

STEPS Mapped Instrument & Dataset Structure COOK ISLANDS 2003



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Respondent Identification, Location and Date

Location and Date			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
	ID	Respondent Identification (Participant Identification)	1-999999	1001-11999	ID	ID	Numeric	
1	NA	District code	1-999	NA	I1	NA	Numeric	
2	I2	Centre/ Village name	Text	Text	I2	I2	Text	
3	I3	Centre(Vaka)/Village code	1-999	0-44	I3	I3	Numeric	
4	I4	Interviewer Identification	1-999	0-999	I4	I4	Numeric	
5	I5	Date of completion of the instrument	Value entered as date dd/mm/yyyy	I5day I5month I5year	I5	I5	Date/Time	
Optional Questions								
	V1	Is respondent on participant list		1 yes on original list 2 Yes on replacement list 3 No	X1	V1	Numeric	

Consent, Interview Language and Name

Consent, Interview Language and Name			Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific	
6	I6	Consent has been read out to participant	1 Yes	1 Yes 2 No	I6	I6	Numeric	Numeric	
			2 No						
			7 Don't Know						
			8 Not applicable						
			9 Missing						
7	I7	Consent has been obtained (verbal or written)	1 Yes	1 Yes 2 No	I7	I7	Numeric	Numeric	
			2 No						
8	NA	Interview Language [Insert Language]	1 English		I8	NA			
			2 [Add others]						
			3 [Add others]						
			4 [Add others]						
9	I9	Time of interview (24 hour clock)	Numeric, entered as date hh:mm	4-23 hour 0-59 min	I9	I9	Numeric	Numeric	
10	I10	Family Name	Text	Text	I10	I10	Not entered	text	
11	I11	First Name	Text	Text	I11	I11	Not entered	text	
12	I12	Contact phone number where possible	Text	0-9	I12	I12	Not entered	Numeri c	
13	I13	Specify whose phone	1 Work	1 Work 2 Home 3 Neighbour 4 Other (specify) Text- Other	I13	I13	Not entered		
			2 Home						
			3 Neighbour		I13other	I13a			
			4 Other (specify)						
			Text- Other						

Step 1: Demographic Information

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
14	C1	Sex (<i>Record Male / Female as observed</i>)	1 Male 2 Female		C1	C1	Numeric	
15	C2	What is your date of birth?	Value entered as date dd/mm/yyyy		C2	C2	Date/Time	
16	C3	How old are you?	25-64		C3	C3	Numeric	
17	C4	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	0-22 77 Don't know 88 Refused 99 Missing		C4	C4	Numeric	
18	C5	What is your ethnic [<i>origin</i>] <u>background</u> ?	1 [<i>Locally defined</i>] 2 [<i>Locally defined</i>] 3 [<i>Locally defined</i>] 8 Refused 9 Missing	1 Cook Is Maori 2 European 3 Other 4 Refused Text - other	C5	C5 C5a	Numeric Text	Numeric
19	C6	What is the highest level of education you have completed?	1 No formal schooling 2 Less than primary school 3 Primary school completed 4 Secondary school completed 5 High school completed 6 College/University completed 7 Post graduate degree 77 Don't know 88 Refused 99 Missing	1. Never attended school 2. Some primary 3. Primary school 4. Secondary school 5. Tertiary 6. Postgraduate degree	C6	C6	Numeric	

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Step 1: Demographic Information, Continued

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
20	C7	Which of the following best describes your <u>main</u> work status over the last 12 months?	1 Government employee	1 Government employee 2 Non-government employee 3 Self-employed 4 Non-paid 5 Student 6 Homemaker 7 Retired 8 Unemployed (able to work) 9 Unemployed (unable to work) 77 Don't know 88 Refused 99 Missing	C7	C7	Numeric	Numeric
			2 Non-government employee					
			3 Self-employed					
			4 Non-paid					
			5 Student					
			6 Homemaker					
			7 Retired					
			8 Unemployed (able to work)					
			9 Unemployed (unable to work)					
			77 Don't know					
			88 Refused					
			99 Missing					

Step 1: Tobacco Use

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
24	S1a	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	1 Yes	1 Yes 2 No	T1	S1a	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
25	S1b	<u>If Yes,</u> Do you currently smoke tobacco products daily ?	1 Yes	1 Yes 2 No	T2	S1b	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
26	S2a	How old were you when you first started smoking daily?	8-64	8-64	T3	S2a	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
27	S2b	Do you remember how long ago it was?	1-55 (years)	1-56 years	T4a	S2b year	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)	1-12 months	T4b	S2b month	Numeric	Numeric
			777 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)	1-52 weeks	T4c	S2b week	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					

Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type		
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
28	S3	On average, how many of the following do you smoke each day?	Manufactured cigarettes	1-50	0-60	T5a	S3a	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Hand-rolled cigarettes	1-50	0-60	T5b	S3b	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Pipes full of tobacco	1-50	0-10	T5c	S3c	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Cigars, cheroots, cigarillos	1-50	0-10	T5d	S3d	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Other	1-50	0-60	T5e	S3e	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Other (please specify):	Text	Other specify - text	T5other	S3eother	Text	Text

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Optional Questions Tobacco								
	S9a	Number of days people have smoked in your presence at work during the past 7 days		0-7	X3	S9a		Numeric
	S9b	Number of days people have smoked in your presence at home during the past 7 days		0-7	X4	S9b		Numeric
	S9c	Number of days people have smoked in your presence in public during the past 7 days		0-7	X5	S9c		Numeric

Step 1: Alcohol Use

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
36	A1b	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 12 months?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No	A1	A1b	Numeric	Numeric
37	A2	In the past 12 months, how frequently have you had at least one drink?	1 (Daily) 2 (5-6 days per week) 3 (1-4 days per week) 4 (1-3 days per month) 5 (Less than once a month) 7 Don't Know 8 Refused 9 Missing	1 (5 or more days per week) 2 (1-4 days per week) 3 (1-3 days per month) 4 (Less than once a month)	A2	A2	Numeric	Numeric

Step 1: Alcohol Use, Continued

38	A3	When you drink alcohol, on average , how many drinks do you have during one day?	Number 1-50		1-15	A3	A3	Numeric	Numeric					
			77 Don't Know											
			88 Refused / NA											
			99 Missing											
39	NA	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 30 days ?	1 Yes		NA	A4	NA	Numeric	NA					
			2 No											
			7 Don't Know											
			8 Refused											
			9 Missing											
40	A4	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day?	Monday	1-50	0-15	A5a	A4a	Numeric	Numeric					
				77 Don't know										
				88 Refused										
				99 Missing										
			Tuesday	1-50	0-15	A5b	A4b	Numeric	Numeric					
				77 Don't know										
				88 Refused										
				99 Missing										
			Wednesday	1-50	0-15	A5c	A4c	Numeric	Numeric					
				77 Don't know										
				88 Refused										
				99 Missing										
			Thursday	1-50	0-15	A5d	A4d	Numeric	Numeric					
				77 Don't know										
				88 Refused										
				99 Missing										
			Friday	1-50	0-15	A5e	A4e	Numeric	Numeric					
				77 Don't know										
				88 Refused										
				99 Missing										
			Saturday	1-50	0-15	A5f	A4f	Numeric	Numeric					
				77 Don't know										
				88 Refused										
				99 Missing										
			Sunday	1-50	0-15	A5g	A4g	Numeric	Numeric					
				77 Don't know										
				88 Refused										
				99 Missing										

Step 1: Alcohol Use, Continued, CONTINUED

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type	
Optional Questions Alcohol								
	A1A	Ever Consumed		1. Yes 2. No	X6	A1a		Numeric

Step 1: Diet

STEP 1: Diet			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
44	D1a	In a typical week, on how many days do you eat fruit ?	Days 0-7 9 Missing	Days 0-7	D1	D1a	Numeric	Numeric
45	D1b	How many servings of fruit do you eat on one of those days?	Number 1-15 77 Don't Know 88 Refused / NA 99 Missing	Number 1-8	D2	D1b	Numeric	Numeric
46	D2a	In a typical week, on how many days do you eat vegetables ?	Days 0-7 99 Missing	Days 0-7	D3	D2a	Numeric	Numeric
47	D2b	How many servings of vegetables do you eat on one of those days?	Number 1-15 77 Don't Know 88 Refused / NA 99 Missing	Number 1-8	D4	D2b	Numeric	Numeric

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Step 1: Diet, Continued

STEP 1: Diet			Response			Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
48	D3	What type of oil or fat is most often used for meal preparation in your household?	1 Vegetable oil		1 Vegetable oil	D5	D3a	Numeric	Numeric
			2 Lard or suet		2 Lard or suet				
			3 Butter or ghee		3 Butter or ghee				
			4 Margarine		4 Margarine				
			5 Other		5 Other				
			6 None in particular		6 None in particular				
			7 None used		7 None used				
			77 Don't know		7 None used				
			99 Missing		8 Don't know				
			Other (please specify):	Text		D5other	D3b	Text	Text
Optional Questions Diet									
	D4	Days fresh fish			0-7	X7	D4		Numeric
	D5	Days tin fish			0-7	X8	D5		Numeric

Step 1: Physical Activity

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Activity at work								
49	P2	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?	1 Yes	1 Yes 2 No	P1	P2	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
50	P3a	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7	Days 1-7	P2	P3a	Numeric	Numeric
			9 Missing					
51	P3b	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24	0-8 0-60	P3A	P3bhr P3bmin	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60	1-480	P3B	P3c minutes only	Numeric	Numeric
			77 Don't Know					
			99 Missing					
52	P4	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?	1 Yes	1 Yes 2 No	P4	P4	Numeric	numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
53	P5a	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days 1-7 9 Missing	Days 1-7	P5	P5a	Numeric	Numeric
54	P5b	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24 77 Don't Know 99 Missing Minutes 1-60 77 Don't Know 99 Missing	0-8 hour 0-60 min	P6A	P5bhr P5bmin	Numeric	Numeric
					P6B	P5c	Numeric	numeric
Travel to and from places								
55	P7	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No	P7	P7	Numeric	Numeric
56	P8a	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?	Days 1-7 9 Missing	Days 1-7	P8	P8a	Numeric	numeric

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
57	P8b	How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24	Hours 1-24 Minutes 1-60	P9a	P8b hr P8bmin	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60	Minutes 1-60	P9b	P8c	Numeric	numeric
			77 Don't Know					
			99 Missing					
Recreational activities								
58	P10	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?	1 Yes	1 Yes 2 No	P10	P10	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
59	P11a	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7	Days 1-7	P11	P11a	Numeric	Numeric
			9 Missing					
60	P11b	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours 1-24	Hours 0-4 Minutes 0-60	P12a	P11bhr P11bmin	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60	Minutes 1-240	P12b	P11c	Numeric	numeric
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
61	P12	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that causes a small increase in breathing or heart rate such as brisk walking,(<i>cycling, swimming, volleyball</i>)for at least 10 minutes continuously?	1 Yes	1 Yes 2 No	P13	P12	Numeric	Numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
62	P13a	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7	Days 1-7	P14	P13a	Numeric	Numeric
			9 Missing					
63	P13b	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours 1-24	Hours 0-4	P15a	P13bhr	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60	Minutes 0-60 Minutes only 1-480	P15b	P13bmin P13c	Numeric	Numeric
			77 Don't Know					
			99 Missing					
Sedentary behaviour								
64	P14	How much time do you usually spend sitting or reclining on a typical day?	Hours 1-24	Hours 0-12	P16a	P14ahr	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60	Minutes 0-60 Minutes only 1-720	P16b	P14amin P14c	Numeric	numeric
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Optional Questions Physical Activity								
	P1	Work mostly sitting or standing		1 Yes 2 No	X9	P1		Numeric
	P6	Length of typical work day		Hours 1-16	X10	P6		Numeric
	P9	Recreation mostly sitting		1 Yes 2 No	X11	P9		Numeric
		Physical activity done as exercise in past 4 weeks						
		Walking		1 Yes 2 No	X12a	P15a		numeric
		Running		1 Yes 2 No	X12b	P15b		numeric
		Team sports		1 Yes 2 No Other specify	X12c	P15c P15c2		Numeric text
		Cycling		1 Yes 2 No	X12d	P15d		numeric
		Dancing		1 Yes 2 No	X12e	P15e		numeric
		Strength training		1 Yes 2 No	X12f	P15f		numeric
		Aerobic		1 Yes 2 No	X12g	P15g		numeric
		Other		1 Yes 2 No Other specify	X12h	P15h P15h2		Numeric Text

Step 1: History of Raised Blood Pressure

STEP 1: History of Raised Blood Pressure			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
65	H1	When was your blood pressure last measured by a health professional?	1 Within past 12 months 2 (1-5 years ago) 3 Not within past 5 years 7 Don't Know 8 Refused 9 Missing	1 Within past 12 months 2 (1-5 years ago) 3 Not within past 5 years	H1	H1	Numeric	numeric
66	H2	During the past 12 months have you been told by a doctor or other health worker that you have raised blood pressure or hypertension?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No 3 Don't Know/don't remember	H2	H2	Numeric	numeric
67	H3a	Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?						
		Drugs (medication) that you have taken in the last 2 weeks	1 Yes	1 Yes 2 No	H3a	H3a	Numeric	numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
68	H4	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No	H4	H4	Numeric	numeric
69	H5	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1 Yes	1 Yes 2 No	H5	H5	Numeric	numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					

Step 1: History of Diabetes

STEP 1: History of Diabetes			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
70	H6	Have you had your blood sugar measured in the last 12 months?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No	H6	H6	Numeric	numeric
71	H7	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No	H7	H7	Numeric	numeric
72	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?							
	H8a	Insulin	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No	H8a	H8a	Numeric	numeric
	H8b	Oral drug (medication) that you have taken in the last 2 weeks	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No	H8b	H8b	Numeric	numeric
73	H9	During the past 12 months have you seen a traditional healer for diabetes?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No	H9	H9	Numeric	Numeric
74	H10	Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes 2 No 7 Don't Know 8 Refused 9 Missing	1 Yes 2 No 3 Don't Know	H10	H10	Numeric	numeric
	V2	Number of visits to Dr in past 12 months		0-99	X13	V2	Numeric	numeric
	V3	Irregularities or problems with interview		1 Yes 2 No	X14	V3	Numeric	numeric

Step 2: Physical Measurements

STEP 2: Physical Measurements			Response			Code (variable name)		Data Type			
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific		
Height and weight											
75	M1a	Interviewer(Technician) ID height	1-900		1-99	M1	M1a	Numeric	numeric		
			999 Missing								
76	M2a M2b	Device IDs for: height weight	Height	1-90	11-20	M2a	M2a	Numeric	numeric		
				99 Missing							
			Weight	1-90		21-30				M2b	M2b
				99 Missing							
77	M3	Height	100.0-270.0		135.0-250.0	M3	M3	Numeric	numeric		
			888.8 Refused								
			999.9 Missing								
78	M4	Weight	20.0-350.0		45.0-200.0	M4	M4	Numeric	numeric		
			666.6 Too large for scale								
			888.8 Refused								
			999.9 Missing								
79	M5	(For women) Are you pregnant?	1 Yes		1 Yes 2 No	M5	M5	Numeric	numeric		
			2 No								
			7 Don't Know								
			8 Refused								
			9 Missing								

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Step 2: Physical Measurements, Continued

STEP 2: Physical Measurements				Response			Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific	
Waist										
80	M7	Device ID for waist	1-90		31-40	M6	M7	Numeric	Numeric	
			99 Missing							
81	M8	Waist circumference	30.0-200.0		40.0-150.0	M7	M8	Numeric	numeric	
			888.8 Refused							
			999.9 Missing							
Blood pressure										
82	M9	Interviewer(Technician) ID	1-900		1-99	M8	M9	Numeric	Numeric	
			999 Missing							
83	M10	Device ID for blood pressure	1-90		1-10	M9	M10	Numeric	numeric	
			99 Missing							
84	M11	Cuff size used	1 Small		1 Small 2 Normal 3 Large	M10	M11	Numeric	numeric	
			2 Medium							
			3 Large							
			9 Missing							
85	M12	Reading 1	Systolic	40.0-300	90-200	M11a	M12a	Numeric	numeric	
				888 Refused						
				999 Missing						
			Diastolic	30.0-200.0	50-120	M11b	M12b	Numeric	numeric	
				888 Refused						
				999 Missing						

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Step 2: Physical Measurements, Continued

Step 2: Physical Measurements			Response			Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
86	M13	Reading 2	Systolic	40.0-300.0	90-200	M12a	M13a	Numeric	Numeric
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0	50-120	M12b	M13b	Numeric	Numeric
				888 Refused					
				999 Missing					
87	M14	Reading 3	Systolic	40.0-300.0	90-200	M13a	M14a	Numeric	Numeric
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0	50-120	M13b	M14b	Numeric	numeric
				888 Refused					
				999 Missing					
Optional Questions STEP 2									
	M1b	Technician ID Weight			1-99	X15	M1b		Numeric
	M6	Technician ID waist			1-99	X16	M6		numeric

Step 3: Biochemical Measurements

Step 3: Biochemical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
91	B1	During the last 12 hours have you had anything to eat or drink, other than water?	1 Yes	1 Yes 2 No	B1	B1	Numeric	numeric
			2 No					
			7 Don't Know					
			8 Refused					
			9 Missing					
92	B2	Technician ID	1-900	1-99	B2	B2	Numeric	numeric
			999 Missing					
93	B3	Device ID	1-90	41-50	B3	B3	Numeric	numeric
			99 Missing					
94	B4	Time of day blood specimen taken (24 hour clock)	Numeric hh:mm	6-20 hr 0-59 min	B4	B4 hr B4 min	Numeric	numeric
95	B5	Blood glucose	1-50.00	3-20	B5	B5	Numeric	numeric
			99.99 Missing					
Blood Lipids								
96	B7	Device ID	1-60	51-60	B6	B7	Numeric	numeric
			99 Missing					
97	B8	Total cholesterol	1.75-20.00	4-15	B7	B8	Numeric	numeric
			99.99 Missing					
			9.99 Missing					

Continued on next page

Step 3: Biochemical Measurements, Continued

Step 3: Biochemical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Optional Questions STEP 3								
	B5a	Not able to record due to (blood glucose)		1 too low reading 2 to high reading 3 inability to access	X17	B5a		Numeric
	B6	Technician ID blood lipids		1-99	X18	B6		Numeric
	B8a	Not able to record due to (cholesterol)		1 too low reading 2 to high reading 3 inability to access	X19	B8a		Numeric
	V4	Irregularities or problems with measurements		1 yes 2 no	X20	V4		numeric