

Identifying a package of cost-effective interventions to address non-communicable diseases in Gaza

25/02/2020

Version 3.3

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Module 1- Identification

serial number xxxxxxxxxxxxxx

Date	Date (day/month/year):	dd	mm	year
ST	Start time of the survey			
END	End time of the survey			
ID01	Locality	01	Rural	
		02	Urban	
		03	Camp	
ID02	District (according to PCBS)	01 North Gaza	01 Al Qaraya al Badawiya al Maslakh 02 Beit Lahiya 03 Beit Hanun 04 'Izbat Beit Hanun 05 Jabalya Camp 06 Jabalya albalad 07 Jabalya Nazzla	
		02 Gaza	01 Madinat al 'Awda 02 Ash Shati' Camp 03 Gaza City 04 Al Mughraqa (Abu Middein) 05 Juhor ad Dik	
		03 Deir Al Balah	01 An Nuseirat Camp 02 Al Bureij Camp 03 Az Zawayda 04 Deir al Balah Camp 05 Al Maghazi Camp 06 Deir al Balah 07 Al Musaddar 08 Wadi as Salqa	
		04 Khan Yunis	01 Al Qarara 02 As Sureij 03 Khan Yunis Camp 04 Al Mawasi (Khan Yunis) 05 Khan Yunis 06 Bani Suheila 07 'Abasan al Jadida (as Saghira) 08 'Abasan al Kabira 09 Qizan an Najjar 10 Qa' al Kharaba 11 Qa' al Qurein 12 Khuza'a 13 Umm Kameil 14 Umm al Kilab 15 Al Fukhkhari	
		05 Rafah	01 Tall as Sultan 02 Rafah 03 Rafah Camp	

			04 Al Bayuk 05 Al Mawasi (Rafah) 06 Al Qarya as Suwaydiya 07 Shokat as Sufi 08 As Siafa	
ID03	If ID02=02--03 In which Gaza city neighborhood do you live?	01	Shajaia-Ijdeedeh	60,282,514
		02	Ash Sheikh 'Ijleen	60,282,506
		03	Tal El Hawa	60,282,510
		04	As Sabra	60,282,509
		05	Ash Sheikh Radwan	60,282,502
		06	Shajaia-At Turukman	60,282,515
		07	Northern Remal	60,282,504
		08	Southern Remal	60,282,505
		09	Ad Darraj	60,282,508
		10	Al Zaitoun	60,282,513
		11	An Naser	60,282,503
		12	At tuffah	60,282,507
ID04	If ID02=04—05 In which Khan Yunis neighborhood do you live?	01	Markaz Al Madina	
		02	Al Mahatta	
		03	Others	
ID05	If ID02=05—02 In which Rafah neighborhood do you live?	01	Al Idari	
		02	Assalam	
		03	Tabbat Zare'	
		04	Al Jneinah	
		05	Others	
ID06	Cluster Number			
ID07	Number of flats within building			
ID08	HH enumeration number			
ID09	Individual ID			
ID10	GPS street location			
ID11	Field supervisor ID			
ID12	Data collector ID			
<i>Note: Data collector reads the consent form and asks respondent if he/she is interested to participate in the study. If yes, data collector should sign the provided consent form.</i>				
Consent	Are you interested in participating in this study?	01. Yes 02. No (discontinue the survey and go to QR)		
QR	Result of the questionnaire	01 Completed 02 Partly completed, the participant asked to reschedule to complete the interview		

		03 Partly completed, the participant asked to stop and not to re-contact for questionnaire completion 04 No one qualified available to answer 05 Refused to be interviewed 06 Vacant/ No one at home 07 Not eligible 08 Others, kindly specify_____
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Module 2- Demographics

DEM01	How many people, including yourself, nuclear family, extended family members and housekeepers, live in your household (share a roof, at least one meal and household budget)?	888= Don't know/no answer 999= Refuse to answer Number of people <input type="text"/>	
DEM02	Of those how many are aged 40 years or above?		
DEM03	What are the initials and the ages of those aged 40 years or above?	Initial	Age
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
DEM04	What is the sex of the respondent?	01	Male
		02	Female
DEM04_01	If DEM04=02, Are you pregnant?	01 02 888 999	Yes No Don't know Refuse to answer
DEM05_01 , DEM05_02	What is your date of birth?	888= Don't know/no answer 999= Refuse to answer mm year	
DEM06	If DEM05_01 and DEM05_02 =888 How old are you?	888= Don't know/no answer 999= Refuse to answer	
We will now ask you for your Palestinian ID/UNRWA Case number. The Palestinian/UNRWA ID number will only be used to be linked with medical laboratory results on chronic disease risk factors (HBA1C, cholesterol, triglycerides and sodium levels). Please note that the people who will analyse the information will not be able to identify you (will not have access to your name and contact information).			
DEM07	Individual Palestinian ID	888= Don't know/no answer 999= Refuse to answer -----	
DEM08	Refugee status	01	Registered refugee
		02	Unregistered refugee
		03	Not a refugee
DEM09	If DEM08=01	888= Don't know/no answer	

	UNRWA case number	<i>999= Refuse to answer</i>	
DEM10	What is your marital status?	01	Never married
		02	Engaged/Marriage contract
		03	Currently married
		04	Separated
		05	Divorced
		06	Widowed
		07	Others, kindly specify _____
		99	Refuse to answer
DEM11	What is the educational level you have attained?	01	Illiterate
		02	Can read and write
		03	Elementary
		04	Preparatory
		05	Secondary
		06	Associate diploma
		07	Bachelor's degree
		08	Higher diploma
		09	Master's degree
		10	PhD
		88	Don't know
99	Refuse to answer		
DEM12	Did you work during the past 30 days?	01	Yes
		02	No
DEM13	If DEM12=01 What is your employment status?	01	Employer
		02	Self-employed/own account worker
		03	Works with regular wage
		04	Works with irregular wage
		05	Works for family without pay
		06	Other, specify _____
		88	Don't Know
		99	Refuse to answer
DEM14	What is the number of rooms occupied by your household? (excluding kitchen, bathrooms, garage, balcony, corridors)	<i>888= Don't know/no answer</i>	
		<i>999= Refuse to answer</i> Number of rooms ┆┆┆	
DEM15	How many rooms do you use for sleeping at your residence?	<i>888= Don't know/no answer</i>	
		<i>999= Refuse to answer</i> Number of rooms ┆┆┆	
DEM16	What is your relationship to the person who is being recognized as the head of the household?	01	Head of Household
		02	Husband/wife
		03	Son/daughter
		04	Father/mother
		05	Brother/sister
		06	Grandson/Granddaughter
		08	Niece/nephew
		09	Son/daughter in law

		10	Father/mother in law
		11	Other relative
		12	Helper
		13	Other, not relative
		88	Don't know
		99	Refuse to answer
DEM17	What is the sex of the household head?	01	Male
		02	Female
DEM18	Taking the past year, can you tell me what is the average earnings of the household have been in NIS?	01	Per week <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		02	Per month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		88	Don't know
		99	Refuse to answer
DEM19	Do you have any health insurance?	01	Yes
		02	No
DEM20	If DEM19=01 Type of insurance (multiple answers)	01	Governmental
		02	Private
		03	Military

Module 3- Food Security¹

FSEC01	Which of these sentences applies the most to the food eaten by your household during the past year?	01. We had enough to eat of the kinds of food we wanted (quantity & quality) 02. We had enough to eat but not always the kinds of food we wanted (only quantity) 03. Sometimes we did not have enough to eat (quantity) 04. Often, we did not have enough to eat
FSEC02	In the last year, was there a time when you were concerned that you would run out of food for your household for the next month?	01. Yes 02. No
FSEC03	Did the following statement apply to your household in the last year? "The food that we bought was not enough and we didn't have money to get more."	01. Yes 02. No
FSEC04	In the last year, are there any foods you feel your family does not eat enough of?	01. Yes 02. No

¹ Food and Agriculture Organization's food insecurity experience scale (FIES).
Sahyoun, N. R., Nord, M., Sassine, A. J., Seyfert, K., Hwalla, N., & Ghattas, H. (2014). Development and validation of an Arab family food security scale. The Journal of Nutrition, 144(5), 751-757.

FSEC05	In the past year, did you or any other adult in your household ever cut the size of your meal because there was not enough food?	01. Yes 02. No
FSEC06	In the past year, did you or any other adult ever skip a meal because there was not enough food?	01. Yes 02. No
FSEC07	In the past year did you or any adult in your household not eat for a whole day or go to bed hungry because there was not enough food?	01. Yes 02. No
FSEC08	During the last year, was there a time when you or any adult in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	01. Yes 02. No
FSEC09	During the last year, was there a time when you or any adult in your household were hungry but did not eat because there was not enough money or other resources for food?	01. Yes 02. No
FSEC10	During the last year, was there a time when you or any adult in your household went without eating for a whole day because of a lack of money or other resources?	01. Yes 02. No

<p>During the last 7 days, how many days your HH had to use one of the following strategies to cope with a lack of food and/or money to buy food?</p> <p><i>Answers must be between 0 and 7 days</i></p>		
COP01	Rely on less preferred and less expensive foods	<i>888= Don't know/no answer 999= Refuse to answer</i>
COP02	Borrow food or rely on help from friends or relatives	<i>888= Don't know/no answer 999= Refuse to answer</i>
COP03	Limit portion size at mealtime	<i>888= Don't know/no answer 999= Refuse to answer</i>
COP04	Restrict consumption by adults for small children to eat	<i>888= Don't know/no answer 999= Refuse to answer</i>
COP05	Reduce number of meals eaten in a day	<i>888= Don't know/no answer 999= Refuse to answer</i>

Module 4- Assistance²

ASSIS01		ASSIS02		ASSIS03_01, ASSIS03_03, ASSIS03_04, ASSIS03_05, ASSIS03_06, ASSIS03_07, ASSIS03_08, ASSIS03_09, ASSIS03_10 ASSIS03_02_01, ASSIS03_02_02, ASSIS03_02_03		ASSIS04_01, ASSIS04_03, ASSIS04_04, ASSIS04_05, ASSIS04_06, ASSIS04_07, ASSIS04_08, ASSIS04_09, ASSIS04_10, ASSIS04_11, ASSIS04_12	
In the past year, what type of assistance did you receive? <i>(Multiple answers)</i>		If ASSIS01=02 Specify the type of cash assistance <i>(Multiple answers)</i>		For each of the answers in ASSIS01 and ASSIS02 How frequently do you receive this assistance?		For each of the answers in ASSIS01 What was the source of this assistance?	
01	Food-in-kind	01	Palestinian Authority	01	Weekly	01	Ministry of Social Development
02	Cash	02	UNRWA	02	Monthly	02	Other PA agencies (injured and martyrs family assistance)
03	Food voucher	03	Zakat/religious organizations			03	Zakat/committee
04	Work	04	Qatar			04	International agencies
05	Voucher	05	Others	03	Quarterly	05	UNRWA
06	School feeding					06	WFP

² Expenditure and Consumption Survey, Palestine 2011.
UNICEF Cash Transfer Surveys.

07	School material (school books, school supplies, school uniform)		04	Seasonal	07	Relatives/friends/neighbours
08	Health insurance		05	Annual	08	NGOs/CBOs
09	Scholarship for education		06	One off	09	Religious organizations
10	Clothes		88	Don't know	10	Other, kindly specify
11	Medical assistance other than health insurance		99	Refuse to answer	88	Don't know
12	Emergency assistance					
13	None of the above					

ASSIS05_01, ASSIS05_02, ASSIS05_03	ASSIS06	ASSIS07_01, ASSIS07_02, ASSIS07_03, ASSIS07_04, ASSIS07_05, ASSIS07_06, ASSIS07_07, ASSIS07_08, ASSIS07_09, ASSIS07_10, ASSIS07_11, ASSIS07_12			
If ASSIS02=01 or 02 or 03 Specify how much cash you receive in total	If ASSIS01=02 How did you use the cash in the past year? (<i>Multiple answers</i>)	For each of the answers in ASSIS01 Specify the level of satisfaction with assistance			
_____ NIS/week	01 Bought food	01	Very satisfied		
_____ NIS/month	02 Bought clothes	02	Satisfied		
_____ NIS/seasonally	03 Paid bills	03	Dissatisfied		
_____ NIS/yearly	04 Debts	04	Very dissatisfied		
	05 Paid rent	88	Don't know		
	06 Education expenditure	99	Refuse to answer		
	07 Bought medication/health expenditure				
	08 Saved				
	09 Bought live stocks				
	10 Invested				
	11 Buying jewelry				
<i>888= Don't know/no answer 999= Refuse to answer</i>					

	12	Furniture, beddings	
	13	House Renovations	
	14	Recreation and socialization	
	15	Moved to another house with better conditions	
	16	WASH items	
	17	Giving loans to others	
	18	Transportation	
	19	Communication/internet	
	20	Others, please specify	

Module 5- Psychosocial Health³

General Health Questionnaire-12 items

The following are asked in relation to the past two weeks

Item	Yes	No	PSYCH01 Been able to concentrate on what you're doing?	0	1
PSYCH02 Lost much sleep over worry?	1	0			
PSYCH03 Felt you were playing a useful part in things?		0	1		
PSYCH04 Felt capable of making decisions about things?	0	1			
PSYCH05 Felt constantly under strain?	1	0			
PSYCH06 Felt you couldn't overcome your difficulties?	1	0			
PSYCH07 Been able to enjoy your normal day-to-day activities?	0	1			
PSYCH08 Been able to face up to your problems?	0	1			
PSYCH09 Been feeling unhappy and depressed?	1	0			
PSYCH10 Been losing confidence in yourself?	1	0			
PSYCH11 Been thinking of yourself as a worthless person?	1	0			
PSYCH12 Been feeling reasonably happy, all things considered	0	1			
Total Score					

Self-rated health

SRH	How do you perceive your current health?	01. Very good 02. Good 03. Half/half 04. Not good 05. Not good at all 88. Don't know 99. Refuse to answer
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Module 6- History of Diabetes Mellitus⁴

DM01	When was the last time you had your blood sugar measured by a health care provider?	01	During the past 12 months
		02	1-2.9 years
		03	3-5 years
		04	≥ 5 years
		05	Never
		06	Don't remember
		88	Don't know/Not sure
		99	Refuse to answer
DM02	Have you been ever informed by a healthcare professional (doctor or health worker) that you have elevated blood sugar?	01	Yes
		02	No
		88	Don't know
		99	Refuse to answer
<p>If DM02=02 move to the next module If DM02=01 continue</p>			
DM03	At what age were you diagnosed with Diabetes?	<i>888= Don't know/no answer</i> <i>999= Refuse to answer</i> years	
DM04	Are you currently taking insulin for diabetes management as prescribed by a physician?	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
DM05		01	Yes
		02	No
		88	Don't know/Not sure

⁴ Sibai, A., Tohme, R. A., Mahfoud, Z., Chaaya, M., & Hwalla, N. (2009). Non-communicable diseases and behavioral risk factor survey: comparison of estimates based on cell phone interviews with face to face interviews. WHO Lebanon office. Beirut, Lebanon: Final report submitted to World Health Organization-Lebanon office. WHO STEPS, Palestine.

	Are you currently taking any oral hypoglycemic drugs for diabetes management as prescribed by a physician fk?	99	Refuse to answer
DM06	Are you currently following advice on meal plan prescribed by a physician or nutritionist or another health care provider?	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
DM07	Are you currently following a medical advice to increase or initiate physical activity?	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
DM08	Are you currently taking any medical prescription to reduce your body weight?	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
DM09	Are you currently taking any herbal or traditional remedy for your raised blood sugar? <i>(example: ginseng, cinnamon, aloe vera)</i>	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
DM10	In the past year, how do you describe the frequency of your measuring of your blood sugar? <i>(By blood sugar we do not mean HbA1c)</i>	01	▯▯▯ times daily
		02	▯▯▯ times weekly
		03	▯▯▯ times monthly
		88	Don't know/not sure
		99	Refuse to answer
DM11	As a diabetic patient, where do you mainly follow up?	01	Governmental primary health care center
		02	Governmental hospital
		03	Private physician
		04	Pharmacy
		05	UNRWA primary health care center

		06	NGOs health clinics (e.g. Union of Health work committees, Palestinian Medical Relief Society)
		07	Other, kindly specify
		08	I don't follow up
		88	Don't know
		99	Refuse to answer
DM12	From where you mainly get your diabetes medication?	01	Governmental hospital
		02	UNRWA center
		03	Gov. PHC
		04	Private pharmacy
		05	Community pharmacy
		06	NGOs
		07	Other, kindly specify
		88	Don't know
		99	Refuse to answer
DM13	How do you cover the expenses of your diabetes medication?	01	Governmental health insurance
		02	Private insurance
		03	Free from UNRWA
		04	Out of pocket
		05	Reduced prices or free from NGOs
		06	Other, kindly specify
		88	Don't know
		99	Refuse to answer
DM14	In the past year, did you receive all your prescribed medications?	01	Yes, all of them
		02	Yes, but not all of them
		03	None of them
DM15	If DM14 = 02 , Why?	01	Lack of medications at the facility that serves you

	<i>Multiple answers</i>	02	Lack of monetary resources
		03	Drug is not available in Gaza
		04	Medication is not helping you to feel better
		05	Drugs have side effects
		06	Others, kindly specify

Module 7- History of Raised Blood Pressure ⁵

HBP01	When was the last time you had your blood pressure measured?	01	During the past 12 months
		02	1-2.9 years
		03	3-5 years
		04	≥ 5 years
		05	Don't remember
		06	Never
		88	Don't know/Not sure
		99	Refuse to answer
HBP02	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	01	Yes
		02	No
<p>If HBP02=02 move to the next module If HBP02=01 continue</p>			
HBP03	In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	01	Yes
		02	No
HBP04	As a hypertensive patient, where do you mainly follow up?	01	Governmental primary health care center
		02	Governmental hospital
		03	Private physician
		04	Pharmacy
		05	UNRWA primary health care center

⁵ WHO STEPS, Palestine.

		06	NGOs health clinics (e.g. Union of Health work committees, Palestinian Medical Relief Society)
		07	Other, kindly specify
		08	I don't follow up
		88	Don't know
		99	Refuse to answer
HBP05	From where you mainly get your high blood pressure medication?	01	Governmental hospital
		02	UNRWA center
		03	Gov. PHC
		04	Private pharmacy
		05	Community pharmacy
		06	NGOs
		07	Other, please specify
		88	Don't know
		99	Refuse to answer
HBP06	How do you cover the expenses of your high blood pressure medication?	01	Governmental health insurance
		02	Through Private insurance
		03	Free from UNRWA
		04	Out of pocket
		05	Reduced prices or free from NGOs
		06	Others
		88	Don't know
		99	Refuse to answer

HBP07	In the past year, did you receive all your prescribed medications?	01	Yes, all of them
		02	Yes, but not all of them
		03	None of them
HBP08	If HBP07 = 02 , Why?	01	Lack of medications at the facility that serves you
		02	Lack of monetary resources
		03	Drug is not available in Gaza
		04	Medication is not helping you to feel better
		05	Drugs have side effects
		06	Others, kindly specify

Commented [HG1]:

Module 8- History of Raised Total Cholesterol ⁶

CHOL01	When was the last time you had your blood cholesterol measured?	01	During the past 12 months
		02	1-2.9 years
		03	3-5 years
		04	≥ 5 years
		05	Don't remember
		06	Never
		88	Don't know/Not sure
		99	Refuse to answer
CHOL02	Have you been ever informed by a healthcare professional (doctor or other health worker) that you have elevated blood cholesterol?	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
If CHOL02=02 move to the next module			
If CHOL01=01 continue			
CHOL03	Are you currently taking any blood cholesterol lowering medication for hypercholesterolemia management?	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
CHOL04	Are you currently following advice on meal plan prescribed by a physician or nutritionist or another health care provider?	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
		01	Yes

⁶ Sibai, A., Tohme, R. A., Mahfoud, Z., Chaaya, M., & Hwalla, N. (2009). Non-communicable diseases and behavioral risk factor survey: comparison of estimates based on cell phone interviews with face to face interviews. WHO Lebanon office. Beirut, Lebanon: Final report submitted to World Health Organization-Lebanon office. WHO STEPS, Palestine

CHOL05	Are you following a medical advice to increase or initiate physical activity?	02	No
		88	Don't know/Not sure
		99	Refuse to answer
CHOL06	Are you currently taking any herbal or traditional remedy for your raised blood cholesterol?	01	Yes
		02	No
		88	Don't know/Not sure
		99	Refuse to answer
CHOL07	As a hypercholesterolemic patient, where do you mainly follow up?	01	Governmental primary health care center
		02	Governmental Hospital
		03	Private physician
		04	Pharmacy
		05	UNRWA primary health care center
		06	NGOs health clinics (e.g. Health working committee and Palestinian Relief Society)
		07	Other, kindly specify
		08	I don't follow up
		88	Don't know
		99	Refuse to answer
CHOL08	From where you mainly get your cholesterol lowering medication?	01	Governmental hospital
		02	UNRWA center
		03	Gov. PHC
		04	Private pharmacy
		05	Community pharmacy
		06	NGOs
		07	Other, kindly specify
		88	Don't know
		99	Refuse to answer

CHOL09	How do you cover the expenses of your cholesterol lowering medication?	01	Governmental health insurance
		02	Private insurance
		03	Free from UNRWA
		04	Out of pocket
		05	Reduced prices or free from NGOs
		06	Other, kindly specify
		88	Don't know
		99	Refuse to answer
CHOL10	In the past year, did you receive all your prescribed medications?	01	Yes, all of them
		02	Yes, but not all of them
		03	None of them
CHOL11	If CHOL10 = 02 , Why?	01	Lack of medications at the facility that serves you
		02	Lack of monetary resources
		03	Drug is not available in Gaza
		04	Medication is not helping you to feel better
		05	Drugs have side effects
		06	Others, kindly specify

Commented [HG2]:

Module 9- History of Cardiovascular diseases, Chronic Respiratory Diseases and Cancer⁷

CVD01	Have you ever had a heart attack or chest pain from heart disease (angina)?	01	Yes
		02	No
		88	Don't know
		99	Refuse to answer
CVD02	Have you ever had a stroke (cerebrovascular accident or incident)?	01	Yes
		02	No
		88	Don't know
		99	Refuse to answer
CVD03	Are you currently taking aspirin or bivalirudin or another antiplatelet or anticoagulant drug regularly to prevent or treat heart disease?	01	Yes
		02	No
		88	Don't know
		99	Refuse to answer
CVD04	Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	01	Yes
		02	No
		88	Don't know
		99	Refuse to answer
CRD01	Were you informed by a health care professional that you have had chronic obstructive pulmonary disease or asthma or respiratory allergies?	01	Yes
		02	No
		88	Don't know
		99	Refuse to answer
CRD02	If CRD01=01 , Kindly specify: _____		
CA01		01	Yes
		02	No
		88	Don't know

⁷ Sibai, A., Tohme, R. A., Mahfoud, Z., Chaaya, M., & Hwalla, N. (2009). Non-communicable diseases and behavioral risk factor survey: comparison of estimates based on cell phone interviews with face to face interviews. WHO Lebanon office. Beirut, Lebanon: Final report submitted to World Health Organization-Lebanon office. WHO STEPS, Palestine

	Were you informed by a health care professional that you have had any kind of cancer?	99	Refuse to answer
CA02	If CA01=01 , Please specify: _____		
CA03	Are you receiving any cancer treatment?	01	Yes
		02	No
		03	Refused treatment
		99	Refuse to answer
CA04	If CA03=01 , Please specify the treatment type	01	Chemotherapy
		02	Radiotherapy
		03	Hormonal therapy
		04	Surgery
		05	Stem cell transplant
		06	Palliative care
		07	Others, kindly specify _____
CA05	If CA03= 02 or 03 , specify the reason for not receiving the treatment <i>(multiple answers are possible)</i>	01	Was not told I needed treatment
		02	Did not know how/where to get treatment
		03	Embarrassment
		04	Treatment is not available in Gaza
		05	Can't travel/permit have denied by Israeli authorities
		06	Can't leave Gaza, borders are closed, not allowed, long list of travelers (Rafah crossing)
		07	Too expensive

		08	Fear of side effects of treatment like hair loss, vomiting
		09	Didn't have time
		10	Clinic too far away
		11	Poor service quality
		12	Fear (afraid of procedure; afraid of social stigma)
		13	Cultural beliefs
		14	Family member wouldn't allow it
		15	Can't afford transportation costs
		16	No one is available to take me, can't go alone
		17	Dislike hospital staff interactions
		18	No perceived value of treatment
		88	Don't know
		99	Refuse to answer

Module 10- Physical Activity⁸

<p>Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.</p>	
PA01	<p>During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? (<i>maximum 7</i>)</p>
	<p>_____ days per week 00. No vigorous physical activities (Skip to question PA3)</p>
PA02	<p>How much time did you usually spend doing vigorous physical activities on one of those days?</p>
	<p>_____ hours per day _____ minutes per day <i>888 Don't know/Not sure</i> <i>999 Refuse to answer</i></p>
<p>Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.</p>	
PA03	<p>During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or tennis doubles? Do not include walking. (<i>maximum 7</i>)</p>
	<p>_____ days per week 00. No moderate physical activities (Skip to question PA5)</p>
PA04	<p>How much time did you usually spend doing moderate physical activities on one of those days?</p>
	<p>_____ hours per day _____ minutes per day <i>888 Don't know/Not sure</i></p>

⁸ Adopted from International Physical Activity Questionnaire (IPAQ)

	999 Refuse to answer
<p>Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.</p>	
PA05	During the last 7 days, on how many days did you walk for at least 10 minutes at a time? (maximum 7)
	<p>_____ days per week</p> <p>00. No walking (Skip to question PA7)</p>
PA06	How much time did you usually spend walking on one of those days?
	<p>_____ hours per day</p> <p>_____ minutes per day</p>
	<p>888 Don't know/Not sure</p> <p>999 Refuse to answer</p>
<p>The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.</p>	
PA07	During the last 7 days, how much time did you spend sitting on a weekday?
	<p>_____ hours per day</p> <p>_____ minutes per day</p> <p>888 Don't know/Not sure</p> <p>999 Refuse to answer</p>

Module 11- Dietary Salt⁹

⁹ WHO STEPS, Palestine

SALT01	How often do you add salt or a salty sauce such as soya sauce to your food right before you eat it or as you are eating it?	01	Always
		02	Often
		03	Sometimes
		04	Rarely
		05	Never
		88	Don't know
SALT02	How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	01	Always
		02	Often
		03	Sometimes
		04	Rarely
		05	Never
		88	Don't know
SALT03	How often do you eat processed food high in salt ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, and processed meat. <i>(use showcard)</i>	01	Always
		02	Often
		03	Sometimes
		04	Rarely
		05	Never
		88	Don't know

Commented [RESA3]: target

Module 12- Tobacco Use¹⁰

TOBAC01	Have you ever smoked 100 cigarettes (5 packs) in your entire life?	01	Yes	
		02	No	
		88	Don't Know	
		99	Refuse to answer	
If TOBAC01=02, skip to NARG01				
TOBAC02	Do you now smoke cigarettes?	01	Every day	
		02	Some days	
		03	Not at all	
		88	Don't know	
		99	Refuse to answer	
TOBAC03	If TOBAC02=03 When did you stop smoking?	_____ years		
		_____ months		
		_____ weeks		
		88. Don't know /Not sure		
		99. Refuse to answer		
TOBAC04	If TOBAC02=03 The reason (s) for smoking cessation? <i>(Multiple answers are possible)</i>		Yes 01	No 02
		Medical reason		
		Physician's advice		

¹⁰Sibai, A., Tohme, R. A., Mahfoud, Z., Chaaya, M., & Hwalla, N. (2009). Non-communicable diseases and behavioral risk factor survey: comparison of estimates based on cell phone interviews with face to face interviews. WHO Lebanon office. Beirut, Lebanon: Final report submitted to World Health Organization-Lebanon office. WHO STEPS, Palestine

		Relative's advice		
		Family reason		
		Economic reason		
		Policies at public places		
		Personal preference - antismoking attitudes		
		Anti-smoking campaigns in media, social media		
		Others, specify		
TOBAC05	What was your age when you started smoking?	_____ years		
		88	Don't know/Not sure	
		99	Refuse to answer	

Module 13- Nargila Use¹¹

NARG01	Have you ever smoked nargila in your entire life?	01	Yes	
		02	No	
		88	Don't Know	
		99	Refuse to answer	
If NARG01=02, skip to next module				
NARG02	Do you now smoke nargila?	01	Every day	
		02	Some days	
		03	Not at all	
		88	Don't know	
		99	Refuse to answer	
NARG03	If NARG02=03 When did you stop smoking nargila?	_____ years		
		_____ months		
		_____ weeks		
		88. Don't know /Not sure		
		99. Refuse to answer		
NARG04	If NARG02=03 The reason (s) for smoking cessation? <i>(Multiple answers are possible)</i>		Yes 01	No 02
		Medical reason		
		Physician's advice		
		Relative's advice		

¹¹ Sibai, A., Tohme, R. A., Mahfoud, Z., Chaaya, M., & Hwalla, N. (2009). Non-communicable diseases and behavioral risk factor survey: comparison of estimates based on cell phone interviews with face to face interviews. WHO Lebanon office. Beirut, Lebanon: Final report submitted to World Health Organization-Lebanon office. WHO STEPS, Palestine.

		Family reason		
		Economic reason		
		Policies at public places		
		Personal preference - antismoking attitudes		
		Anti-smoking campaigns in media, social media		
		Others, specify		
NARG05	What was your age when you started smoking nargila?	_____ years		
		88	Don't know/Not sure	
		99	Refuse to answer	

Module 14- Lifestyle Change ¹²

<i>During the past year did you:</i>			
LSTL01	If NARG01 =02 No or TOBAC01=02 No skip Quit using tobacco?	01	Yes
		02	No
LSTL02	Reduce salt in your diet?	01	Yes
		02	No
LSTL03	Reduce daily consumption of sugar in your diet (including sugary drinks)?	01	Yes
		02	No
LSTL04	Eat at least two servings of fruits each day?	01	Yes
		02	No
LSTL05	Eat at least three servings of vegetables each day?	01	Yes
		02	No
LSTL06	Reduce fat/ oil in your diet?	01	Yes
		02	No
LSTL07	Start or do more physical activity?	01	Yes
		02	No
LSTL08	Maintain a healthy body weight or lose weight?	01	Yes
		02	No

¹² Sibai, A., Tohme, R. A., Mahfoud, Z., Chaaya, M., & Hwalla, N. (2009). Non-communicable diseases and behavioral risk factor survey: comparison of estimates based on cell phone interviews with face to face interviews. WHO Lebanon office. Beirut, Lebanon: Final report submitted to World Health Organization-Lebanon office. WHO STEPS, Palestine.

Module 15- Physical Measurements

HT01	Height (Reading 1) <i>If too large for scale 666.6</i>	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
HT02	Height (Reading 2) <i>If too large for scale 666.6</i>	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
HT03	Height (Reading 3) <i>If too large for scale 666.6</i>	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
WT01	Weight (Reading 1) <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
WT02	Weight (Reading 2) <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
WT03	Weight (Reading 3) <i>If too large for scale 666.6</i>	in Kilograms (kg) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
WC01	Waist circumference (Reading 1) <i>If too large for scale 666.6</i>	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
WC02	Waist circumference (Reading 2) <i>If too large for scale 666.6</i>	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
WC03	Waist circumference (Reading 3) <i>If too large for scale 666.6</i>	in Centimeters (cm) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
AMP01	Does the participant have amputated limb (s)?	01	Yes
		02	No
		04	Refuse to answer
AMP02¹³	If AMP01=01 Specify the amputated limb(s)	01	Foot
		02	Below-Knee
		03	Above-Knee
		04	Hemipelvectomy/Hip Disarticulation
		05	Shoulder Disarticulation

¹³ Classification of amputated limbs as listed in the Amputee Coalition website

		06	Above-Elbow
		07	Below-Elbow
		08	Hand
BP01	Blood pressure (Reading 1)	Systolic (mmHg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Diastolic (mmHg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BP02	Blood pressure (Reading 2)	Systolic (mmHg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Diastolic (mmHg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
BP03	Blood pressure (Reading 3)	Systolic (mmHg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Diastolic (mmHg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Module 16-Nutrition ¹⁴

Semi-Quantitative Food Frequency Questionnaire (FFQ):						
Food consumption		Times/ day	Times/week	Times/month	Times/year	Amount
1	Whole milk					
2	Skimmed milk					
3	Whole milk powder					
4	Skimmed milk powder					
5	Yogurt					
6	Cottage cheese curd or fresh white cheese					
7	Cream cheese or portions					
8	Ice Cream					
9	Chicken eggs					
10	Chicken with skin					
11	Skinless chicken					
12	Beef, lamb					
13	Other meat: rabbit, duck					
14	Cold meats					
15	Beef liver, or chicken liver					
16	Viscera: tripe, brains, other					
17	Meats: as mortadella					
18	Sausage					

¹⁴ Hamdan, M., Monteagudo, C., Lorenzo-Tovar, M., Tur, J., Olea-Serrano, F., & Mariscal-Arcas, M. (2014). Development and validation of a nutritional questionnaire for the Palestine population. *Public Health Nutrition*, 17(11), 2512-2518. doi:10.1017/S1368980013002711

19	Hamburger					
20	Mixed fried fish					
21	Boiled or grilled fish: sardines, tuna					
22	Salted fish					
23	Canned water fish (sardines, tuna)					
24	Canned fish in oil (sardines, tuna)					
25	Oysters, clams, mussels and the like					
26	Shellfish: shrimp, etc.					
27	Cooked spinach, mloukheye					
28	Cabbage, cauliflower, broccoli					
29	Lettuce					
30	Tomato					
31	Onion					
32	Carrots, pumpkin					
33	Cooked green beans					
34	Eggplant, zucchini, cucumbers					
35	Mushrooms					
36	Cooked: lentils, chickpeas, black beans or white					
37	Canned vegetables					
38	Cooked peas					
39	Garlic					
40	Lemon					
41	Peppers					
42	Parsley, thyme leaves, bay leaves, oregano, cilantro, mint, etc.					

43	Oranges, grapefruit and the like					
44	Bananas					
45	Apple or pear					
46	Strawberries					
47	Plum, apricot					
48	Fresh figs					
49	Watermelon, cantaloupe, pineapple					
50	Papaya					
51	Grapes					
52	Mango					
53	Guava					
54	Kiwi fruit					
55	Dried fruits as dates, figs, raisins, prunes					
56	Fruits in syrup: peach, pear, pineapple, fig					
57	Nuts: almonds, peanuts, hazelnuts, walnuts and the like					
58	White bread					
59	Wheat bread					
60	Toast					
61	Chips					
62	Boiled potatoes					
63	Cooked white rice					
64	Cooked cereals as bulgur and freeke and the like					
65	Pasta: macaroni, spaghetti and the like					
66	Corn, fresh or canned					
67	Water					

68	Pizza					
69	Pie					
70	Biscuit					
71	Croissant, pastries					
72	Shortbread					
73	Brownie					
74	Olives					
75	Olive oil					
76/ 77	Corn oil					
	Sunflower oil					
78	Avocado					
79	Margarine					
80	Butter					
81	Soft drinks with sugar: eg. cola, orange, lemon, fanta etc.					
82	Low calorie soft drinks					
83	Juices of fruit and / or vegetables					
84	Fruit juice packaging					
85	Coffee					
86	Decaffeinated coffee					
87	Tea					
88	Mayonnaise					
89	Tomato sauce, ketchup					
90	Tahini					
91	Spicy: pepper, chili					
92	Salt (a pinch)					
93	Chocolate powder and the like					
94	Custard, custard pudding (one)					

95	Chocolate, chocolates					
96	Jams, honey					
97	Sugar					
98	Tasty type artificial sweeteners					
99	Pickles					
100	Herbs (hot drinks)					
101	Dokka					
102	Soup					

Are there any food items and/or beverages that were not mentioned above that you usually consume at least once a week?

1. Yes, please specify

Food /beverage	Serving size	Serving/week

2. No

