

# STEPS Mapped Instrument & Dataset Structure for Eritrea 2004



Prepared by (including date and contact information): Regina Guthold, 2 Dec 2009

## 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
--		Respondent Identification	1-999999	id not unique, therefore unique ID created	ID	id	Numeric	
1		District code	1-999		I1		Numeric	
2		Centre/Village name	Text		I2		Text	
3		Centre/Village code	1-999		I3		Numeric	
4		Interviewer Identification	1-999	text	I4	intcode	Numeric	text
5		Date of completion of the instrument	Value entered as date dd/mm/yyyy		I5	I5	Date/Time	
<b>Country-Specific Questions</b>								
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## 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		Consent has been read out to participant	1 Yes		16		Numeric	
			2 No					
			77 Don't Know					
			88 Not applicable					
			99 Missing					
7		Consent has been obtained (verbal or written)	1 Yes		17		Numeric	
			2 No					
8		Interview Language [Insert Language]	1 English	1 Ttigrynia 2 Tigre 3 Kunama 4 Saho 5 Hindareb 6 Bilen 7 Nara 8 Afar 9 Arabic 10 Other	18	language		
			2 [Add others]					
			3 [Add others]					
			4 [Add others]					
			4 [Add others]					
9		Time of interview (24 hour clock)	Numeric, entered as date hh:mm		19	time	Numeric	
10		Family Name	Text		110		Not entered	
11		First Name	Text		111		Not entered	
12		Contact phone number where possible	Text		112		Not entered	

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## Consent, Interview Language and Name, Continued

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
13		Specify whose phone	1 Work 2 Home 3 Neighbour 4 Other (specify) Text- Other		113  113other		Not entered	
<b>Country-Specific Questions</b>								
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## 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		Sex ( <i>Record Male / Female as observed</i> )	1 Male 2 Female	1 Male 2 Female	C1	C1	Numeric	Numeric
15		What is your date of birth? <i>Don't Know 77 777 7777</i>	Value entered as date dd/mm/yyyy	Value entered as date dd/mm/yyyy	C2	C2	Date/Time	Date/Time
16		How old are you?	25-64	<b>15-64</b>	C3	C3	Numeric	Numeric
17		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	--	Numeric	
18		What is your [ <i>insert relevant ethnic group / racial group / cultural subgroup / others</i> ] <u>background</u> ?	1 [ <i>Locally defined</i> ] 2 [ <i>Locally defined</i> ] 3 [ <i>Locally defined</i> ] 88 Refused  99 Missing	1 Afar 2 Bilen 3 Hedari 4 Kunama 5 Nara 6 Rashaida 7 Saho 8 Tigre 9 Tigrinya 95 Others	C5	C7	Numeric	Numeric
19		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 primary (grades 1-6) 2 middle (grades 7-8) 3 secondary (grades 9-12) 4 higher (grades >12)	C6	C5	Numeric	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		Which of the following best describes your <u>main</u> work status over the last 12 months?	1 Government employee	1 Farmer 2 Local merchant 3 Daily labourer 4 Civil servant 5 National Service 6 Military 7 Student 8 Housewife 9 Fisherman/Herdsman 10 Self-employed 11 Retired 12 Unemployed 95 Other	C7	C8	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									
21		How many people older than 18 years, including yourself, live in your household?	0-25	0-99	C8	C9a	Numeric	Numeric	
			77 Don't Know						
			88 Refused						
			99 Missing						
22		Taking the past year, can you tell me what the average earnings of the household have been?	Per week	1-9999999	1-9999999	C9a	C10b	Numeric	Numeric
			7777777						
			DK						
			Per month						
			1-9999999						
7777777									
DK									
Per year									
1-9999999									
7777777									
DK									
88 Refused									
C9d									

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## Step 1: Demographic Information, Continued, 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
23		If you don't know the amount, can you give an <b>estimate</b> of the annual household income if I read some options to you? Is it	1 ≤ Quintile (Q) 1		C10	--	Numeric	
			2 More than Q 1, ≤ Q 2					
			3 More than Q 2, ≤ Q 3					
			4 More than Q 3, ≤ Q 4					
			5 More than Q 4					
			77 Don't Know					
			88 Refused					
99 Missing								
<b>Country-Specific Questions</b>								
		Have you ever attended school?	1 yes 2 no		X1	C4	Numeric	Numeric
		What is your religion		1 Orthodox 2 Catholic 3 Protestant 4 Muslim 5 Traditional beliefs 95 Other	X2	C6	Numeric	Numeric
		How many people less than 18 years old including yourself live in your household?			X3	C9b	Numeric	Numeric
		What are the principal sources of income for your household?		Text	X4	C10	Text	Text
		If source of income is or includes farm produce, what is the average harvest in a typical year in quintals?		1-9999	X5	C10a	Numeric	Numeric

## 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		Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars or pipes?	1 Yes		T1	S1a	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
25		<b>If Yes,</b> Do you currently smoke tobacco products <b>daily</b> ?	1 Yes		T2	Generated from S1b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
26		How old were you when you <b>first started</b> smoking daily?	8-64		T3	S2a	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			27					
77 Don't Know								
88 No Applicable								
99 Missing								
1-24 (months)		T4b		S2bmonth	Numeric	Numeric		
77 Don't Know								
88 No Applicable								
99 Missing								
1-48 (weeks)		T4c		S2bweek	Numeric	Numeric		
77 Don't Know								
88 No Applicable								
99 Missing								

Continued on next page

## 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		On average, <b>how many</b> of the following do you smoke each day?	Manufactured cigarettes	1-50		T5a	S3manu	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Hand-rolled cigarettes	1-50		T5b	S3hand	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Pipes full of tobacco	1-50		T5c	S3pipe	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Cigars, cheroots, cigarillos	1-50		T5d	--	Numeric	
				77 Don't know					
				88 Refused					
				99 Missing					
			Other	1-50		T5e	S3other	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Other (please specify):	Text		T5other		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
29		In the past, did you <b>ever</b> smoke <b>daily</b> ?	1 Yes		T6	Generated from S4b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
30		<b>If Yes,</b> How old were you when you <b>stopped</b> smoking <b>daily</b> ?	10-64		T7	--	Numeric	
			77 Don't Know					
			88 Refused					
			99 Missing					
31		How <b>long ago</b> did you stop smoking daily?	1-54 (years)		T8a	S4eyear	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T8b	S4emonth	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T8c	S4eweek	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
32		Do you <b>currently use</b> any <b>smokeless tobacco</b> such as [snuff, chewing tobacco, betel]?	1 Yes		T9	S5a	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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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
33		If Yes, <b>Do you</b> currently use smokeless tobacco <b>products</b> daily?	1 Yes		T10	Generated from S5b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
34		On average, how many <b>times a day</b> do you use ....	Snuff, by mouth	1-50	T11a	S6mouth	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Snuff, by nose	1-50	T11b	S6mose	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Chewing tobacco	1-50	T11c	S6chew	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Betel, quid	1-50	T11d	--	Numeric	
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50	T11e	S6otherr	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
Other (please specify):	Text	T11other		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
35		In the past, did you <b>ever use</b> smokeless tobacco such as [snuff, chewing tobacco, or betel] <b>daily</b> ?	1 Yes		T12	S7	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
<b>Country-Specific Questions</b>								
		If yes, how often do you currently smoke tobacco products?		Text: Daily Weekly Infrequently	X6	S1b		Text
		Do you think you should stop smoking?		0 no 1 yes	X7	S3a		
		In the past, did you ever smoke any tobacco products?		0 no 1 yes	X8	S4a		
		If yes, how often did you smoke tobacco products in the past?		Text Daily Weekly infrequently	X9	S4b		Text
		On average, how many of the following did you smoke each day? -manufactured cigarettes			X10a	S4cmanu		Numeric
		On average, how many of the following did you smoke each day? -hand-rolled cigarettes			X10b	S4chand		Numeric
		On average, how many of the following did you smoke each day? -pipes full of tobacco			X10c	S4cpipe		Numeric
		On average, how many of the following did you smoke each day? -other			X10c	S4cother		Numeric
		For how long did you smoke in the past? -years			X11a	S4dyear		Numeric
		For how long did you smoke in the past? -months			X11b	S4dmonth		Numeric
		For how long did you smoke in the past? -weeks			X11c	S4dweek		Numeric

		If yes, how often do you use smokeless tobacco products?		Text Daily Weekly infrequently	X12	S5b		Text
		If yes, how often did you use smokeless tobacco products in the past?		Text Daily Weekly infrequently	X13	X7a		Text
		On average, how many times a day did you use? -snuff by mouth		Numeric	X14a	S7bmouth		Numeric
		On average, how many times a day did you use? -snuff by nose		Numeric	X14b	S7bnose		Numeric
		On average, how many times a day did you use? -chewing tobacco		Numeric	X14c	S7bchew		Numeric
		On average, how many times a day did you use? -other		Numeric	X14d	S7bother		Numeric
		For how long did you use smokeless tobacco in the past? -years		Numeric	X15a	S7cyear		Numeric
		For how long did you use smokeless tobacco in the past? -months		Numeric	X15b	S7cmonth		Numeric
		For how long did you use smokeless tobacco in the past? -weeks		Numeric	X15c	S7cweek		Numeric
		For how long have you stopped using smokeless tobacco now? -years		Numeric	X16a	S7dyear		Numeric
		For how long have you stopped using smokeless tobacco now? -months		Numeric	X16b	S7dmonth		Numeric
		For how long have you stopped using smokeless tobacco now? -weeks		Numeric	X16c	S7dweek		Numeric
		Do you think smoking is harmful for your health?		0 No 1 Yes	X17	S8		Numeric
		Do you think smoking near other people can be harmful to their health?		0 No 1 Yes	X18	S9		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		Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the <b>past 12 months?</b>	1 Yes		A1	Generated from a1a and a1b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
37		In the past 12 months, <b>how frequently</b> have you had at least one drink?	1 (Daily)		A2	A2 (version 1.4 categories!)	Numeric	Numeric
			2 (5-6 days per week)					
			3 (1-4 days per week)					
			4 (1-3 days per month)					
			5 (Less than once a month)					
			77 Don't Know					
			88 Refused					
			99 Missing					
38		When you drink alcohol, <b>on average</b> , how many drinks do you have during one day?	Number 1-50		A3	A3	Numeric	Numeric
			77 Don't Know					
			88 Refused / NA					
			99 Missing					
39		Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the <b>past 30 days?</b>	1 Yes		A4	Generated from a1a and a1b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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## Step 1: Alcohol Use, Continued

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
40		During each of the <b>past 7 days</b> , how many standard drinks of any alcoholic drink did you have each day?	Monday	1-50		A5a	A4mon	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Tuesday	1-50		A5b	A4tues	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Wednesday	1-50		A5c	A4wed	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Thursday	1-50		A5d	A4thur	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Friday	1-50		A5e	A4fri	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Saturday	1-50		A5f	A4sat	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Sunday	1-50		A5g	A4sun	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					

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## Step 1: Alcohol Use, Continued

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
41		In the past 12 months, what was the <b>largest number</b> of drinks you had on a single occasion, counting all types of standard drinks together?	1-50		A6	A5	Numeric	Numeric
			77 Don't Know					
			88 Refused / NA					
			99 Missing					
42		<b>For men only:</b> In the past 12 months, on how many days did you have <b>five or more</b> standard drinks in a single day?	1-365		A7	A6a	Numeric	Numeric
			777 Don't Know					
			888 Refused / NA					
			999 Missing					
43		<b>For women only:</b> In the past 12 months, on how many days did you have <b>four or more</b> standard drinks in a single day?	1-365		A8	A6b	Numeric	Numeric
			777 Don't Know					
			888 Refused / NA					
			999 Missing					
<b>Country-Specific Questions</b>								
		Do you drink alcohol (beer, wine, spirit, sewa, etc)?	1 yes 2 no	0 No 1 Yes	A1a	A1a	Numeric	Numeric
		If yes, how long ago did you last consume alcohol? - years		Numeric	A1byear	A1byear	Numeric	Numeric
		If yes, how long ago did you last consume alcohol? - months		Numeric	A1bmonth	A1bmonth	Numeric	Numeric
		If yes, how long ago did you last consume alcohol? - weeks		Numeric	A1bweek	A1bweek	Numeric	Numeric
		If yes, how long ago did you last consume alcohol? - days		Numeric	A1bday	A1bday	Numeric	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		In a typical week, on how many days do you <b>eat fruit</b> ?	Days 0-7 9 Missing		D1	D1a	Numeric	Numeric
45		How many <b>servings</b> of fruit do you eat on <b>one</b> of those days?	Number 1-15 77 Don't Know 88 Refused / NA 99 Missing		D2	D1b	Numeric	Numeric
46		In a typical week, on how many days do you <b>eat vegetables</b> ?	Days 0-7 99 Missing		D3	D2a	Numeric	Numeric
47		How many <b>servings</b> of vegetables do you eat on one of those days?	Number 1-15 77 Don't Know 88 Refused / NA 99 Missing		D4	D2b	Numeric	Numeric
48		What type of <b>oil or fat is most often</b> used for meal preparation in your household?	1 Vegetable oil	1 Vegetable oil 2 Lard 3 Butter 4 Margarine 5 none used 95 other 96 combination 99 Don't know	D5	D3	Numeric	Numeric
			2 Lard or suet					
3 Butter or ghee								
4 Margarine								
5 Other								
6 None in particular								
7 None used								
77 Don't know								
99 Missing								
		Other (please specify):	Text		D5other		Text	
<b>Country-Specific Questions</b>								
		How often to you eat fruits throughout the year?		Text: Daily Weekly <b>infrequently</b>	Origd1	D1		Text

		How often do you eat vegetables?		Text: Daily Weekly <b>infrequently</b>	Origd2	D2		Text
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## Step 1: Physical Activity

### PA: GPAQ VERISON 1 USED - MAPPING DONE ACCORDINGLY

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
<b>Activity at work</b>								
49		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		P1		Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
50		In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7		P2		Numeric	
			99 Missing					
51		How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24		P3A		Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60					
			77 Don't Know					
99 Missing								
52		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		P4		Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
53		In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days 1-7		P5		Numeric	
			99 Missing					
54		How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24		P6A		Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60					
			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
<b>Travel to and from places</b>								
55		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		P7		Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
56		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		P8		Numeric	
			99 Missing					
57		How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a		Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P9b		Numeric	
			77 Don't Know					
99 Missing								
<b>Recreational activities</b>								
58		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		P10		Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
59		In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Days 1-7		P11		Numeric	
			99 Missing					
60		How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours 1-24		P12a		Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P12b		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
<b>Recreational activities</b>								
61		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		P13		Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
62		In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Days 1-7		P14		Numeric	
			99 Missing					
63		How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours 1-24		P15a		Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P15b		Numeric	
			77 Don't Know					
99 Missing								
<b>Sedentary behaviour</b>								
64		How much time do you usually spend sitting or reclining on a typical day?	Hours 1-24		P16a		Numeric	
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P16b		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
<b>Country-Specific Questions</b>								

## 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		When was your blood pressure last measured by a health professional?	1 Within past 12 months	1 Within past 12 months 2 (1-5 years ago) 3 Not within past 5 years	H1	H1	Numeric	Numeric
			2 (1-5 years ago)					
			3 Not within past 5 years					
			77 Don't Know					
			88 Refused					
99 Missing								
66		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		H2	H2	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
67		<b>Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?</b>						
		Drugs (medication) that you have taken in the last 2 weeks	1 Yes		H3a	H3a	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H3b	H3b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to lose weight	1 Yes		H3c	H3c	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
99 Missing								

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## Step 1: History of Raised Blood Pressure, Continued

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
67cont.		Advice or treatment to stop smoking	1 Yes		H3d	H3d	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice to start or do more exercise	1 Yes		H3e	H3e	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
68		During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	1 Yes		H4	H4	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
69		Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1 Yes		H5	H5	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 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		Have you had your blood sugar measured in the last 12 months?	1 Yes		H6	H7	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
71		During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	1 Yes		H7	H8	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
72		Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?						
		Insulin	1 Yes		H8a	H9a	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Oral drug (medication) that you have taken in the last 2 weeks	1 Yes		H8b	H9b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H8c	H9c	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to lose weight	1 Yes		H8d	H9d	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
99 Missing								

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## Step 1: History of Diabetes, Continued

STEP 1: 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
72 cont.		Advice or treatment to stop smoking	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		H8e	H9e	Numeric	Numeric
		Advice to start or do more exercise	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		H8f	H9f	Numeric	Numeric
73		During the past 12 months have you seen a traditional healer for diabetes?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		H9	H10	Numeric	Numeric
74		Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		H10	H11	Numeric	Numeric

STEP 1: History of raised BP and 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
<b>Country-Specific Questions</b>								
		Are you currently receiving any drugs of non-drug treatments for high blood pressure prescribed by a doctor or health worker?		0 No 1 Yes	X19	H3		Numeric

		Does any member of your family (parents, uncles, grandparents, children) have history of cardiovascular disease (hypertension, stroke, myocardial infarction, etc)?		0 No 1 Yes	X20	H6		Numeric
		Are you currently receiving any drugs or non-drug treatments for diabetes prescribed by a doctor or health worker?		0 No 1 Yes	X21	H9		Numeric
		Does any member of your family (parents, uncles, grandparents, children) have history of diabetes?		0 No 1 Yes	X22	H12		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
<b>Height and weight</b>								
75		Interviewer ID	1-900 999 Missing		M1		Numeric	
76		Device IDs for height and weight	Height	1-90 99 Missing	M2a	M1height	Numeric	text
			Weight	1-90 99 Missing	M2b	M1weight		
77		Height	100.0-270.0 888.8 Refused 999.9 Missing		M3	M2	Numeric	Numeric
78		Weight	20.0-350.0 666.6 Too large for scale 888.8 Refused 999.9 Missing		M4	M3	Numeric	Numeric
79		(For women) Are you pregnant?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		M5	M4	Numeric	Numeric

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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	
<b>Waist</b>									
80		Device ID for waist	1-90		M6	M5	Numeric	Numeric	
			99 Missing						
81		Waist circumference	30.0-200.0		M7	M6	Numeric	Numeric	
			888.8 Refused						
			999.9 Missing						
<b>Blood pressure</b>									
82		Interviewer ID	1-900		M8		Numeric		
			999 Missing						
83		Device ID for blood pressure	1-90		M9	M7	Numeric	Numeric	
			99 Missing						
84		Cuff size used	1 Small		M10		Numeric		
			2 Medium						
			3 Large						
			99 Missing						
85		Reading 1	Systolic	40.0-300		M11a	M8sys	Numeric	Numeric
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M11b	M8dias	Numeric	Numeric
				888 Refused					
				999 Missing					
86		Reading 2	Systolic	40.0-300		M12a	M9sys	Numeric	Numeric
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M12b	M9dias	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					
87		Reading 3	Systolic	40.0-300.0		M13a	M10sys	Numeric	Numeric					
				888 Refused										
				999 Missing										
			Diastolic	30.0-200.0										
				888 Refused		M13b	M10dias	Numeric	Numeric					
				999 Missing										
88		During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	1 Yes			M14	M11	Numeric	Numeric					
			2 No											
			77 Don't Know											
			88 Refused											
			99 Missing											
<b>Hip Circumference and Heart Rate</b>														
89		Hip circumference	45.0-300.0			M15		Numeric						
			888.8 Refused											
			999.9 Missing											
90		Heart Rate Reading 1	30.0-200.0			M16a		Numeric						
			888 Refused											
			999 Missing											
		Heart Rate Reading 2	30.0-200.0					M16b			Numeric			
			888 Refused											
			999 Missing											
		Heart Rate Reading 3	30.0-200.0					M16c					Numeric	
			888 Refused											
			999 Missing											
<b>Country-Specific Questions</b>														

## 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		During the last 12 hours have you had anything to eat or drink, other than water?	1 Yes		B1		Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
92		Technician ID	1-900		B2		Numeric	
			999 Missing					
93		Device ID	1-90		B3		Numeric	
			99 Missing					
94		Time of day blood specimen taken (24 hour clock)	Numeric hh:mm		B4		Numeric	
95		Blood glucose	1-50.00		B5		Numeric	
			99.99 Missing					
<b>Blood Lipids</b>								
96		Device ID	1-60		B6		Numeric	
			99 Missing					
97		Total cholesterol	1.75-20.00		B7		Numeric	
			99.99 Missing					
<b>Triglycerides and HDL Cholesterol</b>								
98		Triglycerides	0.25-50.0		B8		Numeric	
			99.99 Missing					
99		HDL Cholesterol	0.10-5.00		B9		Numeric	
			9.99 Missing					
<b>Country-Specific Questions</b>								