	239	77.2	3.18	10	2.35	1.05
Total	806	40.6	1.60	1,508	58.8	1.60	22	0.60	0.19

*Vitamin D insufficiency is considered at blood vitamin D level < 28 ng/mL, and sufficiency is considered at blood vitamin D levels between 28 and 107 ng/mL. Higher levels of blood vitamin D are considered toxic.

Table 58: Vitamin D levels, women

Age	Insufficient*			Sufficient*			Toxic levels*		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	371	72.4	2.55	184	27.5	2.55	2	0.1	0.08
25 - 34	372	59.0	2.83	285	40.1	2.82	8	0.9	0.38
35 - 44	340	59.1	2.76	270	39.6	2.74	11	1.2	0.54
45 - 54	203	51.9	3.47	213	46.6	3.47	12	1.5	0.58
55 - 64	87	47.1	5.47	125	51.1	5.43	3	1.8	1.24
65+	61	38.9	5.45	120	60.9	5.45	1	0.1	0.13
Total	1,434	62.6	1.45	1197	36.6	1.45	37	0.7	0.15

*Vitamin D insufficiency is considered at blood vitamin D level < 28 ng/mL, and sufficiency is considered at blood vitamin D levels between 28 and 107 ng/mL. Higher levels of blood vitamin D are considered toxic.

Table 59: Consumption of vitamin D supplements

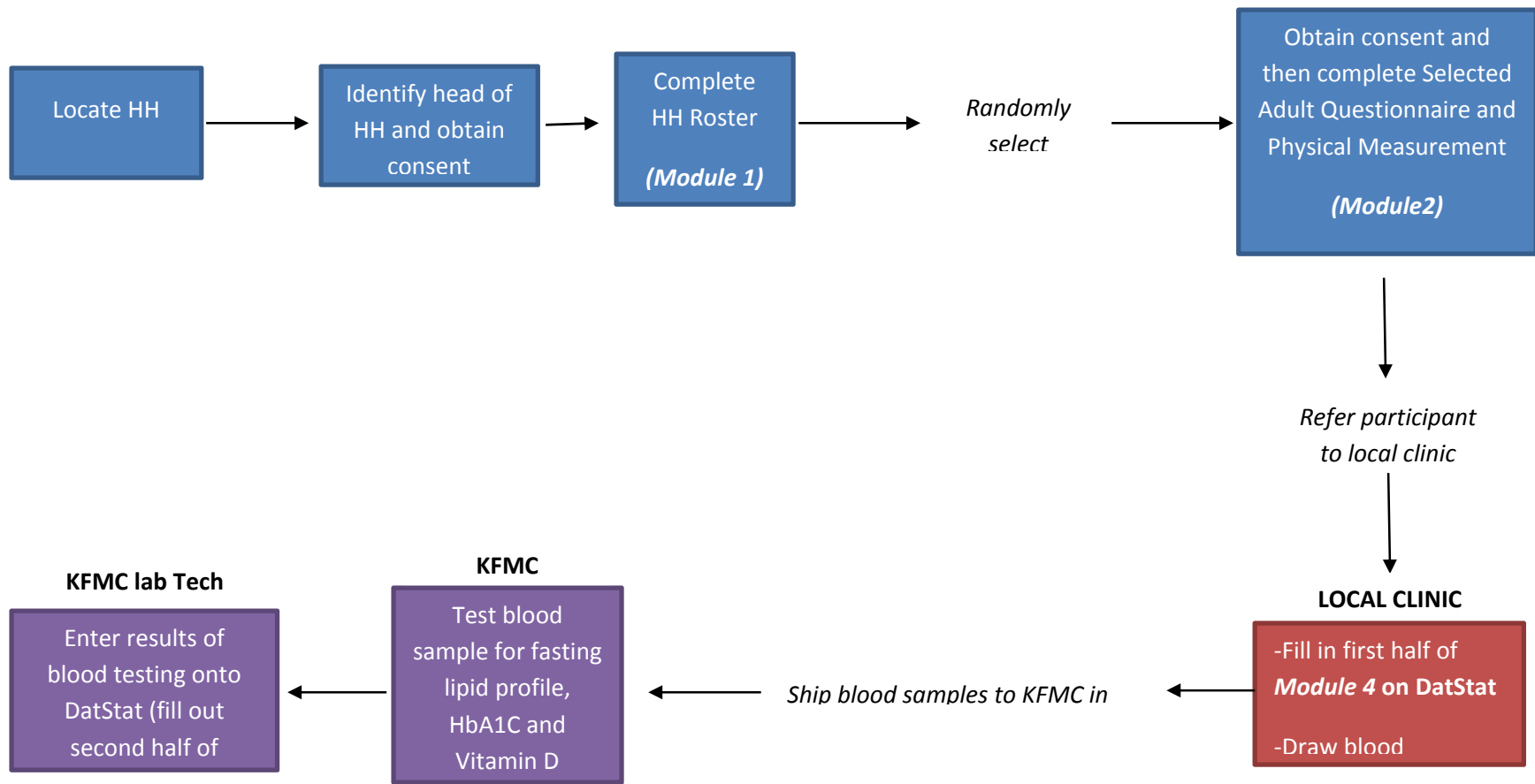
Age	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
15 - 24	4	0.5	0.28	11	2.5	0.92	15	1.4	0.44
25 - 34	8	3.1	1.75	33	5.9	1.41	41	4.4	1.14
35 - 44	7	2.0	1.01	29	3.4	0.79	36	2.8	0.63
45 - 54	7	2.6	1.02	27	5.9	1.51	34	4.2	0.89
55 - 64	6	1.8	0.82	19	8.0	2.18	25	4.6	1.08
65+	7	1.5	0.73	8	5.1	2.45	15	2.9	1.04
Total	39	1.6	0.44	127	4.2	0.55	166	2.8	0.35

Table 60: Mean of measured blood vitamin D level

Age	Men			Women			Total		
	N	Mean	SE of the mean	N	Mean	SE of the mean	N	Mean	SE of the mean
15 - 24	507	32.7	1.11	557	25.4	0.82	1,064	29.2	0.72
25 - 34	473	34.3	1.12	665	29.2	0.92	1,138	32.0	0.76
35 - 44	492	35.0	0.91	621	30.6	1.06	1,113	32.7	0.71
45 - 54	341	36.0	1.13	428	33.3	1.4	769	34.7	0.89
55 - 64	212	41.4	1.89	215	38	2.58	427	39.9	1.58
65+	311	46.7	1.77	182	38.9	2.48	493	43.8	1.5

Table 61: Self-reported chronic conditions, by sex

Condition	Men			Women			Total		
	N	Weighted %	SE	N	Weighted %	SE	N	Weighted %	SE
Stroke	35	0.4	0.08	20	0.3	0.10	55	0.3	0.06
Cardiac arrest	53	0.7	0.15	18	0.3	0.09	71	0.5	0.09
Myocardial infarction	52	0.7	0.14	19	0.3	0.07	71	0.5	0.08
Heart failure	27	0.4	0.11	14	0.2	0.07	41	0.3	0.06
Atrial fibrillation	20	0.3	0.10	20	0.3	0.08	40	0.3	0.06
Renal failure	38	0.6	0.12	21	0.3	0.09	59	0.4	0.08
Cancer	7	0.1	0.05	18	0.4	0.12	25	0.3	0.07
COPD	19	0.2	0.06	10	0.1	0.06	29	0.2	0.04
Asthma	210	4.5	0.42	180	3.5	0.38	390	4.0	0.28



*If the interviewer couldn't start the survey, had to stop the survey for any reason or if the survey was completed by finishing Module 2, the interviewer will need to fill out **Module 3** to indicate whether the survey has stopped (and why), hasn't started (and why) or if it's complete.*

Figure 1: Survey flow

Appendix 1: Saudi Health Interview Survey 2013

Kingdom of Saudi Arabia Health Interview Survey (SHIS)

Pilot for Chronic Non-Communicable Diseases
2013



in collaboration with



Institute for Health Metrics and Evaluation

and the

W UNIVERSITY of WASHINGTON

Color-Coding Legend

Highlighted text = Interviewer instructions *

Highlighted text = Other programming notes

Highlighted text = Item for Declined Respondent Module

Highlighted text = Item for Proxy Respondent Module

*Interviewer instructions are also in italics. Any italicized text that is not highlighted in yellow must be translated to Arabic. Interviewer instructions that are highlighted in yellow should NOT be translated to Arabic.

Module 1: Household roster

Household roster – Survey information and consent

Module 1: Household Roster – Survey Information and Consent																
Location and Date	Response	Code														
1. Cluster/Centre/Village name		village_name_roster STEPS I2														
2. Interviewer ID (region – team number – member number)	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">region</td> <td></td> <td style="text-align: center; font-size: small;">team #</td> <td></td> <td style="text-align: center; font-size: small;">member #</td> </tr> </table>		-		-		region		team #		member #	interviewer_id_rosterv1 interviewer_id_region_rv1 interviewer_id_team_rv1 interviewer_id_member_rv1				
	-		-													
region		team #		member #												
3. Visit 1 Date	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">dd</td> <td style="text-align: center; font-size: small;">mm</td> <td colspan="4" style="text-align: center; font-size: small;">yyyy</td> </tr> </table>								dd		mm	yyyy				v1_date_roster v1_date_year_roster v1_date_month_roster v1_date_day_roster STEPS I4
dd		mm	yyyy													
4. Start time of interview (24 hour clock)	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">hrs</td> <td></td> <td style="text-align: center; font-size: small;">mins</td> </tr> </table>		:		hrs		mins	v1_start_time v1_start_time_hour_roster v1_start_time_min_roster STEPS I7								
	:															
hrs		mins														
Consent, Interview Language and Name																
5. Consent has been read and obtained	Yes=1 No=0 <i>If no, end</i>	consent_roster_v1 STEPS I5														
6. First Name	First name=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88	firstname_roster_v1 STEPS I9														
Additional Information that may be helpful																
7. Contact phone number where possible	<i>Specify in open text field</i>	telephone_roster_v1 STEPS I10														

Household roster

Module 1: Household Roster		
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Interviewer: Please collect information from the head of the household or the adult who has the most knowledge about the members of the household.

1.	<p><i>IF YOU ARE SPEAKING TO THE HEAD OF THE HOUSEHOLD:</i> Beginning with you, what are the names of the usual members of this household?</p> <p><i>IF YOU ARE NOT SPEAKING TO THE HEAD OF THE HOUSEHOLD:</i> Beginning with the head of the household, what are the names of the usual members of this household?</p> <p><i>IF THERE IS A BABY THAT HAS YET TO BE NAMED, WRITE "BABY."</i></p>	<p>Name of household member 1=1 <i>Specify in open text field</i> Name of household member 2=2 <i>Specify in open text field</i> Name of household member 3=3 <i>Specify in open text field</i> Name of household member 30=30 <i>Specify in open text field</i></p>	ID_name
2.	<p><i>{Name of household member}</i> The following questions are specifically about the individual named above.</p>		ID_name1
3.	Is this person male or female?	Male=1 Female=2	ID_sex1
4.	<p>How old was this person on his/her last birthday?</p> <p><i>ENTER AGE IN YEARS AND MONTHS FOR ALL CHILDREN UNDER 5 YEARS. OTHERWISE, JUST ENTER AGE IN YEARS.</i></p>	Years=YR <i>Specify in open text field</i> Months=MO <i>Specify in open text field</i> Don't know=DK Decline to respond=NR	ID_age1
5.	What is this person's date of birth?	Date of birth=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88	ID_dob1

6.	What is the relationship of this person with the head of the household? (SELECT ONE)	Head of the household=1 Spouse=2 Biological child=3 Adopted / stepchild=4 Grandchild=5 Niece / nephew=6 Aunt / uncle=7 Cousin=8 Mother / father=9 Sister / brother=10 Daughter-in-law / son-in-law=11 Sister-in-law / brother-in-law=12 Grandparent=13 Mother-in-law / father-in-law=14 Other relative=15 Non-relative=16 Other, please specify=97 <i>Specify in open text field</i> Don't know=77 Decline to respond=88	ID_relationship1
7.	What is this person's current marital status? <i>INTERVIEWER: ONLY ASK IF THE PERSON IS OLDER THAN 15.</i> (SELECT ONE)	Never been married=1 Married=2 Divorced=3 Separated=4 Widowed=5 Other, please specify=97 <i>Specify in open text field</i> Don't know=77 Decline to respond=88	ID_marital_status1
8.	<i>List the members of the household that have been named by the individual being interviewed.</i> Have we missed anybody in the household?	Yes=1 No=0 Don't know=77 Decline to respond=88	ID_missing_members
9.	{Response:SELECTED_ADULT_CALC} has been selected to participate in the survey. Please make arrangements to interview this individual. Is the individual available now?	Yes=1 <i>If Yes, move onto Selected Adult Questionnaire</i> No=0 <i>If No, move onto Disposition Codes Survey</i>	random_selection_result
10.	Please continue on to the Selected Adult Questionnaire.		epc1_sa
11.	Please continue to the Disposition Codes Survey to fill out the result of the visit.		epc2_dc

*Interviewer: Randomly select one household member aged 15 years or older and **make arrangements to interview that individual.***

Module 2a: Selected adult questionnaire for full survey

Survey Information and Consent – Full Survey

Module 2a: Selected Adult Questionnaire – Survey Information and Consent																			
#	Location and Date	Response	Code																
1	Please enter the name of the selected adult		selected_adult_name																
2	Cluster/Centre/Village name		village_name STEPS I2																
3	Interviewer ID	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">region</td> <td style="text-align: center;">-</td> <td style="text-align: center;">team #</td> <td style="text-align: center;">-</td> <td style="text-align: center;">member #</td> <td></td> </tr> </table>							region	-	team #	-	member #		interviewer_id_visit1 interviewer_id_region_v1 interviewer_id_team_v1 interviewer_id_member_v1 STEPS I3				
region	-	team #	-	member #															
4	Visit 1 Date	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">dd</td> <td></td> <td style="text-align: center;">mm</td> <td></td> <td style="text-align: center;">yyyy</td> <td></td> <td></td> </tr> </table>										dd		mm		yyyy			v1_date v1_date_year v1_date_month v1_date_day
	dd		mm		yyyy														
5	Start time of interview (24 hour clock)	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">hrs</td> <td style="text-align: center;">:</td> <td style="text-align: center;">mins</td> </tr> </table>						hrs	:	mins	v1_start_time v1_start_time_hour v1_start_min I7								
	hrs	:	mins																
Consent, Interview Language and Name																			
6	Consent has been read and obtained	Yes=1 No=0 <i>If no, end</i>	consent_v1 I5																
7	First Name	First name=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88	firstname_v1 I9																
Additional Information that may be helpful			consent-lang-name_add_info																
8	Contact phone number where possible	<i>Specify in open text field</i>	telephone_v1 I10																

Selected Adult Questionnaire – Full Survey

Module 2a: Selected Adult Questionnaire			
#	Question	Response	Code
Section 1: Sociodemographic Information			
	Sex (<i>Record Male / Female as observed</i>)	Male=1 Female=2	sex STEPS C1
	How old are you?	Age, in years=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88	age STEPS C3
	What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i> (SELECT ONE)	Can't read or write=1 Can read and write=2 Primary school completed=3 Intermediate school completed=4 High school completed=5 College/University completed=6 Post graduate degree=7 Technical training=8 Don't know=77 Decline to respond=88	education STEPS C5
	What is your marital status ? (SELECT ONE)	Never married=1 Currently married=2 Separated=3 Divorced=4 Widowed=5 Don't know=77 Decline to respond=88	marital_status STEPS C7
	Are your parents related (consanguineous marriage)?	First degree cousins=1 Second degree cousins=2 Other relation between them=4 Not related=0 Don't know=77 Decline to respond=88	parent_relationship MOHSA

<p>Which of the following best describes your main work status over the past 12 months?</p> <p>[INSERT COUNTRY-SPECIFIC CATEGORIES]</p> <p>(SELECT ONE)</p>	<p>Government employee=1 Non-government employee=2 Self-employed=3 Non-paid=4 Student=5 Homemaker=6 Retired=7 Unemployed (able to work)=8 Unemployed (unable to work)=9 Don't know=77 Decline to respond=88</p>	<p>work_status</p> <p>C8</p> <p>STEPS C8</p>
<p>Can you give an estimate of the monthly household income if I read some options to you? Is it</p> <p>[INSERT QUINTILE VALUES IN LOCAL CURRENCY]</p> <p>(READ OPTIONS)</p>	<p>Less than 3000 Riyal=1 3000 Riyal to less than 5000 Riyal=2 5000 Riyal to less than 7000 Riyal=3 7000 Riyal to less than 10000 Riyal=4 10000 Riyal to less than 15000 Riyal=5 15000 Riyal to less than 20000 Riyal=6 20000 to less than 30000=7 30000 Riyal or more=8</p> <p>Don't Know=77 Decline to respond=88</p>	<p>income_estimate</p> <p>C11</p> <p>STEPS C11</p>
<p>#</p>	<p>Question</p>	<p>Response</p>
<p>Section 2: Tobacco Use</p>		
<p>Now I am going to ask you some questions about various health behaviours. This includes things like smoking, eating fruits and vegetables and physical activity. Let's start with tobacco.</p>		
<p>Have you ever smoked any tobacco products, such as cigarettes, cigars or pipes or Shisha?</p> <p>(USE SHOWCARD)</p>	<p>Yes=1 No=0 <i>If No, go to tobacco_smokeless</i> Don't know=77 <i>If Don't know, go to tobacco_smokeless</i> Decline to respond=88 <i>If Decline to respond, go to tobacco_smokeless</i></p>	<p>tobacco_smoker_ever</p> <p>STEPS T1a</p>
<p>Do you currently smoke any tobacco products, such as cigarettes, cigars, pipes or Shisha?</p> <p>(USE SHOWCARD)</p>	<p>Yes=1 No=0 <i>If No, go to tobacco_age_start</i> Don't know=77 <i>If Don't know, go to tobacco_age_start</i> Decline to respond=88 <i>If Decline to respond, go to tobacco_age_start</i></p>	<p>tobacco_smoker_current</p> <p>STEPS T1</p>
<p>Do you currently smoke tobacco products, such as cigarettes, cigars, pipes, or Shisha, daily?</p>	<p>Yes=1 No=0 <i>If No, go to tobacco_age_start</i> Don't know=77 <i>If Don't know, go to tobacco_age_start</i> Decline to respond=88 <i>If Decline to respond, go to tobacco_age_start</i></p>	<p>tobacco_smoker_daily</p>

<p>How old were you when you first started smoking daily?</p>	<p>Age=1 <i>Specify in open text field</i> Never smoked daily=0 <i>If Never smoked daily, go to tobacco_quit</i> Don't know=77 Decline to respond=88</p>	<p>tobacco_age_start STEPS T3</p>
<p>On average, how many manufactured cigarettes do you (did you) smoke each day? <i>(USE SHOW CARD)</i> (SELECT ONE)</p>	<p>Number of manufactured cigarettes per day=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>tobacco_cigarettes STEPS T5a</p>
<p>On average, how many hand-rolled cigarettes do you (did you) smoke each day? <i>(USE SHOW CARD)</i> (SELECT ONE)</p>	<p>Number of hand-rolled cigarettes per day=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>tobacco_cigarettes2 STEPS T5b</p>
<p>On average, how many pipes full of tobacco do you (did you) smoke each day? <i>(USE SHOW CARD)</i> (SELECT ONE)</p>	<p>Number of pipes full of tobacco per day=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>tobacco_pipes STEPS T5c</p>
<p>On average, how many cigars, cheroots, and/or cigarillos do you (did you) smoke each day? <i>(USE SHOW CARD)</i> (SELECT ONE)</p>	<p>Number of cigars, cheroots, and/or cigarillos per day=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>tobacco_cigars STEPS T5d</p>
<p>On average, how many shisha do you (did you smoke) each day? <i>(USE SHOW CARD)</i> (SELECT ONE)</p>	<p>Amount of shisha per day=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>tobacco_shisha STEPS X5</p>
<p>On average, how many sugar-flavored shisha do you(did you smoke) each day? <i>(USE SHOW CARD)</i> (SELECT ONE)</p>	<p>Amount of sugar-flavored shisha per day=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>tobacco_sugar_sisha MOHSA</p>

	On average, how many other tobacco products do you (did you smoke) each day? <i>(USE SHOW CARD)</i> (SELECT ONE)	Type and number of other tobacco products per day=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88	tobacco_other STEPS T5e
	During the past 12 months, have you tried to stop smoking ? (SELECT ONE)	Yes=1 No=0 Don't know=77 Decline to respond=88	tobacco_quit STEPS T6a
	During any visit of a doctor or other health professional in the past 12 months, were you advised to quit smoking tobacco? (SELECT ONE)	Yes=1 No=0 No visit during the past 12 months=2 Don't know=77 Decline to respond=88	tobacco_advice_quit STEPS T6b
	Have you ever used smokeless tobacco products, such as [snuff, chewing tobacco, Swaika, or Medwakh]? <i>(USE SHOWCARD)</i>	Yes=1 No=0 <i>If No, go to T13</i> Don't know=77 Decline to respond=88	tobacco_smokeless STEPS T9a
	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, Swaika, or Medwakh]? <i>(USE SHOWCARD)</i>	Yes=1 No=0 <i>If No, go to T13</i> Don't know=77 Decline to respond=88	tobacco_smokeless_current STEPS T9
	Do you currently use smokeless tobacco products daily ?	Yes=1 No=0 Don't know=77 Decline to respond=88	tobacco_smokeless_daily STEPS T10
	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88	tobacco_secondhand STEPS T13
	During the past 7 days, on how many days did someone smoke in closed areas in your workplace or school (in the building, in a work area or a specific office) when you were present?	Number of days=1 <i>Specify in open text field</i> Don't know or don't work in a closed area=77 Decline to respond=88	tobacco_work STEPS T14
#	Question	Response	Code
	Section 3: Diet		

<p>The next questions ask about what you usually eat. I have a nutrition card here that shows you some examples of local food. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.</p>		
<p>In a typical week, on how many days do you eat fruit? Please include fresh, frozen, or canned fruit, for example figs, grapes, oranges, bananas, or apples.</p> <p>Do not include juices, blended fruits, or dried fruits.</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of days=1 <i>Specify in open text field, If Zero days, go to diet_juice</i> Don't Know=77 Decline to respond=88</p>	<p>diet_fruit STEPS D1</p>
<p>How many servings of fruit do you eat on one of those days?</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_fruit_servings STEPS D2</p>
<p>In a typical week, on how many days do you drink 100% fruit juices, including blended fruits?</p> <p>Do not include "nectars".</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of days=1 <i>Specify in open text field, If Zero days, go to diet_vegetables</i> Don't Know=77 Decline to respond=88</p>	<p>diet_juice DHQ2 4</p>
<p>How many servings of 100% fruit juices do you drink on one of those days?</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_juice_servings DHQ2 4a</p>
<p>In a typical week, on how many days do you eat vegetables?</p> <p>Please include raw, cooked, canned, or frozen vegetables. Please do not include rice, potatoes, or cooked dried beans such as kidney beans, pinto beans, or lentils.</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of days=1 <i>Specify in open text field, If Zero days, go to diet_darkfish</i> Don't Know=77 Decline to respond=88</p>	<p>diet_vegetables STEPS D3</p>
<p>How many servings of vegetables do you eat on one of those days?</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_vegetables_servings STEPS D4</p>

In a typical week, on how many days do you eat dark meat fish , such as salmon, tuna fish, mackerel, sardines, bluefish, or swordfish, whether fresh or canned? <i>(USE SHOWCARD)</i>	Number of days=1 <i>Specify in open text field, If Zero days, go to diet_otherfish</i> Don't Know=77 Decline to respond=88	diet_darkfish IHME MDCC / BRFFS diet_darkfish
How many servings of dark meat fish do you eat on one of those days? <i>(USE SHOWCARD)</i>	Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88	diet_darkfish_servings D19
In a typical week, how many days do you eat other fish ?	Number of days=1 <i>Specify in open text field, If Zero days, go to diet_redmeat</i> Don't Know=77 Decline to respond=88	diet_otherfish STEPS D9c
How many servings of other fish do you eat on one of those days?	Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88	diet_otherfish_servings STEPS D10c
In a typical week, how many days do you eat red meat ?	Number of days=1 <i>Specify in open text field, If Zero days, go to diet_poultry</i> Don't Know=77 Decline to respond=88	diet_redmeat STEPS D9a
How many servings of red meat do you eat on one of those days?	Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88	diet_redmeat_servings STEPS D10a
In a typical week, how many days do you eat poultry meat (including chicken)?	Number of days=1 <i>Specify in open text field, If Zero days, go to diet_shrimp</i> Don't Know=77 Decline to respond=88	diet_poultry STEPS D9b
How many servings of poultry meat (including chicken) do you eat on one of those days?	Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88	diet_poultry_servings STEPS D10b
In a typical week, how many days do you eat shrimp?	Number of days=1 <i>Specify in open text field, If Zero days, go to diet_procmear</i> Don't Know=77 Decline to respond=88	diet_shrimp MOHSA
How many servings of shrimp do you eat on one of those days?	Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88	diet_shrimp_servings MOHSA

<p>In a typical week, how many days do you eat processed meats such as sausage, or other packaged cold cuts, lunch meats, or deli meats?</p> <p>Processed meats are meats preserved by smoking, curing, or salting, or by the addition of preservatives. Examples include: pastrami, salami, bologna, other packaged lunch meats or deli meats, sausages, bratwursts, frankfurters, and hot dogs. Please think about all forms of processed meats. Please think about all meals and snacks including breakfast, lunch, and dinner and food consumed at home and away from home.</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of days=1 <i>Specify in open text field, If Zero days, go to diet_procfood</i> Don't Know=77 Decline to respond=88</p>	<p>diet_procmeat IHME MDCC / BRFFS diet_procmeat</p>
<p>How many servings of processed meats do you eat on one of those days?</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_procmeat_servings D21</p>
<p>In a typical week, how many days do you eat other processed foods, such as fast foods, canned foods, packaged entrees, or soup?</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of days=1 <i>Specify in open text field, If Zero days, go to diet_eggs</i> Don't Know=77 Decline to respond=88</p>	<p>diet_procfood IHME MDCC / BRFFS diet_procfood</p>
<p>How many servings of other processed foods do you eat on one of those days?</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_procfood_servings</p>
<p>In a typical week, how many days do you eat eggs?</p>	<p>Number of days=1 <i>Specify in open text field, If Zero, go to diet_nuts</i> Don't Know=77 Decline to respond=88</p>	<p>diet_eggs STEPS D9d</p>
<p>How many servings of eggs do you eat on one of those days?</p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_eggs_servings D10d STEPS D10d</p>
<p>Not including peanut butter, in a typical week, on how many days do you eat peanuts, almonds, walnuts, or any other nuts and seeds?</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of days=1 <i>Specify in open text field, If Zero days, go to diet_milk</i> Don't Know=77 Decline to respond=88</p>	<p>diet_nuts IHME MDCC / NCI / DHQ diet_nuts</p>

<p>How many servings of nuts and seeds do you eat on one of those days?</p> <p>Please consider a serving to be a 40 grams of nuts or seeds.</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_nuts_servings</p>
<p>In a typical week, how many days do you drink milk?</p>	<p>Number of days=1 <i>Specify in open text field, If Zero, go to diet_laban</i> Don't Know=77 Decline to respond=88</p>	<p>diet_milk STEPS D11a</p>
<p>How many servings of milk do you usually drink on one of those days?</p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_milk_servings STEPS D12a</p>
<p>In a typical week, how many days do you consume laban?</p>	<p>Number of days=1 <i>Specify in open text field, If Zero, go to diet_yogurt</i> Don't Know=77 Decline to respond=88</p>	<p>diet_laban STEPS D11b</p>
<p>How many servings of laban do you usually consume on one of those days?</p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_laban_servings STEPS D12b</p>
<p>In a typical week, how many days do you eat yogurt?</p>	<p>Number of days=1 <i>Specify in open text field, If Zero, go to diet_labneh</i> Don't Know=77 Decline to respond=88</p>	<p>diet_yogurt STEPS D11c</p>
<p>How many servings of yogurt do you usually consume on one of those days?</p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_yogurt_servings STEPS D12c</p>
<p>In a typical week, how many days do you consume labneh?</p>	<p>Number of days=1 <i>Specify in open text field, If Zero, go to diet_cheese</i> Don't Know=77 Decline to respond=88</p>	<p>diet_labneh STEPS D11d</p>
<p>How many servings of labneh do you usually consume on one of those days?</p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_labneh_servings STEPS D12d</p>
<p>In a typical week, how many days do you eat cheese?</p>	<p>Number of days=1 <i>Specify in open text field, If Zero, go to diet_soda</i> Don't Know=77 Decline to respond=88</p>	<p>diet_cheese STEPS D11e</p>
<p>How many servings of cheese do you usually eat on one of those days?</p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_cheese_servings STEPS D12e</p>

<p>In a typical week, how many days do you drink regular soda or pop that contains sugar, sweetened iced teas, sports drinks, or fruit drinks?</p> <p>Do not include diet soda, sugar-free drinks, or 100% pure fruit juice.</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of days=1 <i>Specify in open text field, If Zero days, go to diet_fat</i> Don't Know=77 Decline to respond=88</p>	<p>diet_soda IHME MDCC / NHANES 2009 diet_soda</p>
<p>How many servings of sugar-sweetened beverages do you drink on one of those days?</p> <p><i>(USE SHOWCARD)</i></p>	<p>Number of servings=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_soda_servings</p>
<p>What type of oil or fat is most often used for meal preparation in your household?</p> <p><i>(USE SHOWCARD)</i></p> <p>(SELECT ONE)</p>	<p>Vegetable oil=1 Olive oil=2 Butter or ghee=3 Margarine=4 Other, please specify=5 <i>If Other, specify in open text field</i> None in particular=6 None used=7 Don't know=77 Decline to respond=88</p>	<p>diet_fat, diet_fatother STEPS D5, D5other</p>
<p>What kind of dairy products do you usually use?</p> <p>(SELECT ONE)</p>	<p>Full fat=1 Low fat=2 Nonfat=3 No preference=4 Don't know=77 Decline to respond=88</p>	<p>diet_dairy STEPS D13</p>
<p>What kind of bread do you usually eat?</p> <p>(SELECT ONE)</p>	<p>White=1 Brown=2 Saudi-specific bread=3 Don't know=77 Decline to respond=88</p>	<p>diet_bread STEPS D15</p>
<p>In a typical week, how many meals do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.</p>	<p>Number of meals=1 <i>Specify in open text field</i> Don't Know=77 Decline to respond=88</p>	<p>diet_meals_out STEPS D6</p>
<p>In a typical week, how many days do you eat fast food?</p>	<p>Number of meals=1 <i>Specify in open text field, must be <=diet_meals_out.number</i> Don't Know=77 Decline to respond=88</p>	<p>diet_fastfood STEPS D7</p>
<p>What do you think about fast food?</p>	<p>Healthy food=1 Not healthy=2 Don't Know=77 Decline to respond=88</p>	<p>diet_fastfood_healthy STEPS D8</p>
<p>#</p>	<p>Question</p>	<p>Response</p>
<p>#</p>	<p>Question</p>	<p>Code</p>

Section 4: General Health Status and Functional Health Status		
Next are some questions about your general health including some questions about specific physical symptoms you may have experienced, your ability to do different daily activities, and how you have been feeling. Although some of these questions may seem similar, it is important that we ask them all.		
<p>In general, would you say your health is excellent, very good, good, fair, or poor?</p> <p><i>INTERVIEWER: If respondent asks about timeframe, say "Please answer according to how you have been during the past 30 days."</i></p> <p>(SELECT ONE)</p>	<input type="checkbox"/> 1=Excellent <input type="checkbox"/> 2=Very good <input type="checkbox"/> 3=Good <input type="checkbox"/> 4=Fair <input type="checkbox"/> 5=Poor <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>health1 declined1 proxy1 PROMIS GLOBAL1</p>
<p>Compared with 12 months ago, would you say your health in general is now better, worse, or about the same?</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> 3=Better <input type="checkbox"/> 1=Worse <input type="checkbox"/> 2=About the same <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>health2 declined2 proxy2 IHME NHANES 2009 WAHS SF-36 NHIS</p>
<p>Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> Enter number of days: ____ <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>physhealth BRFSS 2011</p>
<p>During the past 12 months, about how many days did you miss work at a job or business because of illness or injury? (Do not include maternity leave.)</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> Enter number of days: ____ <input type="checkbox"/> 995=Do not work <input type="checkbox"/> 77=Don't know <input type="checkbox"/> 88=Decline to respond	<p>health3 declined3 proxy3 IHME NHIS 2010</p>
<p>Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>health4 declined4 proxy4 NHANES PFQ.090 NHIS 2010</p>

<p>Does your health now limit you in doing <i>vigorous</i> activities, such as running, lifting heavy objects, or participating in strenuous sports?</p> <p>...Not at all, very little, somewhat, quite a lot, or can you not do these activities because of your health?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Not at all <input type="checkbox"/> 2=Very little <input type="checkbox"/> 3=Somewhat <input type="checkbox"/> 4=Quite a lot <input type="checkbox"/> 5=Cannot do <i>(skip to # / physfxn4)</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>physfxn1 IHME PROMIS PFA1</p>
<p>Are you able to climb up five steps?</p> <p>...Without any difficulty, with a little difficulty, with some difficulty, with much difficulty, or are you unable to do this?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Without any difficulty <input type="checkbox"/> 2=With a little difficulty <input type="checkbox"/> 3=With some difficulty <input type="checkbox"/> 4=With much difficulty <input type="checkbox"/> 5=Unable to do <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>physfxn4 PROMIS PFB10</p>
<p>During the past 30 days, how difficult was it to perform your work or house activities?</p> <p>...Without any difficulty, with a little difficulty, with some difficulty, with much difficulty, or are you unable to do this?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Without any difficulty <input type="checkbox"/> 2=With a little difficulty <input type="checkbox"/> 3=With some difficulty <input type="checkbox"/> 4=With much difficulty <input type="checkbox"/> 5=Unable to do <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>phys_usual_activities MOHSA</p>
<p>During the past 30 days, how difficult was it to perform any of the following activities: walking a short distance, standing from a seated position, standing for a short period of time, climbing one step of stairs?</p> <p>...Without any difficulty, with a little difficulty, with some difficulty, with much difficulty, or are you unable to do this?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Without any difficulty <input type="checkbox"/> 2=With a little difficulty <input type="checkbox"/> 3=With some difficulty <input type="checkbox"/> 4=With much difficulty <input type="checkbox"/> 5=Unable to do <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>phys_heart_health MOHSA</p>
<p>Next are some questions about specific symptoms you may have experienced.</p>		

<p>During the past 30 days, have you had wheezing or whistling in your chest?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <i>(skip to # / coughing1)</i> <input type="checkbox"/> 77=Don'tknow <i>(skip to # / coughing1)</i> <input type="checkbox"/> 88=Decline to respond <i>(skip to # / coughing1)</i></p>	<p>breathing1 IHME NHANES 2009 WHS 2002 asthma</p>
<p><i>Show if # / breathing1==1</i></p> <p>During the past 30 days, how many attacks of wheezing or whistling have you had?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> ENTER NUMBER OF EPISODES: ____ <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>breathing2 IHME NHANES 2009 asthma</p>
<p>Did you cough on most days for 3 consecutive months or more during the past year?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>coughing1 IHME NHANES 2009 GOLD COPD</p>
<p>Did you bring up phlegm on most days for 3 consecutive months or more during the past year?</p> <p><i>INTERVIEWER read if necessary: By phlegm, we mean mucus from the respiratory passage.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>coughing2 IHME NHANES 2009 GOLD COPD</p>
<p>Have you ever had sudden painless weakness on one side of your body that lasted for at least 24 hours?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>stroke_sx1 IHME Regards Q: Q1_3 stroke</p>
<p>Have you ever had sudden numbness or a dead feeling on one side of your body?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>stroke_sx2 IHME Regards Q: Q1_4 stroke</p>

<p>Have you ever suddenly lost the ability to understand what people were saying or lost the ability to express yourself verbally or in writing for at least 24 hours?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>stroke_sx3 IHME Regards stroke</p>
<p>These next questions are about your hearing.</p>		
<p>Do you have deafness or trouble hearing in one or both ears without the help of a hearing aid?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>hearing1 GC13 Q5034.</p>
<p>Which statement best describes your hearing (without a hearing aid)? Would you say your hearing is excellent, good, that you have a little trouble, moderate trouble, a lot of trouble, or that you are deaf?</p> <p>(SELECT ONE)</p>		<p>Excellent=1 Good=2 A little trouble=3 Moderate trouble=4 A lot of trouble=5 Deaf=6 Don't know=77 Decline to respond=88</p> <p>hearing2 NHANES 2009 AUG.131</p>
<p>Now I would like to ask you questions about your vision. These questions are for all respondents regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer as if you are wearing them.</p>		
<p>Do you wear glasses or contact lenses?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>vision1 WHS 2002</p>
<p><i>{show if vision1==1}</i></p> <p>Please answer the following questions taking into account your glasses or contact lenses.</p>		
<p>In the last 30 days, how much difficulty did you have in seeing and recognizing a person you know across the road (i.e. from a distance of about 20 meters)?</p> <p>(SELECT ONE)</p>		<p>None=1 Mild=2 Moderate=3 Severe=4 Extreme/Cannot do=5 Don't know=77 Decline to respond=88</p> <p>vision2 WHS 2002</p>

	In the last 30 days, how much difficulty did you have in seeing and recognizing an object at arm's length or in reading? (SELECT ONE)		None=1 Mild=2 Moderate=3 Severe=4 Extreme/Cannot do=5 Don't know=77 Decline to respond=88	vision3 WHS 2002
#	Question	Response		Code
	Section 5: Physical Activity			
	Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.			
	Work			
	Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. <i>[Insert other examples if needed]</i> . In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate; 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.			
	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES]</i> <i>(USE SHOWCARD)</i> (SELECT ONE)		Yes=1 No=0 <i>If No, go to work_modactivity</i> Don't know=77 <i>If Don't know, go to work_modactivity</i> Decline to respond==88 <i>If Decline to respond, go to work_modactivity</i>	work_vigactivity STEPS P1

<p>In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</p> <p>(SELECT ONE)</p>	<p>Number of days=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>work_vigactivity_days STEPS P2</p>
<p>How much time do you spend doing vigorous-intensity activities at work on a typical day?</p> <p>(SELECT ONE)</p>	<p>Hours per day=1 <i>Specify in open text field</i> Minutes per day=2 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>work_vigactivity_time STEPS P3</p>
<p>Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES]</i></p> <p><i>(USE SHOWCARD)</i></p> <p>(SELECT ONE)</p>	<p>Yes=1 No=0 <i>If No, go to travel_walk10</i> Don't know=77 <i>If Don't know, go to travel_walk10</i> Decline to respond==88 <i>If Decline to respond, go to travel_walk10</i></p>	<p>work_modactivity STEPS P4</p>
<p>In a typical week, on how many days do you do moderate-intensity activities as part of your work?</p> <p>(SELECT ONE)</p>	<p>Number of days=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>work_modactivity_days STEPS P5</p>
<p>How much time do you spend doing moderate-intensity activities at work on a typical day?</p> <p>(SELECT ONE)</p>	<p>Hours per day=1 <i>Specify in open text field</i> Minutes per day=2 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>work_modactivity_time STEPS P6</p>
<p>Travel to and from places</p>		
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to the market, to your place of worship. <i>[Insert other examples if needed]</i></p>		
<p>Do you walk for at least 10 minutes continuously to get to and from places?</p> <p>(SELECT ONE)</p>	<p>Yes=1 No=0 <i>If No, go to rec_vigactivity</i> Don't know=77 <i>If Don't know, go to rec_vigactivity</i> Decline to respond==88 <i>If Decline to respond, go to rec_vigactivity</i></p>	<p>travel_walk10 STEPS P7</p>

<p>In a typical week, on how many days do you walk for at least 10 minutes continuously to get to and from places?</p> <p>(SELECT ONE)</p>	<p>Number of days=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>travel_walk10_days STEPS P8</p>
<p>How much time do you spend walking for travel on a typical day?</p> <p>(SELECT ONE)</p>	<p>Hours per day=1 <i>Specify in open text field</i> Minutes per day=2 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>travel_walk10_time STEPS P9</p>
<p>Recreational activities</p>		
<p>The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure), <i>[Insert relevant terms]</i>.</p>		
<p>Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES]</i></p> <p><i>(USE SHOWCARD)</i></p> <p>(SELECT ONE)</p>	<p>Yes=1 No=0 <i>If No, go to rec_modactivity</i> Don't know=77 <i>If Don't know, go to rec_modactivity</i> Decline to respond==88 <i>If Decline to respond, go to rec_modactivity</i></p>	<p>rec_vigactivity STEPS P10</p>
<p>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?</p> <p>(SELECT ONE)</p>	<p>Number of days=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>rec_vigactivity_days STEPS P11</p>
<p>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?</p> <p>(SELECT ONE)</p>	<p>Hours per day=1 <i>Specify in open text field</i> Minutes per day=2 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>rec_vigactivity_time STEPS P12</p>

<p>Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, [<i>swimming, volleyball</i>] for at least 10 minutes continuously? [<i>INSERT EXAMPLES</i>]</p> <p>(USE SHOWCARD)</p> <p>(SELECT ONE)</p>	<p style="text-align: right;">Yes=1 No=0 <i>If No, go to P16</i> Don't know=77 <i>If Don't know, go to P 16</i> Decline to respond=88 <i>If Decline to respond, go to P 16</i></p>	<p>rec_modactivity STEPS P13</p>
<p>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities? (SELECT ONE)</p>	<p style="text-align: right;">Number of days=1 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>rec_modactivity_days STEPS P14</p>
<p>How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day? (SELECT ONE)</p>	<p style="text-align: right;">Hours per day=1 <i>Specify in open text field</i> Minutes per day=2 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>rec_modactivity_time STEPS P15</p>
<p>Sedentary behavior</p>		
<p>The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping.</p> <p>[<i>INSERT EXAMPLES</i>]</p> <p>(USE SHOWCARD)</p>		
<p>How much time do you usually spend sitting or reclining on a typical day? (SELECT ONE)</p>	<p style="text-align: right;">Hours per day=1 <i>Specify in open text field</i> Minutes per day=2 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>sitting STEPS P16</p>
<p>In a typical week, how much time do you usually spend in front of the television or on the computer?</p>	<p style="text-align: right;">Enter number of hours _____=1 Don't know=77 Decline to respond=88</p>	<p>tv_comp_time IHME MDCC tv_comp_time</p>
<p># Question</p>	<p>Response</p>	<p>Code</p>
<p>Section 6: Access to and Utilization of Health Care</p>		

<p>The next questions are about your access to health care and your utilization of health care services.</p>		
<p>In what year did you last visit a doctor or other health professional for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Enter year (YYYY): ____ <i>Specify in open text field</i></p> <p><input type="checkbox"/> 995=Never</p> <p><input type="checkbox"/> 77=Don't know</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>hc_checkup_yr</p>
<p>How far away was the facility you attended from your home?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Enter distance (km): ____ <i>Specify in open text field</i></p> <p><input type="checkbox"/> 77=Don't know</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>hc_checkup_dist</p>
<p>How long did it take you to get there?</p> <p><i>Interviewer: If less than one hour, record minutes.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Enter number of hours: ____ <i>Specify in open text field</i></p> <p><input type="checkbox"/> 2=Enter number of minutes: ____ <i>Specify in open text field</i></p> <p><input type="checkbox"/> 77=Don't know</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>hc_checkup_time</p>
<p>In what year did you last visit a hospital for medical attention for any reason?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Enter year (YYYY): ____ <i>Specify in open text field</i></p> <p><input type="checkbox"/> 995=I have never been to a hospital for medical attention. <i>If Never, go to hc_clinic_yr</i></p> <p><input type="checkbox"/> 77=Don't know</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>hc_hosp_yr</p>
<p>What was the type of the hospital that you last visited for medical attention for any reason?</p> <p>(SELECT ONE)</p>	<p><i>{This is a dropdown list}</i></p> <p>Governmental(MOH)=1</p> <p>National Guard=2</p> <p>Armed Forces=3</p> <p>Military hospital=4</p> <p>Private hospital=5</p> <p>Other =6</p> <p>Don't know=77</p> <p>Decline to respond=88</p>	<p>hc_hosp_type</p>
<p>What was the reason for your last visit to a hospital?</p> <p>(SELECT ONE)</p>	<p>Illness=1</p> <p>Injury=2</p> <p>Immunization=3</p> <p>Other preventive service=4</p> <p>Other, please specify=5 <i>If Other, specify in open text field</i></p> <p>Don't know=77</p> <p>Decline to respond=88</p>	<p>hc_hosp_reason</p>

<p>In what year did you last visit a clinic for medical attention for any reason?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Enter year (YYYY): ____ <i>Specify in open text field</i></p> <p><input type="checkbox"/> 995=I have never been to a clinic for medical attention. <i>If Never, go to hc_doctor_yr</i></p> <p><input type="checkbox"/> 77=Don't know</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>hc_clinic_yr</p>
<p>What was the type of the clinic that you last visited for medical attention for any reason?</p> <p>(SELECT ONE)</p>	<p><i>{This is a dropdown list}</i></p> <p>Governmental (MOH)=1 National Guard=2 Armed Forces=3 Military clinic=4 Private clinic=5 Other =6 Don't know=77 Decline to respond=88</p>	<p>hc_clinic_type</p>
<p>What was the reason for your last visit to a clinic?</p> <p>(SELECT ONE)</p>	<p>Illness=1 Injury=2 Immunization=3 Other preventive service=4 Other, please specify=5 <i>If Other, specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>hc_clinic_reason</p>
<p>In what year did you last visit a doctor or other health professional for any other reason?</p> <p>(SELECT ONE)</p>	<p>Enter year: ____ <i>Specify in open text field</i></p> <p>995=I have never visited a doctor or other health professional. <i>If never, go to hc_usual_provider</i></p> <p>77=Don't know 88=Decline to respond</p>	<p>hc_doctor_yr</p>
<p>What was that reason?</p> <p>(SELECT ONE)</p>	<p>Illness=1 Injury=2 Immunization=3 Other preventive service=4 Other, please specify=5 <i>If Other, specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>hc_doctor_reason</p>
<p>How far away was the facility you attended from your home?</p> <p>(SELECT ONE)</p>	<p>Enter distance (km): ____ <i>Specify in open text field</i></p> <p>Don't know=77 Decline to respond=88</p>	<p>hc_doctor_dist</p>
<p>How long did it take you to get there?</p> <p><i>Interviewer: If less than one hour, record minutes.</i></p> <p>(SELECT ONE)</p>	<p>Enter number of hours: ____ <i>Specify in open text field</i></p> <p>Enter number of minutes: ____ <i>Specify in open text field</i></p> <p>Don't know=77 Decline to respond=88</p>	<p>hc_doctor_time</p>

	Is there a clinic, doctor's office, or other place that you usually go to when you are sick or need advice about your health care? (SELECT ONE)		There is ONE place=1 There is MORE THAN ONE place=2 No=0 Don't know=77 Decline to respond=88	hc_usual_provider WAHS NHANES HUQ.030
	Breast Cancer			
	<i>Show if respondent is a woman (sex=2) age 20 or older (age.age>=35 & age.age<120):</i>			
	Do you know what a self-breast examination is? (SELECT ONE)		<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <input type="checkbox"/> 77=Don't know <input type="checkbox"/> 88=Refuse to respond	hc_breast_selfexam MOHSA
	How many times during the past 12 months have you self-examined your breasts?		<input type="checkbox"/> Number of times ____ <input type="checkbox"/> 77=Don't know <input type="checkbox"/> 88=Refuse to respond	hc_breast_selfexam1 hc_breast_selfexam1number MOHSA
	How many times during the past 12 months have you visited a doctor's office or other health professional for a (clinical) breast examination?		<input type="checkbox"/> Number of times____ <input type="checkbox"/> 77=Don't know <input type="checkbox"/> 88= Refuse to respond	hc_breast_clinic hc_breast_clinicnumber MOHSA
	If you have children, how long did you breast-feed your last (or youngest) child?		<input type="checkbox"/> Number of breast-feeding months ____ <input type="checkbox"/> 77=Don't know <input type="checkbox"/> 88=Refuse to respond	hc_breast_feeding hc_breastfeedingmonths MOHSA
	If you have ever had a mammogram, in what year did you last have a mammogram? A mammogram is a screening test for breast tumors and cancers using a special type of x-ray.		<input type="checkbox"/> Enter year (YYYY): ____ <input type="checkbox"/> 995=Never <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	hc_mammogram_yr
#	Question	Response		Code
	Section 7: Oral Health			
	During the past 12 months how many times did you visit a dental clinic for a check up (without any dental problem)? (SELECT ONE)		Never=0 Once=1 More than once=2 Don't know=77 Decline to respond=88	oral_checkup STEPS L1
	During the past 12 months how many times did you visit a dental clinic for a dental complaint? (SELECT ONE)		Never=0 Once=1 More than once=2 Don't know=77 Decline to respond=88	oral_complaint STEPS L1a

	How many times do you brush your teeth using a brush and tooth paste? (SELECT ONE)		Twice a day, or more=3 Once a day=2 Less than once a day=1 Never=0	oral_brush STEPS L2
	How many times per day do you floss your teeth?		Don't floss=0 Less than once per day=1 Once per day=2 2 or more times per day=3 Don't know=77 Refuse to respond=88	oral_floss MOHSA
	How many times do you use Miswak to clean your teeth? (SELECT ONE)		Twice a day, or more=3 Once a day=2 Less than once a day=1 Never=0	oral_miswak STEPS L3
#	Question	Response		Code
	Section 8: History of Chronic Conditions			
	Now, we are asking about a variety of specific medical events that you may have experienced and medical conditions that you may have been diagnosed with in your lifetime.			
	Has a doctor or other health professional ever told you that you had a cerebral infarction, otherwise known as a stroke or brain attack? <i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i> (SELECT ONE)	<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <i>(skip to # / cardiacarrest)</i> <input type="checkbox"/> 77=Don'tknow <i>(skip to # / cardiacarrest)</i> <input type="checkbox"/> 88=Decline to respond <i>(skip to # / cardiacarrest)</i>		stroke declined21 proxy21 IHME
	In what year did you first receive this diagnosis? (SELECT ONE)	<input type="checkbox"/> Enter year (YYYY): ____ <i>Specify in open field text</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond		stroke_dx_yr IHME
	During the past 30 days, or since your diagnosis, have you ever taken medication for this condition? (SELECT ONE)	<input type="checkbox"/> 1=Yes, currently taking medication <input type="checkbox"/> 2=Yes, previously took medication, but not currently <input type="checkbox"/> 0=No, never took medication <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond		stroke_meds IHME

<p>Has a doctor or other health professional ever told you that you had a cardiac arrest, otherwise known as a cardiopulmonary arrest, circulatory arrest, or sudden death? (This is different from a heart attack. This would be a time when you were unconscious because your heart stopped suddenly, and you needed to be revived with CPR or defibrillation paddles.)</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 0=No (skip to # / mi)</p> <p><input type="checkbox"/> 77=Don'tknow (skip to # / mi)</p> <p><input type="checkbox"/> 88=Decline to respond (skip to # / mi)</p>	<p>cardiacarrest declined22 proxy22 IHME</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ Specify in open field text</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>cardiacarrest_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication</p> <p><input type="checkbox"/> 2=Yes, previously took medication, but not currently</p> <p><input type="checkbox"/> 0=No, never took medication</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>cardiacarrest_meds IHME</p>
<p>Has a doctor or other health professional ever told you that you had a myocardial infarction, otherwise known as a heart attack?</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 0=No (skip to # / chd)</p> <p><input type="checkbox"/> 77=Don'tknow (skip to # / chd)</p> <p><input type="checkbox"/> 88=Decline to respond (skip to # / chd)</p>	<p>mi declined23 proxy23 IHME</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ Specify in open field text</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>mi_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication</p> <p><input type="checkbox"/> 2=Yes, previously took medication, but not currently</p> <p><input type="checkbox"/> 0=No, never took medication</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>mi_meds IHME</p>

<p>Has a doctor or other health professional ever told you that you had congestive heart failure, otherwise known as heart failure, cardiomyopathy or having a “weak” heart?</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 0=No <i>(skip to # / afib)</i></p> <p><input type="checkbox"/> 77=Don'tknow <i>(skip to # / afib)</i></p> <p><input type="checkbox"/> 88=Decline to respond <i>(skip to # / afib)</i></p>	<p>chf declined25 proxy25 IHME</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): ____ <i>Specify in open field text</i></p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>chf_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication</p> <p><input type="checkbox"/> 2=Yes, previously took medication, but not currently</p> <p><input type="checkbox"/> 0=No, never took medication</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>chf_meds IHME</p>
<p>Has a doctor or other health professional ever told you that you had atrial fibrillation, otherwise known as irregular rhythm or “A-Fib”? (This is an irregular heart rhythm related to abnormal electrical conduction in the heart.)</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 0=No <i>(skip to # / asthma)</i></p> <p><input type="checkbox"/> 77=Don'tknow <i>(skip to # / asthma)</i></p> <p><input type="checkbox"/> 88=Decline to respond <i>(skip to # / asthma)</i></p>	<p>afib declined26 proxy26 IHME</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): ____ <i>Specify in open field text</i></p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>afib_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication</p> <p><input type="checkbox"/> 2=Yes, previously took medication, but not currently</p> <p><input type="checkbox"/> 0=No, never took medication</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>afib_meds IHME</p>

<p>Has a doctor or other health professional ever told you that you had asthma, otherwise known as reactive airway disease?</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 0=No (skip to # / copd)</p> <p><input type="checkbox"/> 77=Don'tknow (skip to # / copd)</p> <p><input type="checkbox"/> 88=Decline to respond (skip to # / copd)</p>	<p>asthma declined27 proxy27 IHME</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ Specify in open field text</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>asthma_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication</p> <p><input type="checkbox"/> 2=Yes, previously took medication, but not currently</p> <p><input type="checkbox"/> 0=No, never took medication</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>asthma_meds IHME</p>
<p>During the last 12 months did you have an attack of asthma?</p> <p>(SELECT ONE)</p>		<p>asthma_attack IHME STEPS S3</p>
<p>During the past 12 months, has your asthma gotten worse?</p>		<p>asthma_worsen MOHSA</p>
<p>During the past 12 months, how many times have you visited the hospital or emergency room because of worsening asthma symptoms?</p>	<p><input type="checkbox"/> 1= Enter number of times: _____ Specify in open text field</p> <p><input type="checkbox"/> 0=Did not visit the hospital or ER</p> <p><input type="checkbox"/> 77=Don't know</p> <p><input type="checkbox"/> 88= Decline to respond</p>	<p>asthma_hospital MOHSA</p>
<p>Has a doctor or other health professional ever told you that you had chronic obstructive pulmonary disease, otherwise known as COPD, emphysema, or chronic bronchitis?</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 0=No (skip to # / dm)</p> <p><input type="checkbox"/> 77=Don'tknow (skip to # / dm)</p> <p><input type="checkbox"/> 88=Decline to respond (skip to # / dm)</p>	<p>copd declined28 proxy28 IHME</p>

<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ <i>Specify in open field text</i></p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>copd_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication</p> <p><input type="checkbox"/> 2=Yes, previously took medication, but not currently</p> <p><input type="checkbox"/> 0=No, never took medication</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>copd_meds IHME</p>
<p>Have you ever had your blood sugar measured by a doctor or other health professional?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>bloodsugar STEPS H7</p>
<p>Has a doctor or other health professional ever told you that you had diabetes mellitus, otherwise known as diabetes, sugar diabetes, high blood glucose, or high blood sugar?</p> <p><i>If YES and respondent is female (c1==2): Was this only when you were pregnant?</i></p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 2=Yes, but only during pregnancy <i>(skip to # / predm)</i></p> <p><input type="checkbox"/> 0=No <i>(skip to # / predm)</i></p> <p><input type="checkbox"/> 77=Don'tknow <i>(skip to # / predm)</i></p> <p><input type="checkbox"/> 88=Decline to respond <i>(skip to # / predm)</i></p>	<p>dm declined29 proxy29 IHME BRFSS</p>
<p>What type of diabetes do you have?</p>	<p><input type="checkbox"/> 1=Type 1</p> <p><input type="checkbox"/> 2=Type 2</p> <p><input type="checkbox"/> 77=I don't know</p> <p><input type="checkbox"/> 88=decline to repond</p>	<p>dm_type MOHSA</p>
<p>How old were you when you first received a diagnosis of diabetes mellitus?</p>	<p><input type="checkbox"/> 1=Enter age: _____ <i>Specify in open text field</i></p> <p><input type="checkbox"/> 77=Don't know</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>dm_dx_age dm_dx_agetext MOHSA</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ <i>Specify in open field text</i></p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>dm_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication</p> <p><input type="checkbox"/> 2=Yes, previously took medication, but not currently</p> <p><input type="checkbox"/> 0=No, never took medication</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>dm_meds IHME</p>

<p>In the last month did you visit a physician or other health professional for the management of your diabetes?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>dm_management STEPS H12</p>
<p>Please consider the following question with respect to the 6 types of treatment or advice below: Are you currently receiving any of the following treatments / advice for diabetes prescribed by a doctor or other health professional?</p> <p>(SELECT ONE FOR EACH TYPE OF TREATMENT / ADVICE)</p>			<p>dm_treatment STEPS</p>
<p>Insulin</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>dm_insulin STEPS H9a</p>
<p>Drugs (medication) that you have taken in the past two weeks</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>dm_medications STEPS H9b</p>
<p>Special prescribed diet</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>dm_diet STEPS H9c</p>
<p>Advice or treatment to lose weight</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>dm_loseweight STEPS H9d</p>
<p>Advice or treatment to stop smoking</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>dm_quitsmoking STEPS H9e</p>
<p>Advice to start or do more exercise</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>dm_exercise STEPS H9f</p>
<p>Have you ever seen a traditional healer for diabetes or raised blood sugar?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>dm_healer STEPS H10</p>

<p>Are you currently taking any herbal or traditional remedy for your diabetes?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>dm_herbalmed STEPS H11</p>
<p>Do you test your blood sugar at home?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>dm_bloodsugar_home STEPS H12</p>
<p>Do you visit the diabetes clinic or your doctor for diabetes on a regular basis?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>dm_reg_clinicvisit STEPS H13</p>
<p>Is there a family history of diabetes, do your parents (father or mother), children, brothers, or sisters suffer from diabetes?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>dm_fmhx STEPS H14</p>
<p>Has a doctor or other health professional ever told you that you had pre-diabetes mellitus, otherwise known as pre-diabetes, borderline diabetes, impaired fasting glucose, impaired glucose tolerance, or impaired sugar tolerance?</p> <p><i>Show if YES and respondent is female (c1==2):</i> Was this only when you were pregnant?</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 2=Yes, but only during pregnancy <i>(skip to # / renalfail)</i> <input type="checkbox"/> 0=No <i>(skip to # / renalfail)</i> <input type="checkbox"/> 77=Don'tknow <i>(skip to # / renalfail)</i> <input type="checkbox"/> 88=Decline to respond <i>(skip to # / renalfail)</i></p>	<p>predm declined30 proxy30 IHME BRFSS</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): ____ <i>Specify in open field text</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>predm_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication <input type="checkbox"/> 2=Yes, previously took medication, but not currently <input type="checkbox"/> 0=No, never took medication <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>predm_meds IHME</p>

<p>Has a doctor or other health professional ever told you that you had chronic renal failure, otherwise known as chronic kidney failure, chronic renal disease, or chronic kidney disease?</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 0=No (skip to # / hpn)</p> <p><input type="checkbox"/> 77=Don'tknow (skip to # / hpn)</p> <p><input type="checkbox"/> 88=Decline to respond (skip to # / hpn)</p>	<p>renalfail declined31 proxy31 IHME</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ Specify in open field text</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>renalfail_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication</p> <p><input type="checkbox"/> 2=Yes, previously took medication, but not currently</p> <p><input type="checkbox"/> 0=No, never took medication</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>renalfail_meds IHME</p>
<p>Have you ever had your blood pressure measured by a doctor or other health professional?</p> <p>(SELECT ONE)</p>	<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p>	<p>bloodpressure IHME STEPS H1</p>
<p>Has a doctor or other health professional ever told you that you had hypertension, otherwise known as high blood pressure?</p> <p>Show if YES and respondent is female (sex=-2): Was this only when you were pregnant?</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes</p> <p><input type="checkbox"/> 2=Yes, but only during pregnancy (skip to # / hce)</p> <p><input type="checkbox"/> 0=No (skip to # / hce)</p> <p><input type="checkbox"/> 77=Don'tknow (skip to # / hce)</p> <p><input type="checkbox"/> 88=Decline to respond (skip to # / hce)</p>	<p>hpn declined32 proxy32 IHME BRFSS STEPS H2a</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ Specify in open field text</p> <p><input type="checkbox"/> 77=Don'tknow</p> <p><input type="checkbox"/> 88=Decline to respond</p>	<p>hpn_dx_yr IHME</p>

Have you been told in the past 12 months? (SELECT ONE)		Yes=1 No=0 Don't know=77 Decline to respond=88	hpn_dx_recent STEPS H2b
During the past 30 days, or since your diagnosis, have you ever taken medication for this condition? (SELECT ONE)	<input type="checkbox"/> 1=Yes, currently taking medication <input type="checkbox"/> 2=Yes, previously took medication, but not currently <input type="checkbox"/> 0=No, never took medication <input type="checkbox"/> 77=Don't know <input type="checkbox"/> 88=Decline to respond		hpn_meds IHME
During the past 30 days, did you visit a physician or a health professional for the management of your blood pressure? (SELECT ONE)		Yes=1 No=0 Don't know=77 Decline to respond=88	hpn_management STEPS H11
Please consider the following questions with respect to the 5 types of treatment or advice below: Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health professional? (SELECT ONE FOR EACH TYPE OF TREATMENT / ADVICE)			hpn_treatment STEPS
Drugs (medication) that you have taken in the past two weeks		Yes=1 No=0 Don't know=77 Decline to respond=88	hpn_medications STEPS H3a
Advice to reduce salt intake		Yes=1 No=0 Don't know=77 Decline to respond=88	hpn_reducesalt STEPS H3b
Advice or treatment to lose weight		Yes=1 No=0 Don't know=77 Decline to respond=88	hpn_loseweight STEPS H3c
Advice or treatment to stop smoking		Yes=1 No=0 Don't know=77 Decline to respond=88	hpn_quitsmoking STEPS H3d
Advice to start or do more exercise		Yes=1 No=0 Don't know=77 Decline to respond=88	hpn_exercise STEPS H3e

<p>Have you ever seen a traditional healer for raised blood pressure or hypertension?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>hpn_healer STEPS H4</p>
<p>Are you currently taking any herbal or traditional remedy for your raised blood pressure?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>hpn_herbalmed STEPS H6</p>
<p>Is there a family history of hypertension or do one of your parents (father or mother), children, brothers or sisters suffer from high blood pressure (hypertension)?</p> <p>(SELECT ONE)</p>		<p>Yes=1 No=0 Don't know=77 Decline to respond=88</p> <p>hpn_fmhx STEPS H6</p>
<p>Has a doctor or other health professional ever told you that you had hypercholesterolemia, otherwise known as high or abnormal blood cholesterol?</p> <p><i>INTERVIEWER: Do not accept self-diagnosed or diagnosed by a person who is not a doctor or other health professional.</i></p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <i>(skip to caneve)</i> <input type="checkbox"/> 77=Don'tknow <i>(skip to caneve)</i> <input type="checkbox"/> 88=Decline to respond <i>(skip to caneve)</i></p>	<p>hce declined33 prox33 IHME</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ <i>Specify in open field text</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>hce_dx_yr IHME</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication <input type="checkbox"/> 2=Yes, previously took medication, but not currently <input type="checkbox"/> 0=No, never took medication <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>hce_meds IHME</p>
<p>Has a doctor or other health professional ever told you that you had cancer or a malignancy of any kind?</p> <p>(SELECT ONE)</p>	<p>Yes=1 No=0 <i>Go to meds_chron_cond (if one of the medication questions in this section==yes) or go to N1a (if no medications taken in this section)</i> Don't know=77 <i>Go to meds_chron_cond (if one of the medication questions in this section==yes) or N1a (if no medications taken in this section)</i> Decline to respond=88 <i>Go to meds_chron_cond (if one of the medication questions in this section==yes) or N1a (if no medications taken in this section)</i></p>	<p>canev NHIS 2012 CAN.130</p>

<p>What kind of cancer was it?</p> <p><i>Interviewer: Enter code for the first kind of cancer.</i></p> <p>(SELECT ONE)</p>	<p>Bladder=01 Blood=02 Bone=03 Brain=04 Breast=05 Cervix=06 Colon=07 Esophagus=08 Gallbladder=09 Kidney=10 Larynx-Windpipe=11 Leukemia=12 Liver=13 Lung=14 Lymphoma=15 Melanoma=16 Mouth/Tongue/Lip=17 Ovary=18 Pancreas=19 Prostate=20 Rectum=21 Skin (non-melanoma)=22 Skin (don't know what kind)=23 Soft tissue (muscle or fat)=24 Stomach=25 Testis=26 Throat-Pharynx=27 Thyroid=28 Uterus=29 Other, please specify=30 <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>cankind NHIS 2012 ANC.140</p>
<p>In what year did you first receive this diagnosis?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter year (YYYY): _____ <i>Specify in open field text</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>can_dx_yr</p>
<p>During the past 30 days, or since your diagnosis, have you ever taken medication for this condition?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes, currently taking medication <input type="checkbox"/> 2=Yes, previously took medication, but not currently <input type="checkbox"/> 0=No, never took medication <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>can_meds</p>
<p>#</p>	<p>Question</p>	<p>Response</p>
<p>#</p>	<p>Question</p>	<p>Code</p>

<p>Section 9: Inventory of Medications for Chronic Conditions <i>{only shown if respondent answered yes to one of the medication questions in section 8}</i></p>		
<p>You have indicated that you have taken medication for one or more of the conditions that we just discussed. Have you taken any of these medications in the past 30 days?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <i>If No, go to N1a</i> <input type="checkbox"/> 77=Don'tknow <i>If Don't know, go to N1a</i> <input type="checkbox"/> 88=Decline to respond <i>If Decline to respond, go to N1a</i></p>	<p>meds_chron_cond</p>
<p><i>{only shown if respondent answered yes to one of the medication questions in section 8 & responded yes to meds_chron_cond (meds_chron_cond==1)}</i></p> <p>Now, you will be asked specific questions about each of the medications that you have taken in the past 30 days for any of the chronic conditions mentioned in this survey. This includes any prescription medications or over-the-counter medications you might have used.</p> <p>Please gather all of these medications so we may review them together. Being able to refer to the information printed on the labels of your medication and supplement containers will help you to answer the following questions.</p>		
<p>What is the name of the medication? If you have the medication container in front of you, please read the name of the medication that is printed on the container?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter name of medication: ____ <i>(verify spelling, if possible)</i> <i>Specify in open text field</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>med_name1 ... med_name10 IHME MDCC</p>
<p>What is the strength of this medication? If you have the medication container in front of you, please read the drug strength that is printed on the container. (For example, 10mg per tablet.)</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter strength of medication: ____ <i>Specify in open text field</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>med_strength1 ... med_strength10 IHME MDCC</p>
<p>What is the main reason you were prescribed this medication?</p> <p>(SELECT ONE)</p>	<p><input type="checkbox"/> Enter reason: ____ <i>Specify in open text field</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond</p>	<p>med_reason1 ... med_reason10 IHME MDCC</p>

<p>For how long have you been prescribed this medication?</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> Enter number of days: ____ <i>Specify in open text field</i> <input type="checkbox"/> Enter number of weeks: ____ <i>Specify in open text field</i> <input type="checkbox"/> Enter number of months: ____ <i>Specify in open text field</i> <input type="checkbox"/> Enter number of years: ____ <i>Specify in open text field</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>med_dur1 ... med_dur10</p> <p>IHME MDCC</p>
<p>Many patients find it difficult to take all their medications exactly as prescribed. In the past 30 days, how often did you use this medication?</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> 4=Every day <input type="checkbox"/> 3=Every other day <input type="checkbox"/> 2=At least once a week <input type="checkbox"/> 1=Less than once a week <input type="checkbox"/> 0=Never <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>med_freq1 ... med_freq10</p> <p>IHME MDCC</p>
<p>What are exact dosing instructions for this medication? If you have the medication container in front of you, please read the dosing instructions that are printed on the container. (For example, 1 pill twice a day.)</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> Enter dosing instructions: ____ <i>Specify in open text field</i> <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>med_doseinstr1 ... med_doseinstr10</p> <p>IHME MDCC</p>
<p>It can be very hard to follow dosing instructions exactly as prescribed. Below is a list of common reasons why people may not take their medications exactly as prescribed. Please let me know if any of these apply to you:</p> <p>(SELECT ALL THAT APPLY)</p>	<input type="checkbox"/> 1=I felt better <input type="checkbox"/> 2=I did not feel better <input type="checkbox"/> 3=I felt worse <input type="checkbox"/> 4=Medication made me feel better <input type="checkbox"/> 5=Medication did not make me feel better <input type="checkbox"/> 6=Medication made me feel worse <input type="checkbox"/> 7=Experienced side effects from medication <input type="checkbox"/> 8=Didn't like the taste of medication <input type="checkbox"/> 9=Forgot to take medication <input type="checkbox"/> 10=Did not understand the dosing instructions <input type="checkbox"/> 11=Medication is too expensive to take all the time <input type="checkbox"/> 12=Was unable to obtain a refill prescription <input type="checkbox"/> 13=Doctor or other health professional told me to stop <input type="checkbox"/> 14=Other reason <i>If Other, specify in open text field</i> <input type="checkbox"/> 95=Not applicable. I take this medication exactly as prescribed <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>med_nonadhere1 ... med_nonadhere10</p> <p>IHME MDCC</p>
<p>Do you take another medication?</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> 1=Yes <input type="checkbox"/> 0=No <input type="checkbox"/> 77=Don'tknow <input type="checkbox"/> 88=Decline to respond	<p>another_med1 ... another_med10</p> <p>IHME MDCC</p>

<p>{ SHOW IF another_med10==1 } Please list the names of any other medications that you used in the past 30 days. Do not include any medications that you told us about before.</p> <p>(SELECT ALL THAT APPLY)</p>	<input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> Enter name of medication: _____ (verify spelling, if possible) <input type="checkbox"/> 77=Don't know <input type="checkbox"/> 88=Decline to respond	<p>med_other1 ... med_other10 IHME MDCC</p>
<p>Who usually pays for your medications?</p> <p>(SELECT ONE)</p>	<input type="checkbox"/> 1= Governmental health facility (medical center / hospital) <input type="checkbox"/> 2=Private health insurance <input type="checkbox"/> 3=Out-of-pocket <input type="checkbox"/> 4=Charity / donation <input type="checkbox"/> 77=Don't know <input type="checkbox"/> 88=Decline to respond	<p>med_insurance</p>
<p>Vitamin D</p>		
<p>How long are you usually exposed to direct sunlight during the week (in minutes)?</p>	<p>1=Duration in minutes _____ <i>Specify in open text field</i> 77=Don't know 88=Decline to respond</p>	<p>sunlight sunlightmins</p>
<p>Do you take vitamin D supplements regularly?</p>	<p>1= Yes 0=No 777=Don't know 999= Decline to respond</p>	<p>vitamind</p>
<p># Question</p>	<p>Response</p>	<p>Code</p>
<p>Section 10: Miscellaneous Health Behaviors</p>		
<p>Do you know the telephone number for the Red Crescent?</p> <p>(SELECT ONE)</p>	<p>Yes1 No=0 Don't know=77 Decline to respond=88</p>	<p>tel_red_crescent STEPS N1a</p>
<p>What is the telephone number for the Red Crescent?</p> <p>(SELECT ONE)</p>	<p>Enter telephone number: _____ <i>Specify in open text field</i> Don't know=77 Decline to respond=88</p>	<p>tel_num_red_crescent STEPS N1a</p>
<p>Do you know the telephone number for the Civil Defense?</p> <p>(SELECT ONE)</p>	<p>Yes1 No=0 Don't know=77 Decline to respond=88</p>	<p>tel_civil_defense STEPS N1b</p>

What is the telephone number for the Civil Defense? (SELECT ONE)	Enter telephone number: _____ <i>Specify in open text field</i> Don't know=77 Decline to respond=88	tel_num_civil_defense STEPS N1b
Do you know the telephone number for the Traffic Police? (SELECT ONE)	Yes=1 No=0 Don't know=77 Decline to respond=88	tel_traffic_police STEPS N1v
What is the telephone number for the Traffic Police? (SELECT ONE)	Enter telephone number: _____ <i>Specify in open text field</i> Don't know=77 Decline to respond=88	tel_num_traffic_police STEPS N1c
<i>If respondent is male (c1==1):</i> Have you ever had a driving license? (SELECT ONE)	Yes=1 No=0 Don't know=77 Decline to respond=88	driver_license STEPS N2
<i>If respondent is male (c1==1):</i> Do you talk on your mobile while driving using the handset? (SELECT ONE)	Never=1 Sometimes=2 Always=3 Don't drive=4 Don't know=77 Decline to respond=88	driving_cellphone STEPS N3
<i>If respondent is male (c1==1):</i> Do you talk on your mobile while driving using some hands free accessory? (SELECT ONE)	Never=1 Sometimes=2 Always=3 Don't drive=4 Don't know=77 Decline to respond=88	driving_handfree STEPS N4
<i>If respondent is male (c1==1):</i> Do you follow speed limits while driving? (SELECT ONE)	Never=1 Sometimes=2 Always=3 Don't drive=4 Don't know=77 Decline to respond=88	driving_speedlimit STEPS N5
<i>If respondent is male (c1==1):</i> Do you use seatbelts while driving? (SELECT ONE)	Never=1 Sometimes=2 Always=3 Don't drive=4 Don't know=77 Decline to respond=88	driving_seatbelt STEPS N6

Do you use seat belt while travelling in the front passenger seat? (SELECT ONE)	Never=1 Sometimes=2 Always=3 Don't know=77 Decline to respond=88	driving_seatbelt_front STEPS N7
Do you use seat belt while travelling in the back passenger seat? (SELECT ONE)	Never=1 Sometimes=2 Always=3 Don't know=77 Decline to respond=88	driving_seatbelt_back STEPS N8
Do you have smoke detector installed in your house?	Yes=1 No=0 Don't know=77 Decline to respond=88	house_smokedetector

Selected Adult Physical Measurements			
#	Question	Response	Code
Section 1: Anthropometry			
2	Height Measurement:		sec1_height
2	Height (in centimeters)	Enter height (cm): <i>Specify in open text field</i> Declined measurement or could not measure participant's height=88	pe_height pe_heightcm M3 STEPS M3
2	Weight Measurement:		sec1_weight
2	Weight (in kilograms)	Enter weight (kg): <i>Specify in open text field</i> Too heavy for scale=2 Declined measurement or could not measure participant's height=88	pe_weight weightkg M4 STEPS M4
2	Waist Measurement:		sec1_waist_hip_thigh

2	Waist circumference (in centimeters)	Enter waist circumference (cm): <i>Specify in open text field</i> Waist circumference was too large to measure=2 Declined measurement or could not measure participant's height=888	pe_waist pe_waistcm M7 STEPS M7
Section 2: Blood Pressure, Heart Rate, and Respiration			
2	Blood Pressure Reading 1: <i>Please have the selected adult seated in a chair and use his/her right arm. If another arm is used, please make a note of this.</i>		sec2_bp1
2	Systolic blood pressure	Enter systolic blood pressure (mmHg): <i>Specify in open text field</i> Declined measurement or systolic blood pressure not measured=88	pe_sbp1 pe_sbp1mmhg M11a STEPS M11a
2	Diastolic blood pressure	Enter diastolic blood pressure (mmHg): <i>Specify in open text field</i> Declined measurement or systolic blood pressure not measured=88	pe_dbp1 pe_dbp1mmhg M11b STEPS M11b
2	Blood Pressure Reading 2: <i>Please have the selected adult seated in a chair and use his/her right arm. If another arm is used, please make a note of this.</i>		sec2_bp2
2	Systolic blood pressure	Enter systolic blood pressure (mmHg): <i>Specify in open text field</i> Declined measurement or systolic blood pressure not measured=88	pe_sbp2 pe_sbp2mmhg M12a STEPS M12a
2	Diastolic blood pressure	Enter diastolic blood pressure (mmHg): <i>Specify in open text field</i> Declined measurement or systolic blood pressure not measured=88	pe_dbp2 pe_dbp2mmhg M12b STEPS M12b
2	Blood Pressure Reading 3: <i>Please have the selected adult seated in a chair and use his/her right arm. If another arm is used, please make a note of this.</i>		sec2_bp3

2	Systolic blood pressure	Enter systolic blood pressure (mmHg): <i>Specify in open text field</i> Declined measurement or systolic blood pressure not measured=88	pe_sbp3 pe_sbp3mmhg M13a STEPS M13a
2	Diastolic blood pressure	Enter diastolic blood pressure (mmHg): <i>Specify in open text field</i> Declined measurement or systolic blood pressure not measured=88	pe_dbp3 pe_dbp3mmhg M13b STEPS M13b
2	Notes on blood pressure readings, if any:	<i>Specify in open text field</i>	pe_bp_notes M13c IHME MDCC
2	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health professional? (SELECT ONE)	Yes=1 No=0 Don't know=77 Decline to respond=88	pe_bp_meds M14 STEPS M14
2	Heart Rate Readings:		sec2_heart_rate
2	Heart rate reading 1	Enter beats per minute: <i>Specify in open text field</i> Declined measurement or heart rate not measured=88	pe_heart1 pe_heartbpm M16a STEPS M16a
2	Heart rate reading 2	Enter beats per minute: <i>Specify in open text field</i> Declined measurement or heart rate not measured=88	pe_heart2 pe_heartbpm M16b STEPS M16b
2	Heart rate reading 3	Enter beats per minute: <i>Specify in open text field</i> Declined measurement or heart rate not measured=88	pe_heart3 pe_heart3bpm M16c STEPS M16c
2	Respiratory Rate:		sec2_resp_spo2_siro

2	Respiratory rate	Enter respiratory rate: <i>Specify in open text field</i> Declined measurement or respiratory rate not measured=88	pe_respiratory M17 IHME MDCC
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Module 3: Disposition Codes

Disposition Codes

Module 3: Disposition Codes			
#	Question	Response	Code
Household Contact Attempt #1			
	Interviewer ID	_ _ _ . _ _ _ . _ _ _ region – team number – member	interviewer_id_dc1 interviewer_id_region_dc1 interviewer_id_team_dc1 interviewer_id_member_dc1
	Interview date of Visit 1	_ _ _ / _ _ _ / _ _ _ _ _	v1_date_dc v1_date_year_dc v1_date_month_dc v1_date_year_dc
	End time of Visit 1	_ _ _ : _ _ _	v1_end_time_dc v1_end_time_hour_dc v1_end_time_min_dc
	Disposition Code for Household Contact Attempt #1	1 = Revisit requested (enter date / time): <i>Specify in open text field</i> 2 = Refusal by person who answered the door 3 = Household not the same 4 = Physically or mentally unable (of person who answered the door) 5 = No one at residence 6 = Unable to reach / gated area 7 = Unable to locate address 8 = Not a housing unit 9 = Vacant housing unit 10 = Other 0 = Complete <i>Skip to interviewer_id_finaldc</i>	hh_attempt_disposition_1
Household Contact Attempt #2			
	Interviewer ID	_ _ _ . _ _ _ . _ _ _ region – team number – member	interviewer_id_dc2 interviewer_id_region_dc2 interviewer_id_team_dc2 interviewer_id_member_dc2
	Interview date of Visit 2	_ _ _ / _ _ _ / _ _ _ _ _	v2_date_dc v2_date_year_dc v2_date_month_dc v2_date_year_dc
	End time of Visit 2	_ _ _ : _ _ _	v2_end_time_dc v2_end_time_hour_dc v2_end_time_min_dc

Disposition Code for Household Contact Attempt #2	<p>1 = Revisit requested (enter date / time): <i>Specify in open text field</i> 2 = Refusal by person who answered the door 3 = Household not the same 4 = Physically or mentally unable (of person who answered the door) 5 = No one at residence 6 = Unable to reach / gated area 7 = Unable to locate address 8 = Not a housing unit 9 = Vacant housing unit 10 = Other 0 = Complete <i>Skip to interviewer_id_finaldc</i></p>	hh_attempt_disposition_2
Household Contact Attempt #3		
Interviewer ID	<p> . . region – team number – member</p>	interviewer_id_dc3 interviewer_id_region_dc3 interviewer_id_team_dc3 interviewer_id_member_dc3
Interview date of Visit 3	<p> / / </p>	v3_date_dc v3_date_year_dc v3_date_month_dc v3_date_year_dc
End time of Visit 3	<p> : </p>	v3_end_time_dc v3_end_time_hour_dc v3_end_time_min_dc
Disposition Code for Household Contact Attempt #3	<p>1 = Revisit requested (enter date / time): <i>Specify in open text field</i> 2 = Refusal by person who answered the door 3 = Household not the same 4 = Physically or mentally unable (of person who answered the door) 5 = No one at residence 6 = Unable to reach / gated area 7 = Unable to locate address 8 = Not a housing unit 9 = Vacant housing unit 10 = Other 0 = Complete <i>Skip to interviewer_id_finaldc</i></p>	hh_attempt_disposition_3
Household Contact Attempt #4		
Interviewer ID	<p> . . region – team number – member</p>	interviewer_id_dc4 interviewer_id_region_dc4 interviewer_id_team_dc4 interviewer_id_member_dc4
Interview date of Visit 4	<p> / / </p>	v4_date_dc v4_date_year_dc v4_date_month_dc v4_date_year_dc

End time of Visit 4	:	v4_end_time_dc v4_end_time_hour_dc v4_end_time_min_dc
Disposition Code for Household Contact Attempt #4	1 = Revisit requested (enter date / time): <i>Specify in open text field</i> 2 = Refusal by person who answered the door 3 = Household not the same 4 = Physically or mentally unable (of person who answered the door) 5 = No one at residence 6 = Unable to reach / gated area 7 = Unable to locate address 8 = Not a housing unit 9 = Vacant housing unit 10 = Other 0 = Complete <i>Skip to interviewer_id_finaldc</i>	hh_attempt_disposition_4
Household Contact Attempt #5		
Interviewer ID	. . region – team number – member	interviewer_id_dc5 interviewer_id_region_dc5 interviewer_id_team_dc5 interviewer_id_member_dc5
Interview date of Visit 5	/ /	v5_date_dc v5_date_year_dc v5_date_month_dc v5_date_year_dc
End time of Visit 5	:	v5_end_time_dc v5_end_time_hour_dc v5_end_time_min_dc
Disposition Code for Household Contact Attempt #5	1 = Revisit requested (enter date / time): <i>Specify in open text field</i> 2 = Refusal by person who answered the door 3 = Household not the same 4 = Physically or mentally unable (of person who answered the door) 5 = No one at residence 6 = Unable to reach / gated area 7 = Unable to locate address 8 = Not a housing unit 9 = Vacant housing unit 10 = Other 0 = Complete <i>Skip to interviewer_id_finaldc</i>	hh_attempt_disposition_5
Household Contact Attempt #6		
Interviewer ID	. . region – team number – member	interviewer_id_dc6 interviewer_id_region_dc6 interviewer_id_team_dc6 interviewer_id_member_dc6

Interview date of Visit 6	____ / ____ / ____	v6_date_dc v6_date_year_dc v6_date_month_dc v6_date_year_dc
End time of Visit 6	____ : ____	v6_end_time_dc v6_end_time_hour_dc v6_end_time_min_dc
Disposition Code for Household Contact Attempt #6	<p>1 = Revisit requested (enter date / time): <i>Specify in open text field</i> 2 = Refusal by person who answered the door 3 = Household not the same 4 = Physically or mentally unable (of person who answered the door) 5 = No one at residence 6 = Unable to reach / gated area 7 = Unable to locate address 8 = Not a housing unit 9 = Vacant housing unit 10 = Other 0 = Complete <i>Skip to interviewer_id_finaldc</i></p>	hh_attempt_disposition_6
Final Result of Interview (Final Disposition Codes)		
Interviewer ID	____ . ____ . ____ region – team number – member	interviewer_id_finaldc interviewer_id_region_finaldc interviewer_id_team_finaldc interviewer_id_member_finaldc
Final date of interview	____ / ____ / ____	final_disposition_visit_date final_disposition_date_day final_disposition_date_month final_disposition_date_year
End time of final interview	____ : ____	final_disposition_end_time final_disposition_time_hour final_disposition_time_min

	Final Result (Disposition Code)	<p><i>Interview</i></p> <p>1 = Completed 2 = Partial</p> <p><i>Eligible, Non-Interview</i></p> <p>3 = Refusal 4 = Break-off 5 = No one at that residence 6 = Respondent away / unavailable 7 = Physically or mentally unable / incompetent</p> <p><i>Unknown Eligibility, Non-Interview</i></p> <p>8 = Unable to reach / gated area 9 = Unable to locate address</p> <p><i>Not Eligible</i></p> <p>10 = Not a housing unit 11 = Vacant housing unit 12 = Other</p>	final_disposition_code
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Module 4: Selected adult biochemical measurements

Selected adult biochemical measurements

Module 4: Selected Adult Biochemical Measurements			
#	Question	Response	Code
Questions at the clinic			
	Was a blood sample taken?	Yes=1 <i>If yes, go to blood_techid</i> No=0	blood_sample
	If blood sample was not taken, why not? (SELECT ONE)	Selected adult did not give consent=1 <i>End survey</i> Insufficient blood=2 <i>End survey</i> Unable to inject needle=3 <i>End survey</i> Other, please specify=4 <i>If Other, specify in open text field; end survey</i>	blood_sample_no
	Technician ID (Card Number)	_ _ _ _	blood_techid STEPS B2
	Blood sample number (taken from the test tube)	_ _ _ _ _	blood_sample_number
	Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	blood_time blood_time_hour blood_time_min
	During the past 12 hours have you had anything to eat or drink, other than water? (SELECT ONE)	Yes=1 No=0 Don't know=77 Decline to respond=88	blood_eat_drink STEPS B1
	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health professional for raised blood glucose? (SELECT ONE)	Yes=1 No=0 Don't know=77 Decline to respond=88	blood_dm_meds STEPS B7
	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health professional? (SELECT ONE)	Yes=1 No=0 Don't know=77 Decline to respond=88	blood_hce_meds STEPS B10
Section 2: Blood Glucose			
	HgbA1c	Enter HgbA1C (%): <i>Specify in open text field</i> HgbA1C not measured=0	blood_hgba1cB6 STEPS B6
	Vitamin D	Enter vitamin D (ng/mL): <i>Specify in open text field</i> Vitamin D not measured=0	blood_vitd MOHSA

Total cholesterol	Enter total cholesterol (mmol/L): <i>Specify in open text field</i> Total cholesterol not measured=0	blood_totcholesterol B9 STEPS B9
Triglycerides	Enter triglyceride (mmol/L): <i>Specify in open text field</i> Triglycerides not measured=0	blood_triglycerides MOHSA
HDL	Enter HDL (mmol/L): <i>Specify in open text field</i> HDL not measured=0	blood_hdl MOHSA
LDL	Enter LDL (mmol/L): <i>Specify in open text field</i> LDL not measured=0	blood_ldl MOHSA