

WHO STEPS Instrument

(Core and Expanded)



**The WHO STEPwise approach to
noncommunicable disease risk factor
surveillance (STEPS)**

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For further information: www.who.int/ncds/steps



STEPS Instrument

Overview

Introduction This is the generic STEPS Instrument which countries will use to develop their tailored instrument. It contains the:

- CORE items (unshaded boxes)
 - EXPANDED items (shaded boxes).
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Core Items The Core items for each section ask questions required to calculate basic variables. For example:

- current daily smokers
- mean BMI.

Note: All the core questions should be asked, removing core questions will impact the analysis.

Expanded items The Expanded items for each section ask more detailed information. Examples include:

- use of smokeless tobacco
 - sedentary behaviour.
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Guide to the columns The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Country Tailoring
Question	Each question is to be read to the participants	<ul style="list-style-type: none">• Select sections to use.• Add expanded and optional questions as desired.
Response	This column lists the available response options which the interviewer will be circling or filling in the text boxes. The skip instructions are shown on the right hand side of the responses and should be carefully followed during interviews.	<ul style="list-style-type: none">• Add country-specific responses for demographic responses (e.g. C6).• Change skip question identifiers where necessary.
Code	The column is designed to match data from the instrument into the data entry tool, data analysis syntax, data book, and fact sheet.	This should never be changed or removed. The code is used as a general identifier for the data entry and analysis.



Participant Identification Number

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WHO STEPS Instrument

for Noncommunicable Disease

Risk Factor Surveillance

<insert country name>

Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	I1
Cluster/Centre/Village name		I2
Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	I3
Date of completion of the instrument	<div><div><div></div><div></div></div><div>dd</div><div><div></div><div></div></div><div>mm</div><div><div></div><div></div><div></div><div></div></div><div>year</div></div>	I4

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
Interview Language [Insert Language]	English 1 [Add others] 2 [Add others] 3 [Add others] 4	I6
Time of interview (24 hour clock)	<div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div> <div>hrsmins</div>	I7
Family Surname		I8
First Name		I9
Additional Information that may be helpful		
Contact phone number where possible		I10

Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div> <i>If Known, Go to C4</i>	C2
How old are you?	Years <div><div></div><div></div></div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <div><div></div><div></div></div>	C4

EXPANDED: Demographic Information		
<p>What is the highest level of education you have completed?</p> <p>[INSERT COUNTRY-SPECIFIC CATEGORIES]</p>	<p>No formal schooling 1</p> <p>Less than primary school 2</p> <p>Primary school completed 3</p> <p>Secondary school completed 4</p> <p>High school completed 5</p> <p>College/University completed 6</p> <p>Post graduate degree 7</p> <p>Refused 88</p>	C5
<p>What is your [insert relevant ethnic group / racial group / cultural subgroup / others] background?</p>	<p>[Locally defined] 1</p> <p>[Locally defined] 2</p> <p>[Locally defined] 3</p> <p>Refused 88</p>	C6
<p>What is your marital status?</p>	<p>Never married 1</p> <p>Currently married 2</p> <p>Separated 3</p> <p>Divorced 4</p> <p>Widowed 5</p> <p>Cohabitating 6</p> <p>Refused 88</p>	C7
<p>Which of the following best describes your main work status over the past 12 months?</p> <p>[INSERT COUNTRY-SPECIFIC CATEGORIES]</p> <p>(USE SHOWCARD)</p>	<p>Government employee 1</p> <p>Non-government employee 2</p> <p>Self-employed 3</p> <p>Non-paid 4</p> <p>Student 5</p> <p>Homemaker 6</p> <p>Retired 7</p> <p>Unemployed (able to work) 8</p> <p>Unemployed (unable to work) 9</p> <p>Refused 88</p>	C8
<p>How many people older than 18 years, including yourself, live in your household?</p>	<p>Number of people <input type="text"/> If Not Known. Go to C11</p>	C9

EXPANDED: Demographic Information, Continued																
Question	Response	Code														
Taking the past year , can you tell me what the average earnings of the household have been? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T1</i>									C10a						
	OR per month <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T1</i>									C10b						
OR per year <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Go to T1</i>									C10c							
Refused 88	C10d															
Can you give an estimate of the annual household income if I read some options to you? Is it <i>[INSERT QUINTILE VALUES IN LOCAL CURRENCY]</i> <i>(READ OPTIONS)</i>	<table> <tr> <td>≤ Quintile (Q) 1</td> <td>1</td> </tr> <tr> <td>More than Q 1, ≤ Q 2</td> <td>2</td> </tr> <tr> <td>More than Q 2, ≤ Q 3</td> <td>3</td> </tr> <tr> <td>More than Q 3, ≤ Q 4</td> <td>4</td> </tr> <tr> <td>More than Q 4</td> <td>5</td> </tr> <tr> <td>Don't Know</td> <td>77</td> </tr> <tr> <td>Refused</td> <td>88</td> </tr> </table>	≤ Quintile (Q) 1	1	More than Q 1, ≤ Q 2	2	More than Q 2, ≤ Q 3	3	More than Q 3, ≤ Q 4	4	More than Q 4	5	Don't Know	77	Refused	88	C11
≤ Quintile (Q) 1	1															
More than Q 1, ≤ Q 2	2															
More than Q 2, ≤ Q 3	3															
More than Q 3, ≤ Q 4	4															
More than Q 4	5															
Don't Know	77															
Refused	88															

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about tobacco use.

Question	Response	Code
Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1
Do you currently smoke tobacco products daily ?	Yes 1 No 2	T2
How old were you when you first started smoking?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3)	In Years <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
Don't know 77	OR in Months <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
	OR in Weeks <input type="text"/> <input type="text"/> <input type="text"/>	T4c
On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓	
	Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
	Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
	Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c/T5cw
	Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d/T5dw
	Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5e/T5ew
	Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T6	T5f/T5fw
	Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other/ T5otherw
During the past 12 months, have you tried to stop smoking ?	Yes 1 No 2	T6
During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 If T2=Yes, go to T12; if T2=No, go to T9 No 2 If T2=Yes, go to T12; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T12; if T2=No, go to T9	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T8
In the past, did you ever smoke daily ?	Yes 1 If T1=Yes, go to T12, else go to T10 No 2 If T1=Yes, go to T12, else go to T10	T9

EXPANDED: Tobacco Use			
Question	Response		Code
How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T12		T10
How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T12		T11a
	OR	Months ago <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Known, go to T12	T11b
	OR	Weeks ago <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T15		T12
Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 If No, go to T14aw		T13
On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	DAILY↓ WEEKLY↓		
	Snuff, by mouth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14a/ T14aw
	Snuff, by nose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14b/ T14bw
	Chewing tobacco	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14c/ T14cw
	Betel, quid	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14d/ T14dw
	Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
	Other (please specify):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If T13=No, go to T16, else go to T17	T14other/ T14otherw
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes 1 No 2 If No, go to T17		T15
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ?	Yes 1 No 2		T16
During the past 30 days, did someone smoke in your home ?	Yes 1 No 2		T17
During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3		T18

Question	Response	Code
Have you ever consumed any alcohol such as beer, wine, spirits or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to A16	A1
Have you consumed any alcohol within the past 12 months ?	Yes 1 If Yes, go to A4 No 2	A2
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 If Yes, go to A16 No 2 If No, go to A16	A3
During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6 Never 7	A4
Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 If No, go to A13	A5
During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <input type="text"/> <input type="text"/> If Zero, go to A13	A6
During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/> <input type="text"/>	A7
During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/> <input type="text"/>	A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/> <input type="text"/>	A9
During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) <i>Don't Know 77</i>	Monday <input type="text"/> <input type="text"/>	A10a
	Tuesday <input type="text"/> <input type="text"/>	A10b
	Wednesday <input type="text"/> <input type="text"/>	A10c
	Thursday <input type="text"/> <input type="text"/>	A10d
	Friday <input type="text"/> <input type="text"/>	A10e
	Saturday <input type="text"/> <input type="text"/>	A10f
	Sunday <input type="text"/> <input type="text"/>	A10g

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

Question	Response	Code
During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? [AMEND ACCORDING TO LOCAL CONTEXT] (USE SHOWCARD)	Yes 1 No 2 If No, go to A13	A11
On average, how many standard drinks of the following did you consume during the past 7 days ? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) Don't Know 77	Homebrewed spirits, e.g. moonshine <input type="text"/>	A12a
	Homebrewed beer or wine, e.g. beer, palm or fruit wine <input type="text"/>	A12b
	Alcohol brought over the border/from another country <input type="text"/>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/>	A12d
	Other untaxed alcohol in the country <input type="text"/>	A12e

During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the past 12 months , have you had family problems or problems with your partner due to someone else's drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

CORE: Diet		
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.		
Question	Response	Code
In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3	D1
How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	D2
In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5	D3
How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/> <input type="text"/>	D4
Dietary salt		
With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soy sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>[insert country specific examples]</i> , and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.		
How often do you add salt or a salty sauce such as soy sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D5
How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D6
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, bacon and processed meat <i>[add country specific examples]</i> . <i>[INSERT EXAMPLES]</i> (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	D7
How much salt or salty sauce do you think you consume?	Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77	D8

EXPANDED: Diet												
Question	Response	Code										
How important to you is lowering the salt in your diet?	Very important 1	D9										
	Somewhat important 2											
	Not at all important 3											
	Don't know 77											
Do you think that too much salt or salty sauce in your diet could cause a health problem ?	Yes 1	D10										
	No 2											
	Don't know 77											
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)												
Limit consumption of processed foods	Yes 1	D11a										
	No 2											
Look at the salt or sodium content on food labels	Yes 1	D11b										
	No 2											
Buy low salt/sodium alternatives	Yes 1	D11c										
	No 2											
Use spices other than salt when cooking	Yes 1	D11d										
	No 2											
Avoid eating foods prepared outside of a home	Yes 1	D11e										
	No 2											
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i>	D11f										
	No 2											
Other (please specify)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											D11other

CORE: Physical Activity		
<p>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.</p> <p>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.</p>		
Question	Response	Code
Work		
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] (USE SHOWCARD)</i>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
How much time do you spend doing moderate-intensity activities at work on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P6 (a-b)
Travel to and from places		
<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 market, to place of worship. <i>[Insert other examples if needed]</i></p>		
Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p>	P7
In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
How much time do you spend walking or bicycling for travel on a typical day?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)

Question	Response	Code
Recreational activities		
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> .		
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P 13	P10
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <div><div></div></div>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div><div></div> hrs <div><div></div></div> mins</div>	P12 (a-b)
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>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 If No, go to P16	P13
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <div><div></div></div>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <div><div></div> hrs <div><div></div></div> mins</div>	P15 (a-b)

Sedentary behaviour 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. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div>	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question	Response		Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes	1	H1
	No	2 <i>If No, go to H6</i>	
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes	1	H2a
	No	2 <i>If No, go to H6</i>	
Were you first told in the past 12 months?	Yes	1	H2b
	No	2	
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes	1	H3
	No	2	
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes	1	H4
	No	2	
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
	No	2	

CORE: History of Diabetes			
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes	1	H6
	No	2 <i>If No, go to H12</i>	
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes	1	H7a
	No	2 <i>If No, go to H12</i>	
Were you first told in the past 12 months?	Yes	1	H7b
	No	2	
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes	1	H8
	No	2	
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes	1	H9
	No	2	
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1	H10
	No	2	
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H11
	No	2	

CORE: History of Raised Total Cholesterol		
Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Were you first told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

CORE: History of Cardiovascular Diseases			
Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes	1	H17
	No	2	
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes	1	H18
	No	2	
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes	1	H19
	No	2	

CORE: Lifestyle Advice		
Question	Response	Code
During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2 <i>If No and C1=1, go to M1</i> <i>If No and C1=2, go to CX1</i>	H20
During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH)		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 No 2	H20f
Reduce sugary beverages in your diet	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20g

CORE (for women only): Cervical Cancer Screening		
<p>The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.</p>		
Have you ever had a screening test for cervical cancer, using any of these methods described above?	<div>Yes 1</div> <div>No 2</div> <div>Don't know 77</div>	CX1

Step 2 Physical Measurements

CORE: Blood Pressure								
Question	Response	Code						
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2				
Cuff size used	Small 1 Medium 2 Large 3	M3						
Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b			
Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b			
Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6b			
During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M7						
CORE: Height and Weight								
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8						
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9		
Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table>			M10a				
Weight <table border="1"><tr><td></td><td></td></tr></table>			M10b					
Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M11
Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M12
CORE: Waist								
Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M13				
Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M14

EXPANDED: Hip Circumference and Heart Rate								
Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M15
Heart Rate		M16a						
Reading 1	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							
Reading 2	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							

Step 3 Biochemical Measurements

CORE: Blood Glucose

Question	Response	Code
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	<div><div></div><div></div><div></div><div></div></div>	B2
Device ID	<div><div></div><div></div></div>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <div><div></div><div></div></div> : <div><div></div><div></div></div> hrs mins	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l <div><div></div><div></div></div> . <div><div></div><div></div></div> mg/dl <div><div></div><div></div><div></div><div></div></div> . <div><div></div></div>	B5
Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6

CORE: Blood Lipids

Device ID	<div> <div></div> <div></div> <div></div> </div>	B7
Total cholesterol	mmol/l <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B8
[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mg/dl <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	<div>Yes 1</div> <div>No 2</div>	B9

CORE: Urinary sodium and creatinine

Had you been fasting prior to the urine collection?	<div>Yes 1</div> <div>No 2</div>	B10
Technician ID	<div><div></div><div></div><div></div><div></div></div>	B11
Device ID	<div><div></div><div></div><div></div></div>	B12
Time of day urine sample taken (24 hour clock)	<div>Hours : minutes</div> <div><div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div></div> <div>hrs mins</div>	B13
Urinary sodium	mmol/l <div><div><div></div><div></div><div></div><div></div></div><div></div></div>	B14
Urinary creatinine	mmol/l <div><div><div></div><div></div><div></div></div><div><div></div><div></div><div></div></div></div>	B15

EXPANDED: Triglycerides and HDL Cholesterol

Question	Response	Code
Triglycerides	mmol/l <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	B16
[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
HDL Cholesterol	mmol/l <input type="text"/> . <input type="text"/> <input type="text"/>	B17
[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mg/dl <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	