

# WHO STEPS Instrument

## (Core and Expanded)



## The WHO STEPwise approach to chronic disease risk factor surveillance (STEPS)

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For further information: [www.who.int/chp/steps](http://www.who.int/chp/steps)



# STEPS Instrument

## Overview

### Introduction

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

- CORE items (unshaded boxes)
- EXPANDED items (shaded boxes).

### Core Items

The Core items for each section ask questions required to calculate basic variables. For example:

- current daily smokers
- mean BMI.

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

### Expanded items

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

- use of smokeless tobacco
- sedentary behaviour.

### Guide to the columns

The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Site Tailoring
Number	This question reference number is designed to help interviewers find their place if interrupted.	Renumber the instrument sequentially once the content has been finalized.
Question	Each question is to be read to the participants	<ul style="list-style-type: none"><li>• Select sections to use.</li><li>• Add expanded and optional questions as desired.</li></ul>
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"><li>• Add site specific responses for demographic responses (e.g. C6).</li><li>• Change skip question identifiers from code to question number.</li></ul>
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 Instrument for Chronic Disease Risk Factor Surveillance

## The Gambia

### Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	<div><div></div><div></div><div></div><div></div></div>	I1
2	Cluster/Centre/Village name		I2
3	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	I3
4	Date of completion of the instrument	<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



		Participant Id Number	<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>												
Consent, Interview Language and Name		Response	Code												
5	Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	I5												
6	Interview Language	<table border="1"> <tr><td>English</td><td>1</td></tr> <tr><td>Mandinka</td><td>2</td></tr> <tr><td>Wollof</td><td>3</td></tr> <tr><td>Fula</td><td>4</td></tr> <tr><td>Jola</td><td>5</td></tr> <tr><td>Sarahule</td><td>6</td></tr> </table>	English	1	Mandinka	2	Wollof	3	Fula	4	Jola	5	Sarahule	6	I6
English	1														
Mandinka	2														
Wollof	3														
Fula	4														
Jola	5														
Sarahule	6														
7	Time of interview (24 hour clock)	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> <tr> <td colspan="2">hrs</td> <td colspan="3">mins</td> </tr> </table>			:			hrs		mins			I7		
		:													
hrs		mins													
8	Family Surname		I8												
9	First Name		I9												
<b>Additional Information that may be helpful</b>															
10	Contact phone number where possible		I10												

Record and file identification information (I5 to I10) separately from the completed questionnaire.

## Step 1 Demographic Information

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

EXPANDED: Demographic Information			
15	What is <b>the highest level of education</b> you have completed?	No formal schooling 1 Pre-primary/nursery completed 2 Primary/lower basic completed 3 Middle/upper basic completed 4 Secondary technical completed 5 Senior secondary completed 6 High school completed 7 Vocational completed 8 College completed 9 University completed 10 Refused 88	C5
16	What is your <b>ethnic group</b> ?	Mandinka 1 Wollof 2 Fula 3 Jola 4 Sarahule 5 Serer 6 Manjago 7 Aku 8 Refused 88	C6
17	What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7

EXPANDED: Demographic Information, Continued					
Question		Response		Code	
18	Which of the following best describes your <b>main work</b> status over the past 12 months?  (USE SHOWCARD)	Government employee	1		C8
		Non-government employee	2		
		Self-employed	3		
		Voluntary worker	4		
		Student	5		
		Housewife	6		
		Retired	7		
		Unemployed (able to work)	8		
		Unemployed (unable to work)	9		
		Refused	88		
19	How many people older than 18 years, including yourself, live in your household?	Number of people <input type="text"/> <input type="text"/>			C9
20	Taking <b>the past year</b> , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3)	Per week	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Go to T1	C10a
		OR per month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Go to T1	C10b
		OR per year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Go to T1	C10c
		Refused	88		C10d
21	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  (READ OPTIONS)	< QGMD10,000	1		C11
	QGMD10,000 - QGMD19,999	2			
	QGMD20,000 - QGMD29,999	3			
	QGMD30,000 - QGMD39,999	4			
	≥QGMD40,000	5			
	Don't Know	77			
		Refused	88		

## Step 1 Behavioural Measurements

### CORE: Tobacco Use

Now I am going to ask you some questions about various health behaviours. This includes things like smoking, drinking alcohol, eating fruits and vegetables and physical activity. Let's start with tobacco.

Question		Response	Code				
22	Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T6	T1				
23	Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2 If No, go to T6	T2				
24	How old were you when you <b>first started</b> smoking daily?	Age (years) Don't know 77 <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T5a			T3		
25	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T5a			T4a		
OR in Months <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T5a			T4b				
OR in Weeks <table border="1"><tr><td></td><td></td></tr></table>			T4c				
26	On average, <b>how many</b> of the following do you smoke each day? (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Manufactured cigarettes <table border="1"><tr><td></td><td></td></tr></table>			T5a		
Hand-rolled cigarettes <table border="1"><tr><td></td><td></td></tr></table>			T5b				
Pipes full of tobacco <table border="1"><tr><td></td><td></td></tr></table>			T5c				
Cigars, cheroots, cigarillos <table border="1"><tr><td></td><td></td></tr></table>			T5d				
Other <table border="1"><tr><td></td><td></td></tr></table> If Other, go to T5other, else go to T9			T5e				
Other (please specify): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T9							T5other

EXPANDED: Tobacco Use			
Question		Response	Code
27	In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T9</i>	T6
28	How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T7
29	How <b>long ago</b> did you stop smoking <b>daily</b> ? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8a
		OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8b
		OR Weeks ago <input type="text"/> <input type="text"/>	T8c
30	Do you <b>currently use</b> any <b>smokeless tobacco</b> such as snuff, chewing tobacco, betel? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T9
31	Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T12</i>	T10
32	On average, how many <b>times a day</b> do you use .... (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Snuff, by mouth <input type="text"/> <input type="text"/>	T11a
		Snuff, by nose <input type="text"/> <input type="text"/>	T11b
		Chewing tobacco <input type="text"/> <input type="text"/>	T11c
		Betel, quid <input type="text"/> <input type="text"/>	T11d
		Other <input type="text"/> <input type="text"/> <i>If Other, go to T11other, else go to T13</i>	T11e
		Other (specify) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Go to T13</i>	T11other
33	In the <b>past</b> , did you <b>ever use</b> smokeless tobacco such as snuff, chewing tobacco, or betel <b>daily</b> ?	Yes 1 No 2	T12
34	During the past 7 days, on how many days did someone <b>in your home</b> smoke when you were present?	Number of days Don't know 77 <input type="text"/> <input type="text"/>	T13
35	During the past 7 days, on how many days did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 <input type="text"/> <input type="text"/>	T14

CORE: Alcohol Consumption					
The next questions ask about the consumption of alcohol.					
Question		Response	Code		
36	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, fermented cider, palm wine or Kube Jara? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1	A1a		
		No 2 If No, go to D1			
37	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 If No, go to D1	A1b		
38	During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink?  (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2		
39	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 If No, go to D1	A3		
40	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number Don't know 77 <table><tr><td></td><td></td></tr></table>			A4
41	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <table><tr><td></td><td></td></tr></table>			A5
42	During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <table><tr><td></td><td></td></tr></table>			A6
43	During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <table><tr><td></td><td></td></tr></table>			A7

EXPANDED: Alcohol Consumption			
44	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
45	During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day?  (USE SHOWCARD)  Don't Know 77	Monday <div><div></div><div></div></div>	A9a
		Tuesday <div><div></div><div></div></div>	A9b
		Wednesday <div><div></div><div></div></div>	A9c
		Thursday <div><div></div><div></div></div>	A9d
		Friday <div><div></div><div></div></div>	A9e
		Saturday <div><div></div><div></div></div>	A9f
		Sunday <div><div></div><div></div></div>	A9g



**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
46	In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <u>    </u> <i>If Zero days, go to D3</i>	D1
47	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <u>    </u>	D2
48	In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <u>    </u> <i>If Zero days, go to D5</i>	D3
49	How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <u>    </u>	D4

## EXPANDED: Diet

50	What type of <b>oil or fat is most often</b> used for meal preparation in your household?  (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1	D5
		Lard or suet 2	
Butter or ghee 3			
Margarine 4			
Other 5	If Other, go to D5 other		
None in particular 6			
None used 7			
Don't know 77			
		Other <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	D5other
51	On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77 <div><div></div><div></div></div>	D6

CORE: Physical Activity			
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment, tailoring. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>			
Question	Response		Code
<b>Work</b>			
52	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 4	P1
53	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
54	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P3 (a-b)
55	Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 7	P4
56	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
57	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P6 (a-b)
<b>Travel to and from places</b>			
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship, to school, to garden, to the farm.</p>			
58	Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?	Yes 1  No 2 If No, go to P 10	P7
59	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days <input type="text"/>	P8
60	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs                                   mins	P9 (a-b)

CORE: Physical Activity, Continued			
Question		Response	Code
<b>Recreational activities</b>			
The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities (leisure).			
61	Do you do any vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like running or football for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P 13	P10
62	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	P11
63	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>hrs</span> <span>mins</span> </div>	P12 (a-b)
64	Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1  No 2 If No, go to P16	P13
65	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	P14
66	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>hrs</span> <span>mins</span> </div>	P15 (a-b)

EXPANDED: Physical Activity			
<b>Sedentary behaviour</b>			
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. (USE SHOWCARD)			
67	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> : <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>hrs</span> <span>mins</span> </div>	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question		Response	Code
68	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
		No 2 <i>If No, go to H6</i>	
69	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	H2a
		No 2 <i>If No, go to H6</i>	
70	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

EXPANDED: History of Raised Blood Pressure			
71	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 past two weeks	Yes 1	H3a
		No 2	
	Advice to reduce salt intake	Yes 1	H3b
		No 2	
	Advice or treatment to lose weight	Yes 1	H3c
		No 2	
	Advice or treatment to stop smoking	Yes 1	H3d
		No 2	
	Advice to start or do more exercise	Yes 1	H3e
		No 2	
72	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
73	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

CORE: History of Diabetes			
Question		Response	Code
74	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 <i>If No, go to M1</i>	
75	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
		No 2 <i>If No, go to M1</i>	
76	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes			
77	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1	H8a
		No 2	
	Drugs (medication) that you have taken in the past two weeks	Yes 1	H8b
		No 2	
	Special prescribed diet	Yes 1	H8c
		No 2	
	Advice or treatment to lose weight	Yes 1	H8d
		No 2	
	Advice or treatment to stop smoking	Yes 1	H8e
		No 2	
	Advice to start or do more exercise	Yes 1	H8f
		No 2	
78	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
79	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	

## Step 2 Physical Measurements

CORE: Height and Weight									
Question		Response	Code						
80	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
81	Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table>			M2a				
Weight <table border="1"><tr><td></td><td></td></tr></table>			M2b						
82	Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M3
83	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M4
84	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5						
CORE: Waist									
85	Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M6				
86	Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M7
CORE: Blood Pressure									
87	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M8		
88	Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M9				
89	Cuff size used	Small 1 Medium 2 Large 3	M10						
90	Reading 1	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11b				
91	Reading 2	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12b				
92	Reading 3	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13a		
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13b				
93	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M14						

EXPANDED: Hip Circumference and Heart Rate									
94	Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M15
95	Heart Rate								
	Reading 1	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16a		
	Reading 2	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16b		
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16c			