**Questionnaire No:** ______

**SURVEILLANCE OF NCDS RISK FACTORS AMONG CIVIL SERVANTS IN IBADAN.**

**Respondent consent form**

I am Olawuyi, Abisola. A postgraduate student of Epidemiology and Medical Statistics, Faculty of Public Health, College of Medicine, University of Ibadan. In partial fulfilment of the requirements for the award of the degree of Masters in Public Health, I am carrying out a research on Risk Factors for non-communicable diseases among civil servants in Ibadan.

Your sincere response is encouraged as participation in this study is voluntary, absolute anonymity and confidentiality shall be maintained the information provided will only be used for the research purpose if you have accepted to participate in the study.

Please indicate your interest by acknowledging the verbal consent.

Verbal consent; 1. Yes 2. No

_____________________________                                          __________________
Signature/Thumbprint of Participant                                                 Interview Date

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**SECTION A: SOCIO DEMOGRAPHIC CHARACTERISTICS**

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Sex</td>
<td>Male □ Female □</td>
</tr>
<tr>
<td>2</td>
<td>Age (at last birthday)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Your ethnicity</td>
<td>Hausa □ Igbo □ Yoruba □ Others (specify) □</td>
</tr>
<tr>
<td>4</td>
<td>Year of Birth</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Highest level of education</td>
<td>□ No Formal Education □ Primary □ Secondary □ Tertiary</td>
</tr>
<tr>
<td>6</td>
<td>Marital status</td>
<td>□ Single □ Married □ Widowed □ Divorced</td>
</tr>
<tr>
<td>7</td>
<td>Average income in a month</td>
<td>□ &lt; 20,000 □ 21,000 – 40,000 □ 41,000 – 60,000 □ 61,000- 80,000 □ 81,000-100,000 □ ≥100,000</td>
</tr>
<tr>
<td>8</td>
<td>Ministry</td>
<td></td>
</tr>
<tr>
<td>Year of assumption of duty</td>
<td></td>
<td></td>
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<td>---------------------------</td>
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<tr>
<td>Cadre/grade/level</td>
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</tbody>
</table>

SECTION B  NUTRITION AND DIETARY PATTERN

Please state the types of food (past 24hrs dietary recall)

1. Breakfast
2. Lunch
3. Dinner

In the past 7 days, how many times did you consume any of the below

<table>
<thead>
<tr>
<th>Types of Food</th>
<th>Never</th>
<th>1-2 times</th>
<th>3-4times</th>
<th>5-7times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vegetable e.g. ewedu, eforiro</td>
<td></td>
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<td></td>
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<tr>
<td>2. Starch e.g. Rice, Eba, Yam, amala</td>
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<tr>
<td>3. Fried Foods e.g. potato chips, chin chin, fried plantain</td>
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<tr>
<td>4. Dairy Products e.g. Milk, Cheese, Yogurt.</td>
<td></td>
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<tr>
<td>5. Cereals e.g. Pap, Custard, Oat, Semovita, Wheat.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Fruits e.g. Orange, Apple.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Legumes e.g. Beans, Moinmoin, Soya.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8. Carbonated Drinks e.g. Coke, Pepsi, Fanta.</td>
<td></td>
<td></td>
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<tr>
<td>9. Beverages e.g. Malt, Malta Guinness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Pastries e.g. Meat pie, Dough nuts, hamburger.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do you regularly add salt to your already cooked meal</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE TICK/ FILL AS APPROPRIATE

SECTION C  PHYSICAL ACTIVITY

24. During the last 7 days, how many times were you at work

25. How many hours do you normally sit on a typical day

26. Which of the following best describes you activity at work ☐ Mainly Sedentary (Mostly Sitting with paper or computer)
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>27</td>
<td>Over the last 7 days, how many days do you engage in carrying heavy loads, digging, soccer, jogging</td>
<td>_________ days per week (If Not applicable go to next question)</td>
</tr>
<tr>
<td>28</td>
<td>How much time did you usually spend doing this activity on a typical day</td>
<td>_________ hours/day _________ minutes/day</td>
</tr>
<tr>
<td>29</td>
<td>Thinking over the last 7 days, how many days do you engage in activities like cleaning, washing cloth/car, sweeping, climbing stairs</td>
<td>_________ days per week (If Not applicable go to next question)</td>
</tr>
<tr>
<td>30</td>
<td>How much time did you usually spend doing this activity on a typical day</td>
<td>_________ hours per day _________ minutes per day</td>
</tr>
<tr>
<td>31</td>
<td>During the last 7 days, on how many days did you walk for at least 10 minutes at a time?</td>
<td>_________ days per week</td>
</tr>
<tr>
<td>32</td>
<td>How much time did you usually spend walking on one of those days?</td>
<td>_________ hours per day _________ minutes per day</td>
</tr>
<tr>
<td>33</td>
<td>During the last 7 days how much time did you spend sitting (e.g. at desk/computer, visiting friends, driving, watching TV/Movie)</td>
<td>_________ hours per day _________ minutes per day</td>
</tr>
</tbody>
</table>

### SECTION D: BEHAVIORAL MEASUREMENT PART 1: TOBACCO USE

<p>| | | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>35</td>
<td>If yes, which tobacco product do you take regularly</td>
<td>□ Cigarette □ Marijuana □ Snuff □ Others (Specify)</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>If Cigarette, what is the name of the brand</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>How frequently do you take this</td>
<td>□ Daily □ Weekly □ Monthly</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>38 How frequently have you smoked in the last 30 days</td>
<td>☐ Less than once a week ☐ 1 – 2 times/week ☐ 3 – 6 times/week ☐ Everyday</td>
<td></td>
</tr>
<tr>
<td>39 If cigarette, how many sticks do you take per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 At what age did you start smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 In the past, did you ever smoke</td>
<td>☐ Yes ☐ No (if NO, go to section E)</td>
<td></td>
</tr>
<tr>
<td>42 How old were you when you stopped smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECTION E  ALCOHOL CONSUMPTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Do you currently take an alcoholic drink</td>
<td>☐ Yes ☐ No (If No, go to question 50)</td>
<td></td>
</tr>
<tr>
<td>44 Which alcoholic drink do you frequently take (brand name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 At what age did you start drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 Have you consumed an alcoholic drink within the past 30 days</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>47 In the last 30 days, how frequently did you take an alcoholic drink</td>
<td>☐ Less than once a week ☐ 1 – 2 times/week ☐ 3 – 6 times/week ☐ Everyday</td>
<td></td>
</tr>
<tr>
<td>48 During the past 30 days, how many standard alcoholic drinks bottles/can did you have during one drinking occasion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 Have you consumed more than 5 alcoholic drinks at a single sitting in the last 30 days</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>50 Did you drink in the past</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>51 If yes, at what age did you start drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52 How old were you when you stopped drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECTION F  HIGH BLOOD PRESSURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53 Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>54 Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Drugs (anti-hypertensive medication) that you have taken in the past two weeks:</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
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<td>----</td>
</tr>
<tr>
<td>2. Advice to reduce salt intake</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Advice or treatment to lose weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Advice or treatment to stop smoking</td>
<td></td>
<td></td>
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<tr>
<td>5. Advice to start or do more exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 Is there any family history of hypertension among your first degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>relatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56 Have you ever been told by a doctor or other health worker that</td>
<td></td>
<td></td>
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<tr>
<td>you have raised blood sugar or diabetes</td>
<td></td>
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<tr>
<td>57 Are you currently receiving any of the following treatments/advice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for diabetes prescribed by a doctor or other health worker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Drugs (medication) that you have taken in the past</td>
<td></td>
<td></td>
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<tr>
<td>2. Specially prescribed diet</td>
<td></td>
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<tr>
<td>3. Advice or treatment to lose weight</td>
<td></td>
<td></td>
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<tr>
<td>4. Advice or treatment to stop smoking</td>
<td></td>
<td></td>
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<tr>
<td>5. Advice to start or do more exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>58 Is there any family history of diabetes among your first degree</td>
<td></td>
<td></td>
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<tr>
<td>relatives</td>
<td></td>
<td></td>
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<tr>
<td>SECTION G SCREENING (Tick as appropriate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59 Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Breast Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Smear</td>
<td></td>
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<tr>
<td>60 Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
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<tr>
<td>If yes which one</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61 Is there any family history of cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECTION H; AVAILABILITY OF WORKPLACE HEALTH PROMOTION PROGRAMS ;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62 Which of the following is available in your place of work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free/subsidized health screening</td>
<td></td>
<td></td>
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<tr>
<td>Health Walk, Endurance Trek</td>
<td></td>
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</tr>
<tr>
<td>Occupational Health Services (e.g. Staff Health Clinic)</td>
<td></td>
<td></td>
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<tr>
<td>Availability of Health Insurance Scheme</td>
<td></td>
<td></td>
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<tr>
<td>Health Talk/Free Health Living Advice</td>
<td></td>
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<tr>
<td>Smoking and Drinking Cessation Facilities</td>
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<td></td>
<td>Yes</td>
<td>No</td>
</tr>
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<td>--------------------------</td>
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</tr>
<tr>
<td>Stress management/Counselling Session</td>
<td></td>
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<tr>
<td>Work Free Days/Sick Leave</td>
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<tbody>
<tr>
<td>63</td>
<td>Weight</td>
</tr>
<tr>
<td>64</td>
<td>Height</td>
</tr>
<tr>
<td>65</td>
<td>Waist Circumference</td>
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<td>66</td>
<td>Hip Circumference</td>
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<tr>
<td>67</td>
<td>Blood Pressure Reading 1</td>
</tr>
<tr>
<td></td>
<td>Systolic</td>
</tr>
<tr>
<td></td>
<td>Diastolic</td>
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<tr>
<td>68</td>
<td>Blood Pressure Reading 2</td>
</tr>
<tr>
<td></td>
<td>Systolic</td>
</tr>
<tr>
<td></td>
<td>Diastolic</td>
</tr>
<tr>
<td>69</td>
<td>Fasting Blood Sugar</td>
</tr>
</tbody>
</table>