



THE COMPREHENSIVE PERIODIC SCREENING PROGRAM FOR NON-COMMUNICABLE DISEASES QUESTIONNAIRE

The questionnaire includes questions for the participant asked by a trained health professional

Please take a few minutes to answer this questionnaire, which focuses on addressing health and lifestyle issues.

Instructions written in red are addressed to the interviewer and not to the participant.

SECTION 1: DEMOGRAPHICS

DATE OF BIRTH:

Date DD	Month MM	Year YYYY

EMIRATES ID:

GENDER:

Male Female

FIRST NAME

LAST NAME:

1. PLACE OF RESIDENCE:

- Abu Dhabi. Tick region: (Abu Dhabi City, Al Ain, Al Dhafra) Dubai Sharjah
 Ajman Umm al Quwain Ras Al Khaimah
 Al Fujairah

2. WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? PLEASE TICK ONE OF THE FOLLOWING:

- Did not attend school less than high school Completed high school
 Completed Bachelor or diploma Completed Master or PhD
88. Don't know/ not sure
99. Prefer not to answer



3. WHAT IS YOUR CURRENT EMPLOYMENT STATUS? PLEASE TICK ONE ANSWER

- Employed (including self-employed) Unemployed
 Retired 88. Do not know not sure
 Student 99. Prefer not to answer
 House duties /house wife Other (please specify)

SECTION 2:

A. ABOUT YOUR HEALTH

4. HAS A DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL EVER TOLD YOU THAT YOU HAVE ANY OF THESE CONDITIONS (TICK THE BOX):

Health condition	Yes	No	88.Don't know / not sure	99.Prefer not to answer
1. High blood pressure: (hypertension) (excluding during pregnancy)				
2. High Blood Sugar (Diabetes) (excluding during pregnancy)				
3. High cholesterol:				
4. Obesity				
5. Heart disease:				
6. Stroke:				
7. Cancer				
8. Depression				
9. Osteoporosis				

5. ARE YOU CURRENTLY TAKING MEDICATION FOR THIS CONDITION (YOU CAN TICK MORE THAN ONE ANSWER):



1. Hypertension
2. Diabetes
3. High cholesterol
4. obesity
5. Heart disease
6. Stroke
7. Cancer
8. Depression
9. Osteoporosis
10. None of the above

88. Don't know / not sure

99. Prefer not to answer

B. ABOUT YOUR FAMILY HEALTH

6. HAS ANYONE IN YOUR IMMEDIATE FAMILY (BROTHERS, SISTERS, FATHER, OR MOTHER) EVER HAD ANY OF THE FOLLOWING CONDITIONS? (YOU CAN TICK MORE THAN ONE ANSWER)

1. Hypertension
2. Diabetes
3. Heart disease
4. Stroke
5. Cancer
6. Depression
7. osteoporosis
8. None of the above

88. Don't know / not sure

99. Prefer not to answer

7. ARE YOUR PARENTS RELATED TO EACH OTHER?

1. Yes
2. No

88. Don't know / not sure

99. Prefer not to answer

SECTION 3: A-ABOUT YOUR LIFESTYLE: SMOKING



1. DO YOU CURRENTLY SMOKE ANY TOBACCO PRODUCTS, (SUCH AS CIGARETTES, MIDWAKH, SHISHA, IN DAILY BASIS, LESS THAN DAILY, OR NOT AT ALL?

1. Daily
2. Less than daily
3. Not at all

88. Do not know / not sure

99. Prefer not to answer

(For answers, 1 or 2 skip to question 3)

(For answer 3, 88, 99 skip to question 2)

2. IN THE PAST, HAVE YOU SMOKE TOBACCO ON A DAILY BASIS, LESS THAN DAILY OR NOT AT ALL?

1. Daily
2. Less than daily
3. Not at all

88. Do not know

99. Prefer not to answer

(If the answer is, 1 or 2 go to question 3)

(If the answer 3, 88, 99 skip to question 4)

3. IF YOU CURRENTLY OR HAVE EVER SMOKED PLEASE COMPLETE THE TABLE BELOW.

I. On average, how many of the following products do/ did you Smoke each day/week? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD, appendix1)		II. Age you started smoking (in years)	88. Do not know	99. Prefer not to answer
a) Cigarettes	Per day ___ Per week ___			
b) e- cigarettes	Per day ___ Per week ___			
c) Midwakh /Dokha	Per day ___ Per week ___			
d) Shisha (Water Pipe)	Per day ___ Per week ___			
e) Chewable tobacco products (e.g. tomabc, Naswar)	Per day ___ Per week ___			



QUESTION ABOUT PASSIVE SMOKING:

4. IN THE PAST 30 DAYS, DID ANYONE SMOKE AROUND YOU IN THE FOLLOWING PLACES?

	1. YES	2. NO	88. DON'T KNOW / NOT SURE	99. PREFER NOT TO ANSWER
At home				
In close area in your workplace				

SECTION 3: B-ABOUT YOUR LIFESTYLE: YOUR DIET

1- IN A TYPICAL WEEK, ON HOW MANY DAYS DO YOU EAT FRUITS? RANGE 0 TO 7

Number of days

8. Don't know/ not sure

99. Prefer not to answer

If the respondent says I do not usually eat fruit, then write "0" days.

If Zero days or "88, 99", go to 3

2- HOW MANY SERVINGS OF FRUIT DO YOU EAT ON ONE OF THOSE DAYS? RANGE: 1 TO 25

Number of servings

88. Don't know/ not sure

99. Prefer not to answer

3- IN A TYPICAL WEEK, ON HOW MANY DAYS DO YOU EAT VEGETABLES? RANGE 0 TO 7

Number of days

88. Don't know/ not sure

99. Prefer not to answer

If the respondent says I do not usually eat vegetables, then write "0" days.

If Zero days or "88, 99", go to 5

4- HOW MANY SERVINGS OF VEGETABLES DO YOU EAT ON ONE OF THOSE DAYS? RANGE: 1 TO 25

Number of servings

88. Don't know/ not sure

99. Prefer not to answer

5- ON AVERAGE, HOW MANY MEALS PER MONTH DO YOU EAT THAT WERE NOT PREPARED AT HOME? EXAMPLE FROM RESTAURANTS OR WORK CAFETERIA.



BY MEAL, I MEAN BREAKFAST, LUNCH OR DINNER.

1. LESS THAN TWO PER MONTH 4. 11–20 TIMES/MONTH
2. 3–5 TIMES/MONTH 5. MORE THAN 20 TIMES/MONTH.
3. 6–10 TIMES/MONTH;
88. DON'T KNOW/ NOT SURE 99. PREFER NOT TO ANSWER

SECTION: C-ABOUT YOUR LIFESTYLE: EXCERSICE

READ TO THE PARTICIPANT THE DEFINITION OF **VIGOROUS** PHYSICAL ACTIVITIES THAT HE DID FOR AT LEAST 10 MINUTES AT A TIME. (Appendix 1)

1. DURING THE **LAST 7 DAYS**, ON HOW MANY DAYS DID YOU DO **VIGOROUS** PHYSICAL ACTIVITIES?

Days per week (Range 0-7, 88, 99)

88. Don't Know/Not Sure

99. Prefer not to answer

If respondent answers zero, 88 or 99 , skip to Question 3

2. HOW MUCH TIME DID YOU USUALLY SPEND DOING **VIGOROUS** PHYSICAL ACTIVITIES ON ONE OF THOSE DAYS?

Hours per day [Range: 0-16]

Minutes per day [Range: 0-960, 998, 999]

998. Don't Know/Not Sure

999. Prefer not to answer

Interviewer probe: An average time for one of the days on which you do vigorous activity is being sought. If the respondent can't answer because the pattern of time spent varies widely from day to day, ask: "How much time in total would you spend **over the last 7 days** doing vigorous physical activities?"

__ __ Hours per week [Range: 0-112]

__ __ __ Minutes per week [Range: 0-6720, 9998, 9999]

9998. Don't Know/Not Sure

9999. Prefer not to answer



READ TO THE PARTICIPANT THE DEFINITION OF MODERATE PHYSICAL ACTIVITIES THAT HE DID FOR AT LEAST 10 MINUTES AT A TIME. (APPENDIX 1)

3- DURING THE **LAST 7 DAYS**, ON HOW MANY DAYS DID YOU DO **MODERATE** PHYSICAL ACTIVITIES?

Days per week [Range: 0-7, 88, and 99]

88. Don't Know/Not Sure

99. Prefer not to answer

If respondent answers zero, refuses or does not know, skip to Question 5

4- HOW MUCH TIME DID YOU USUALLY SPEND DOING **MODERATE** PHYSICAL ACTIVITIES ON ONE OF THOSE DAYS?

Hours per day [Range: 0-16]

Minutes per day [Range: 0-960, 998, 999]

998. Don't Know/Not Sure

999. Prefer not to answer

[Interviewer probe: An average time for one of the days on which you do moderate activity is being sought. If the respondent can't answer because the pattern of time spent varies widely from day to day, or includes time spent in multiple jobs, ask: "What is the total amount of time you spent over the **last 7 days** doing moderate physical activities?"

___ ___ Hours per week [Range: 0-112]

___ ___ ___ Minutes per week [Range: 0-6720, 9998, 9999]

9998. Don't Know/Not Sure

9999. Prefer not to answer

READ TO THE PARTICIPANT THE MEANING OF WALKING THAT HE PRACTICE. (APPENDIX 1)

5- DURING THE **LAST 7 DAYS**, ON HOW MANY DAYS DID YOU **WALK** FOR AT LEAST 10 MINUTES AT A TIME?

Days per week [Range: 0-7, 88, 99]

88. Don't Know/Not Sure

99. Prefer not to answer

If respondent answers zero, 88 or 99, skip to Question 7]

6- HOW MUCH TIME DID YOU USUALLY SPEND **WALKING** ON ONE OF THOSE DAYS?

Hours per day [Range: 0-16]



Minutes per day [Range: 0-960, 998, 999]

998. Don't Know/Not Sure

999. Prefer not to answer

[Interviewer probe: An average time for one of the days on which you walk is being sought. If the respondent cannot answer because the pattern of time spent varies widely from day to day, ask: "What is the total amount of time you spent walking over **the last 7 days?**"

___ ___ Hours per week [0-112]

___ ___ ___ Minutes per week [0-6720, 9998, 9999]

9998. Don't Know/Not Sure

9999. Prefer not to answer

READ TO THE PARTICIPANT THE MEANING OF "TIME SPENT SETTING". (APPENDIX 1)

7- DURING THE LAST 7 DAYS, HOW MUCH TIME DID YOU USUALLY SPEND **SITTING** ON A **WEEK DAY**?

Hours per day [0-16]

Minutes per day (Range: 0-960)

998. Don't Know/Not Sure

999. Prefer not to answer

[Include **time spent lying down (awake) as well as Sitting**]

[Interviewer probe: An average time per day spent sitting is being sought. If the respondent can't answer because the pattern of time spent varies widely from day to day, ask: "What is the total amount of time you spent *sitting* last **Wednesday?**"

___ Hours on Wednesday [Range 0-16]

___ ___ Minutes on Wednesday [Range: 0-960]

998. Don't Know/Not Sure

999. Prefer not to answer

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS
QUESTIONNAIRE.
YOUR INPUT IS GREATLY APPRECIATED.