

WHO STEPS Instrument Question-by-Question Guide

(Core and Expanded)



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

World Health Organization
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For further information: www.who.int/ncds/steps



STEPS Question-by-Question (Q-by-Q) Guide

Overview

Introduction The Question-by-Question Guide presents the STEPS Instrument with a brief explanation for each of the questions.

Purpose The purpose of the Question-by-Question Guide is to provide background information to the interviewers and supervisors as to what is intended by each question.

Interviewers can use this information when participants request clarification about specific questions or they do not know the answer.

Interviewers and supervisors should refrain from offering their own interpretations.

Guide to the columns The table below is a brief guide to each of the columns in the Q-by-Q Guide.

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.



WHO STEPS Q-by-Q Guide for Noncommunicable Disease Risk Factor Surveillance

<insert country name>

Survey Information

Location and Date	Response	Code
Cluster/Centre/Village ID <i>Enter Cluster, Centre or Village ID from list provided.</i>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	I1
Cluster/Centre/Village name <i>Enter Cluster, Centre or Village name as appropriate.</i>		I2
Interviewer ID <i>Enter interviewer's identification.</i>	<div><div></div><div></div><div></div><div></div></div>	I3
Date of completion of the instrument <i>Enter date when instrument actually completed.</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>ddmmyear</div></div>	I4

Consent, Interview Language and Name	Response	Code						
Consent has been read and obtained <i>Select relevant response.</i>	Yes 1 No 2 IF NO, END	I5						
Interview Language <i>[Insert Language]</i> <i>Select relevant response.</i>	English 1 <i>[Add others]</i> 2 <i>[Add others]</i> 3 <i>[Add others]</i> 4	I6						
Time of interview (24 hour clock) <i>Enter time interview started.</i>	<table border="1"><tr><td></td><td>:</td><td></td></tr><tr><td>hrs</td><td></td><td>mins</td></tr></table>		:		hrs		mins	I7
	:							
hrs		mins						
Family Surname <i>Enter family surname (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>		I8						
First Name <i>Enter first name of respondent (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>		I9						
Additional Information that may be helpful								
Contact phone number where possible <i>Enter phone number (reassure the participant on the confidential nature of this information and that this is only needed for follow up).</i>		I10						




Step 1 Demographic Information

CORE: Demographic Information	
1. Name	
2. Age	
3. Gender	
4. Ethnicity	
5. Religion	
6. Marital Status	
7. Education Level	
8. Employment Status	
9. Annual Income	
10. Home Address	
11. Phone Number	
12. Email Address	
13. Social Security Number	
14. Date of Birth	
15. Date of Interview	

Question	Response	Code
Sex (Record Male / Female as observed) <i>Select Male / Female as observed.</i>	Male 1 Female 2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i> <i>Enter date of birth of participant. If unknown, select "don't know".</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><i>If known, Go to C4</i></div> <div>dd mm year</div> </div>	C2
How old are you? <i>If the age is unknown, help participant estimate their age by interviewing them about their recollection of widely known major events.</i>	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)? <i>Enter total number of years of education (excluding pre-school and kindergarten).</i>	Years <div> <div></div> <div></div> </div>	C4

EXPANDED: Demographic Information

<p>What is the highest level of education you have completed?</p> <p><i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i></p> <p><i>If a person attended a few months of the first year of secondary school but did not complete the year, select "primary school completed". If a person only attended a few years of primary school, select "less than primary school".</i></p> <p><i>Select appropriate response.</i></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 <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> background?</p> <p><i>Select the relevant ethnic/cultural group to which the participant belongs.</i></p>	<p><i>[Locally defined]</i> 1</p> <p><i>[Locally defined]</i> 2</p> <p><i>[Locally defined]</i> 3</p> <p>Refused 88</p>	C6
<p>What is your marital status?</p> <p><i>Select the appropriate response.</i></p>	<p>Never married 1</p> <p>Currently married 2</p> <p>Separated 3</p> <p>Divorced 4</p> <p>Widowed 5</p> <p>Cohabiting 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><i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i></p> <p><i>(USE SHOWCARD)</i></p> <p><i>The purpose of this question is to help answer other questions such as whether people in different kinds of occupations may be confronted with different risk factors.</i></p> <p><i>Select appropriate response.</i></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><i>Enter the total number of people living in the household who are 18 years or older.</i></p>	<p>Number of people</p> <p> 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? (RECORD ONLY ONE, NOT ALL 3) <i>Enter the average earnings of the household by week, month, or year. If refused to answer, skip to C11.</i>	Per week  Go to T1	C10a
	OR per month  Go to T1	C10b
	OR per year  Go to T1	C10c
	Refused 88	C10d
Can you give an estimate of the annual household income if I read some options to you? Is it [INSERT QUINTILE VALUES IN LOCAL CURRENCY] (READ OPTIONS) <i>Select the appropriate quintile value for the annual household income.</i>	<div> <div>≤ Quintile (Q) 1</div> <div>1</div> </div> <div> <div>More than Q 1, ≤ Q 2</div> <div>2</div> </div> <div> <div>More than Q 2, ≤ Q 3</div> <div>3</div> </div> <div> <div>More than Q 3, ≤ Q 4</div> <div>4</div> </div> <div> <div>More than Q 4</div> <div>5</div> </div> <div> <div>Don't Know</div> <div>77</div> </div> <div> <div>Refused</div> <div>88</div> </div>	C11

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) <i>Ask the participant to think of any tobacco products he/she is smoking currently.</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1
Do you currently smoke tobacco products daily ? <i>This question is only for current smokers of tobacco products.</i>	Yes 1 No 2	T2
How old were you when you first started smoking? <i>For current smokers only. Ask the participant to think of the time when he/she started to smoke any tobacco products.</i>	Age (years) Don't know 77 <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77 <i>If the participant doesn't remember his/her age when started smoking, then record the time in years, months or weeks as appropriate.</i>	In Years <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months <input type="text"/> <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks <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 <i>For current smokers only. Specify zero if no products were used in each category instead of leaving categories blank. Record daily consumption for daily smokers. If products are smoked less than daily by daily smokers, enter weekly consumption. Also enter weekly consumption for current, non-daily smokers.</i>	<div style="display: flex; justify-content: space-around;"> DAILY↓ WEEKLY↓ </div> <div style="display: flex; justify-content: space-between;"> <div>Manufactured cigarettes</div> <div><input type="text"/></div> <div>T5a/T5aw</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Hand-rolled cigarettes</div> <div><input type="text"/></div> <div>T5b/T5bw</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Pipes full of tobacco</div> <div><input type="text"/></div> <div>T5c/T5cw</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Cigars, cheroots, cigarillos</div> <div><input type="text"/></div> <div>T5d/T5dw</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Number of Shisha sessions</div> <div><input type="text"/></div> <div>T5e/T5ew</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other</div> <div><input type="text"/></div> <div>T5f/T5fw</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other (please specify):</div> <div><input type="text"/></div> <div>T5other/ T5otherw</div> </div>	
During the past 12 months, have you tried to stop smoking ? <i>For current smokers only. Ask the participant to think of any quit attempt during the past 12 months.</i>	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? <i>For current smokers only. Ask the participant to think of visits to a doctor or other health worker during the past 12 months. If no visit, select "no visit during the past 12 months".</i>	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
In the past, did you ever smoke any tobacco products? (USE SHOWCARD) <i>Ask the participant to think of the time when he/she may have been smoking tobacco products.</i>	Yes 1 No 2 <i>If No, go to T12</i>	T8
In the past, did you ever smoke daily ? <i>Ask the participant to think of the time when he/she may have been smoking tobacco products on a daily basis.</i>	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

EXPANDED: Tobacco Use				
Question	Response			Code
How old were you when you stopped smoking? <i>Ask the participant to think of the time when he/she stopped smoking tobacco products.</i>	Age (years) Don't Know 77 <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 <i>If the participant doesn't remember his/her age when they stopped smoking, then record the time in weeks, months or years as appropriate.</i>	Years ago <input type="text"/> If Known, go to T12			T11a
	OR	Months ago	<input type="text"/> If Known, go to T12	T11b
	OR	Weeks ago	<input type="text"/>	T11c
Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD) <i>Ask the participant to think of any smokeless tobacco products that he/she is using currently.</i>	Yes	1		T12
	No	2	If No, go to T15	
Do you currently use smokeless tobacco products daily ? <i>For current users of smokeless tobacco products only.</i>	Yes	1		T13
	No	2	If No, go to T14aw	
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 <i>For current users of smokeless tobacco only. Record for each type of smokeless tobacco products. Specify zero if no products were used in each category instead of leaving categories blank. Record daily consumption for daily users. If products are used less than daily by daily users, enter weekly consumption. Also enter weekly consumption for current, non-daily users.</i>	DAILY↓		WEEKLY↓	
	Snuff, by mouth	<input type="text"/>		T14a/ T14aw
	Snuff, by nose	<input type="text"/>		T14b/ T14bw
	Chewing tobacco	<input type="text"/>		T14c/ T14cw
	Betel, quid	<input type="text"/>		T14d/ T14dw
	Other	<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"/> 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]? <i>Ask the participant to think of the time when he/she may have been using smokeless tobacco products.</i>	Yes	1		T15
	No	2	If No, go to T17	
In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ? <i>Ask the participant to think of the time when he/she may have been using smokeless tobacco products on a daily basis.</i>	Yes	1		T16
	No	2		
During the past 30 days, did someone smoke in your home ? <i>The participant should only think about other people, not about him-/herself. Smokers should exclude themselves. The question is asking about inside the participant's home. This only includes fully enclosed areas of the home.</i>	Yes	1		T17
	No	2		
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)? <i>For those not working in a closed area, record "don't work in a closed area". Ask the participant to think of seeing somebody smoke or smelling the smoke in indoor areas at work during the past 30 days.</i>	Yes	1		T18
	No	2		
	Don't work in a closed area	3		

CORE: Alcohol Consumption					
The next questions ask about the consumption of alcohol.					
Question	Response	Code			
Have you ever consumed any alcohol such as beer, wine, spirits or [add other local examples]? (USE SHOWCARD OR SHOW EXAMPLES) <i>Ask the participant to think of any alcohol, with the exception of alcohol-based medication that is taken due to health reasons. Even if the participant has only consumed a few sips of alcohol, the response should be "Yes".</i>	Yes 1 No 2 If No, go to A16	A1			
Have you consumed any alcohol within the past 12 months ? <i>Ask the participant to think of any alcohol, with the exception of alcohol-based medication that is taken due to health reasons. Even if the participant has only consumed a few sips of alcohol in the past 12 months, the response should be "Yes".</i>	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? <i>This question is for those participants that did not drink during the past 12 months, but that have drunk in their lifetime.</i>	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) <i>For those that have consumed alcohol in the past 12 months. A "standard drink" is the amount of ethanol contained in standard glasses of beer, wine, fortified wine such as sherry, and spirits. Depending on the country, these amounts will vary between 8 and 13 grams of ethanol. See showcard. For those participants that only consumed a few sips of alcohol during the past 12 months, the answer should be "Never".</i>	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 ? <i>Select the appropriate response. Even if the participant has only consumed a few sips of alcohol in the past 30 days, the response should be "Yes".</i>	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? <i>Ask the participant to think of the past 30 days only. Record the number of occasions. Note that there can be more than one occasion in which alcohol is consumed in a given day. For those participants that only drank a few sips of alcohol during the past 30 days, the answer should be "Zero" occasions.</i>	Number Don't know 77 <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> 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) <i>Help the participant to average out the total number of drinks by using the showcard that shows standard alcoholic drinks.</i>	Number Don't know 77 <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>				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? <i>Ask the participant to think of the past 30 days only. This question is about the largest number of drinks that the participant had on one single occasion.</i>	Largest number Don't Know 77 <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>				A8
During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion? <i>Ask the participant to think of the past 30 days only, and to report the number of occasions when he/she had six or more standard drinks.</i>	Number of times Don't Know 77 <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table>				A9

EXPANDED: Alcohol Consumption		
<p>During the past 12 months, how often have you found that you were not able to stop drinking once you had started?</p> <p><i>Ask the participant to think of the past 12 months. Read out all the answer options.</i></p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A13
<p>During the past 12 months, how often have you failed to do what was normally expected from you because of drinking?</p> <p><i>Ask the participant to think of the past 12 months. Read out all the answer options.</i></p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A14
<p>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?</p> <p><i>Ask the participant to think of the past 12 months. Read out all the answer options.</i></p>	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A15
<p>During the past 12 months, have you had family problems or problems with your partner due to someone else's drinking?</p> <p><i>Ask the participant to think of the past 12 months. Read out all the answer options.</i></p> <p><i>The participant should not think of his/her own drinking, but of someone else's drinking.</i></p>	<p>Yes, more than monthly 1</p> <p>Yes, monthly 2</p> <p>Yes, several times but less than 3</p> <p>Yes, once or twice 4</p> <p>No 5</p>	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
<p>In a typical week, on how many days do you eat fruit? (USE SHOWCARD)</p> <p><i>Ask the participant to think of any fruit on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period.</i></p>	<p>Number of days Don't Know 77</p> <p><u> </u> <u> </u> If Zero days, go to D3</p>	D1
<p>How many servings of fruit do you eat on one of those days? (USE SHOWCARD)</p> <p><i>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.</i></p>	<p>Number of servings Don't Know 77</p> <p><u> </u> <u> </u></p>	D2
<p>In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)</p> <p><i>Ask the participant to think of any fruit on the showcard. A typical week means a "normal" week when the diet is not affected by cultural, religious, or other events. Ask the participant to not report an average over a period.</i></p>	<p>Number of days Don't Know 77</p> <p><u> </u> <u> </u> If Zero days, go to D5</p>	D3
<p>How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)</p> <p><i>Ask the participant to think of one day he/she can recall easily. Refer to the showcard for serving sizes.</i></p>	<p>Number of servings Don't know 77</p> <p><u> </u> <u> </u></p>	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 *[insert country specific examples]*, and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

Read this opening statement out loud. Don't forget to use the showcard which will help the respondent when answering to the questions.

Read the opening statement out loud. Don't forget to use the showcard which will help the respondent when answering to the questions.		
<p>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?</p> <p>(SELECT ONLY ONE)</p> <p>(USE SHOWCARD)</p> <p><i>Read out all the answer options. Use the showcard that shows salt and salty sauces.</i></p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D5
<p>How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?</p> <p><i>Read out all the answer options. Select the appropriate response.</i></p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D6
<p>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>.</p> <p>[INSERT EXAMPLES] (USE SHOWCARD)</p> <p><i>Read out all the answer options. Use the showcard that shows processed food high in salt.</i></p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D7
<p>How much salt or salty sauce do you think you consume?</p> <p><i>Read out all the answer options and select the appropriate response.</i></p>	<p>Far too much 1</p> <p>Too much 2</p> <p>Just the right amount 3</p> <p>Too little 4</p> <p>Far too little 5</p> <p>Don't know 77</p>	D8

EXPANDED: Diet												
Question	Response	Code										
How important to you is lowering the salt in your diet? <i>Select the appropriate response.</i>	Very important 1 Somewhat important 2 Not at all important 3 Don't know 77	D9										
Do you think that too much salt or salty sauce in your diet could cause a health problem ? <i>Select the appropriate response.</i>	Yes 1 No 2 Don't know 77	D10										
Do you do any of the following on a regular basis to control your salt intake ? (RECORD FOR EACH) <i>Select the appropriate response for each option. Ask the participant to only consider actions that he/she undertakes specifically to control salt intake, and not for any other purpose.</i>												
Limit consumption of processed foods	Yes 1 No 2	D11a										
Look at the salt or sodium content on food labels	Yes 1 No 2	D11b										
Buy low salt/sodium alternatives	Yes 1 No 2	D11c										
Use spices other than salt when cooking	Yes 1 No 2	D11d										
Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e										
Do other things specifically to control your salt intake	Yes 1 <i>If Yes, go to D11other</i> No 2	D11f										
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

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.

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. *[Insert other examples if needed]*. 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.

Read this opening statement out loud. It should not be omitted. The respondent will have to think first about the time he/she spends doing work (paid or unpaid work, household chores, harvesting food, fishing or hunting for food, seeking employment [Insert other examples if needed]), then about the time he/she travels from place to place, and finally about the time spent in vigorous as well as moderate physical activity during leisure time.

Remind the respondent when he/she answers the following questions that '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. Don't forget to use the showcard which will help the respondent when answering to the questions.

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> <i>Ask the participant to think about vigorous-intensity activities at work only. Activities are regarded as vigorous intensity if they cause large increases in breathing and/or heart rate.</i>	Yes 1 No 2 If No, go to P 4	P1
In a typical week, on how many days do you do vigorous-intensity activities as part of your work? <i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i>	Number of days _____	P2
How much time do you spend doing vigorous-intensity activities at work on a typical day? <i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in vigorous-intensity activities at work. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i>	Hours : minutes ____ : ____ hrs mins	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> <i>Ask the participant to think about moderate-intensity activities at work only. Activities are regarded as moderate intensity if they cause small increases in breathing and/or heart rate.</i>	Yes 1 No 2 If No, go to P 7	P4
In a typical week, on how many days do you do moderate-intensity activities as part of your work? <i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i>	Number of days _____	P5
How much time do you spend doing moderate-intensity activities at work on a typical day? <i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in moderate-intensity activities at work. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i>	Hours : minutes ____ : ____ hrs mins	P6 (a-b)
Travel to and from places		
The next questions exclude the physical activities at work that you have already mentioned. 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> <i>The introductory statement to the following questions on transport-related physical activity is very important. It asks and helps the participant to now think about how they travel around getting from place-to-place. This statement should not be omitted.</i>		
Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? <i>Select the appropriate response.</i>	Yes 1 No 2 If No, go to P 10	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? <i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i>	Number of days _____	P8

CORE: Physical Activity, Continued		
Question	Response	Code
<p>How much time do you spend walking or bicycling for travel on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in transport-related activities. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P9 (a-b)
<p>Recreational activities</p> <p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational activities (leisure) <i>[Insert relevant terms]</i>.</p> <p><i>This introductory statement directs the participant to think about recreational activities. This can also be called discretionary or leisure time. It includes sports and exercise but is not limited to participation in competitions. Activities reported should be done regularly and not just occasionally. It is important to focus on only recreational activities and not to include any activities already mentioned. This statement should not be omitted.</i></p>		
<p>Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> <p><i>Ask the participant to think about recreational vigorous-intensity activities only. Activities are regarded as vigorous intensity if they cause large increases in breathing and/or heart rate.</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 13</i></p>	P10
<p>In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days <input type="text"/></p>	P11
<p>How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in recreational vigorous-intensity activities. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P12 (a-b)
<p>Do you do any moderate-intensity sports, fitness or recreational (leisure) 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?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p> <p><i>Ask the participant to think about recreational moderate-intensity activities only. Activities are regarded as moderate intensity if they cause small increases in breathing and/or heart rate.</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P16</i></p>	P13
<p>In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?</p> <p><i>"Typical week" means a week when the participant is engaged in his/her usual activities. Valid responses range from 1-7.</i></p>	<p>Number of days <input type="text"/></p>	P14
<p>How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?</p> <p><i>Ask the participant to think of a typical day he/she can recall easily in which he/she engaged in recreational moderate-intensity activities. The participant should only consider those activities undertaken continuously for 10 minutes or more. Probe very high responses (over 4 hrs) to verify.</i></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P15 (a-b)

EXPANDED: Physical Activity

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.

[INSERT EXAMPLES] (USE SHOWCARD)

<p>How much time do you usually spend sitting or reclining on a typical day?</p> <p><i>Ask the participant to consider total time spent sitting at work, in an office, reading, watching television, using a computer, doing hand craft like knitting, resting etc. The participant should not include time spent sleeping.</i></p>	<p>Hours : minutes</p> <p>  </p>	<p>P16 (a-b)</p>
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CORE: History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Were you first told in the past 12 months? <i>Only for those that have previously been diagnosed with raised blood pressure.</i>	Yes 1 No 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker? <i>Ask the participant to only consider drugs for raised blood pressure prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension? <i>Select the appropriate response.</i>	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure? <i>Select the appropriate response.</i>	Yes 1 No 2	H5

CORE: History of Diabetes			
Have you ever had your blood sugar measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes	1	H6
	No	2	If No, go to H12
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes? <i>Select the appropriate response.</i>	Yes	1	H7a
	No	2	If No, go to H12
Were you first told in the past 12 months? <i>Only for those that have previously been diagnosed with diabetes.</i>	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? <i>Ask the participant to only consider drugs for diabetes prescribed by a doctor or other health worker.</i>	Yes	1	H8
	No	2	
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker? <i>Ask the participant to only consider insulin that was prescribed by a doctor or other health worker.</i>	Yes	1	H9
	No	2	
Have you ever seen a traditional healer for diabetes or raised blood sugar? <i>Select the appropriate response.</i>	Yes	1	H10
	No	2	
Are you currently taking any herbal or traditional remedy for your diabetes? <i>Select the appropriate response.</i>	Yes	1	H11
	No	2	

CORE: History of Raised Total Cholesterol		
Questions	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker? <i>Ask the participant to only consider measurements done by a doctor or other health worker.</i>	Yes 1 No 2 If No, go to H17	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2 If No, go to H17	H13a
Were you first told in the past 12 months? <i>Only for those that have previously been diagnosed with raised total cholesterol.</i>	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? <i>Ask the participant to only consider drugs for raised total cholesterol prescribed by a doctor or other health worker.</i>	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol? <i>Select the appropriate response.</i>	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol? <i>Select the appropriate response.</i>	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
<i>Select the appropriate response.</i>	No	2	
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes	1	H18
<i>"Regularly" means on a daily or almost daily basis.</i>	No	2	
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes	1	H19
<i>"Regularly" means on a daily or almost daily basis.</i>	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? <i>(RECORD FOR EACH)</i> <i>Select the appropriate response. Ask the participant to only consider advice from a doctor or other health worker.</i>		
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> <p><i>Read this opening statement out loud. It should not be omitted.</i></p>		
<p>Have you ever had a screening test for cervical cancer, using any of these methods described above?</p> <p><i>Select the appropriate response.</i></p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	CX1

Step 2 Physical Measurements

CORE: Blood Pressure								
Interviewer ID <i>Record interviewer ID (in most cases interviewer would be the same as for behavioural measurements).</i>	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
Device ID for blood pressure <i>Record device ID.</i>	<table border="1"><tr><td></td><td></td></tr></table>			M2				
Cuff size used <i>Select cuff size used.</i>	Small 1 Medium 2 Large 3	M3						
Reading 1 <i>Record first measurement after the participant has rested for 15 minutes. Wait 3 minutes before taking second measurement.</i>	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 <i>Record second measurement. Ask the participant to rest for another 3 minutes before taking the third measurement.</i>	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 <i>Record third measurement.</i>	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? <i>Select appropriate response.</i>	Yes 1 No 2	M7						
CORE: Height and Weight								
Question	Response	Code						
For women: Are you pregnant? <i>Pregnant women skip over height, weight, waist and hip measurements.</i>	Yes 1 <i>If Yes, go to M16</i> No 2	M8						
Interviewer ID <i>Record interviewer ID (in most cases interviewer would be the same as for behavioural and blood pressure measurements).</i>	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9		
Device IDs for height and weight <i>Record device IDs.</i>	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 <i>Record participant's height in cm with one decimal point.</i>	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> <i>Record participant's weight in kg with one decimal point.</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 <i>Record device ID.</i>	<table border="1"><tr><td></td><td></td></tr></table>			M13				
Waist circumference <i>Record participant's waist circumference in centimetres with one decimal point.</i>	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 <i>Record participant's hip circumference in centimetres with one decimal point.</i>	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M15
Heart Rate <i>Record the three heart rate readings.</i>		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>					M16c		

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? <i>It is essential that the participant has fasted.</i>	Yes 1 No 2	B1
Technician ID <i>Record ID of the person taking the measurement.</i>	<div><div></div><div></div><div></div><div></div></div>	B2
Device ID <i>Record device ID.</i>	<div><div></div><div></div><div></div></div>	B3
Time of day blood specimen taken (24 hour clock) <i>Enter time measurement started.</i>	Hours : minutes <div><div></div><div></div><div></div>hrs : <div><div></div><div></div><div></div>mins</div></div>	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] <i>Double check that the participant has fasted.</i>	mmol/l <div><div></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? <i>Select appropriate response.</i>	Yes 1 No 2	B6

CORE: Blood Lipids

Device ID <i>Record device ID.</i>	<div> <div></div> <div></div> <div></div> </div>	B7
Total cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] <i>Record value for total cholesterol.</i>	mmol/l <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B8
	mg/dl <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? <i>Select appropriate response.</i>	<div>Yes 1</div> <div>No 2</div>	B9

CORE: Urinary sodium and creatinine

Had you been fasting prior to the urine collection? <i>It is essential that the participant did not fast prior to urine collection.</i>	Yes 1 No 2	B10
Technician ID <i>Record technician ID.</i>	<div>_____</div>	B11
Device ID <i>Record device ID.</i>	<div>_____</div>	B12
Time of day urine sample taken (24 hour clock) <i>Record time of day urine sample taken as reported by the participant.</i>	Hours : minutes <div>____ : ____ hrs mins</div>	B13
Urinary sodium <i>Record value for urinary sodium.</i>	mmol/l <div>____.____</div>	B14
Urinary creatinine <i>Record value for urinary creatinine.</i>	mmol/l <div>____.____</div>	B15

EXPANDED: Triglycerides and HDL Cholesterol

Triglycerides [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] <i>Record value for triglycerides.</i>	mmol/l	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	B16
	mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
HDL Cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] <i>Record value for HDL cholesterol.</i>	mmol/l	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	B17
	mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	