

Supplementary file 1

QUESTIONNAIRE Self-administered questionnaire

Do you wish to participate in the survey?

1. Yes

2. No

Signature of interviewee.....

Code no:

Date:

Instruction: Respondents are requested to answer the following questions. The obtained information will be used for the study purpose only and it will be kept confidential with anonymity. There are three parts in questionnaire. First part of questionnaire consists of general information on an individual, second part consists of behavioral risk factors from WHO STEPS Instrument and third part consists of Perceived Stress Scale (PSS) which measures stress.

Direction: Please tick the answer which you fill up.

Demographic information

S.N.	Questions	Options
1.	Age	
2.	Sex	1. Male 2. Female

		3. Other
3.	Level of education	1. High school 2. College/ University 3. Post graduate
4.	Marital status	1. Married 2. Unmarried 3. Divorced 4. Widowed
5.	Ethnicity	1. Brahmin 2. Chhetri 3. Janajati 4. Dalit 5. Others (Specify)
6.	Type of family (Nuclear: Mother, father and children Joint: Grandparents, parents and children Extended: Grandparents, parents, uncle, aunt, married children)	1. Nuclear 2. Joint 3. Extended
7.	Annual household income	
8.	Socio-economic status (Below poverty line if living on less than \$1.90 a day.)	1. Above poverty line 2. Below poverty line

Behavioral Measurements

S.N.	Questions	Options
1.	Do you currently smoke or use any tobacco products, such as cigarettes, cigars or pipes, gutka, khaini? (If No, go to number 6)	1. Yes 2. No
2.	Do you currently use tobacco products daily?	1. Yes 2. No
3.	How old were you when you first started using tobacco products?	
4.	Which tobacco products do you use?	1. Smokeless tobacco 2. Cigarettes
5.	On average, how many of the tobacco products do you smoke/ take each day/week?	
6.	Have you ever consumed any alcohol such as beer, wine? (If No, go to number 9)	1. Yes 2. No
7.	Have you consumed any alcohol within the past	1. Yes

	12 months?	2. No
8.	During the past 12 months, how frequently have you had at least one standard alcoholic drink?	<ol style="list-style-type: none"> 1. Daily 2. 5-6 days per week 3. 3-4 days per week 4. 1-2 days per week 5. 1-3 days per month 6. Less than once a month 7. Never
9.	In a typical week, on how many days do you eat fruit?	
10.	How many servings of fruit do you eat on one of those days? (1 Serving= 1 fruit)	
11.	In a typical week, on how many days do you eat vegetables?	
12.	How many servings of vegetables do you eat on one of those days? (1 Serving= 1 standard size bowl of vegetable)	
13.	How often do you add salt to your food right before you eat it or as you are eating it?	<ol style="list-style-type: none"> 1. Always 2. Often 3. Sometimes 4. Rarely 5. Never 6. Don't know
14.	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, processed meat.	<ol style="list-style-type: none"> 1. Always 2. Often 3. Sometimes 4. Rarely 5. Never 6. Don't know
15.	Do you do any sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously? (If No, go to number 19)	<ol style="list-style-type: none"> 1. Yes 2. No
16.	The exercise you do is of what intensity?	<ol style="list-style-type: none"> 1. High intensity 2. Moderate intensity 3. Low intensity
17.	In a typical week, on how many days do you do sports, fitness or recreational (leisure) activities?	

Daughter								
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Stress

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

Tick the most suitable as you feel for yourself.

1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and “stressed”?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been angered because of things that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4
