

## Questionnaire form

Participant Identification Number

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### WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance Lao PDR, Vientiane Capital City

Respondent Identification, Location and Date

STEPS Q No.	STEPS Question	Choice for answer	response	Code
	Respondent Identification	1-999999		ID
1	District code	1-999	□ □ □ □	I1
2	Centre/Village name	Text		I2
3	Centre/Village code	1-999	□ □ □ □	I3
4	Interviewer Identification	1-999	□ □ □ □	I4
5	Date of completion of the instrument	Value entered as date dd/mm/yyyy	□ □ □ □ □ □ □ □ □ □	I5

Consent, Interview Language and Name

STEPS Q No.	STEPS Question	Choice for answer	response	Code
6	Consent has been read out to participant	1 Yes		I6
		2 No		
		7 Don't Know		
		8 Not applicable		
		9 Missing		
7	Consent has been obtained (verbal or written) If no consent end	1 Yes		I7
		2 No		
8	Interview Language	1 English		I8
		2 Lao		
		3 Hmong		
		4 Others		
9	Time of interview (24 hour clock)	text		I9
10	Family Name	text		I10
11	First Name	text		I11
12	Contact phone number where possible	text		I12

STEPS Q No.	STEPS Question	Choice for answer	response	Code
13	Specify whose phone	1 Work	1 _____	I13
		2 Home	2 _____	
		3 Neighbour	3 _____	
		4 Other (specify)	4 _____	
		Text- Other	Text- Other _____	I13other

#### Step 1: Demographic Information

STEPS Q No.	STEPS Question	Choice for answer	response	Code
14	Sex (Record Male / Female as observed)	1 Male		C1
		2 Female		
15	What is your date of birth? Don't Know 77 777 7777	Value entered as date dd/mm/yyyy		C2
16	How old are you?	25-64		C3
17	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	0-22		C4
		77 Don't know		
		88 Refused		
		99 Missing		
18	What is your [insert relevant ethnic group / racial group / cultural subgroup / others] background?	1 Lao Lum		C5
		2 Lao Sung		
		3 Lao Theung		
		4 Other		
		8 Refused		
		9 Missing		

STEPS Q No.	STEPS Question	Choice for answer	response	Code
19	What is the highest level of education you have completed?	1 No formal schooling		C6
		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		
20	Which of the following best describes your main work status over the last 12 months?	1 Government employee		C7
		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		C8
		77 Don't Know		
		88 Refused		
		99 Missing		

STEPS Q No.	STEPS Question	Choice for answer		response	Code
22	Taking the past year, can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3) (If known any of them go to T1)	Per week	1-9999999		C9a
			7777777 DK		
		Per month	1-9999999		C9b
			7777777 DK		
		Per year	1-9999999		C9c
			7777777 DK		
8 Refused			C9d		
23	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it	1 ≤ 500 USD			C10
		2 500-1000 USD			
		3 1000-1500 USD			
		4 1500-2000 USD			
		5 ≥2000 USD			
		7 Don't Know			
		8 Refused			
		9 Missing			

Optional Questions Demographic Information

X`1 (19)		0. Illiterate		C6x1
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Step 1: Tobacco Use

STEPS Q No.	STEPS Question	Choice for answer	response	Code
24	Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?	1 Yes		T1
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
25	If Yes, Do you currently smoke tobacco products daily?	1 Yes		T2
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
26	How old were you when you first started smoking daily? (If known go to T5a)	8-64		T3
		77 Don't Know		
		88 No Applicable		
		99 Missing		
27	Do you remember how long ago it was?  (RECORD ONLY 1, NOT ALL 3)  (If known any of the answer of T4a or T4b or T4c, go to T5a)	1-55 (years)		T4a
		77 Don't Know		
		88 No Applicable		
		99 Missing		
		1-24 (months)		T4b
		777 Don't Know		
		88 No Applicable		
		99 Missing		
		1-48 (weeks)		T4c
		77 Don't Know		
		88 No Applicable		
		99 Missing		

STEPS Q No.	STEPS Question	Choice for answer		response	Code
28	<p>On average, how many of the following do you smoke each day?</p> <p>(RECORD FOR EACH TYPE)</p> <p>(If other go to T5other)</p>	Manufactured cigarettes	1-50		T5a
			77 Don't know		
			88 Refused		
			99 Missing		
		Hand-rolled cigarettes	1-50		T5b
			77 Don't know		
			88 Refused		
			99 Missing		
		Pipes full of tobacco	1-50		T5c
			77 Don't know		
			88 Refused		
			99 Missing		
		Cigars, cheroots, cigarillos	1-50		T5d
			77 Don't know		
			88 Refused		
			99 Missing		
		Other	1-50		T5e
			77 Don't know		
			88 Refused		
			99 Missing		
		Other (please specify):	Text		T5other

STEPS Q No.	STEPS Question	Choice for answer	response	Code
29	In the past, did you ever smoke daily?  (If No go to T9)	1 Yes		T6
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
30	If Yes, How old were you when you stopped smoking daily? (If known go to T9)	10-64		T7
		77 Don't Know		
		88 Refused		
		99 Missing		
31	How long ago did you stop smoking daily?  (RECORD ONLY 1, NOT ALL 3)  (If known go to T9)	1-54 (years)		T8a
		77 Don't Know		
		88 No Applicable		
		99 Missing		
		1-24 (months)		T8b
		77 Don't Know		
		88 No Applicable		
		99 Missing		
		1-48 (weeks)		T8c
		77 Don't Know		
		88 No Applicable		
		99 Missing		



STEPS Q No.	STEPS Question	Choice for answer		response	Code
32	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]? (If No go to T12)	1 Yes			T9
		2 No			
		7 Don't Know			
		8 Refused			
		9 Missing			
33	If Yes, Do you currently use smokeless tobacco products daily? (If No go to T12)	1 Yes			T10
		2 No			
		7 Don't Know			
		8 Refused			
		9 Missing			
34	On average, how many times a day do you use ....  (RECORD FOR EACH TYPE)  (If other go to T11other)	Snuff, by mouth	1-50		T11a
			77 Don't know		
			88 Refused		
			99 Missing		
		Snuff, by nose	1-50		T11b
			77 Don't know		
			88 Refused		
			99 Missing		
		Chewing tobacco	1-50		T11c
			77 Don't know		
			88 Refused		
			99 Missing		
		Betel, quid	1-50		T11d
			77 Don't know		
			88 Refused		
			99 Missing		

		Other	1-50		T11e
			77 Don't know		
			88 Refused		
			99 Missing		
		Other (please specify):	Text		T11ot her
35	In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily?  (USE SHOWCARD OR SHOW EXAMPLES)	1 Yes			T12
		2 No			
		7 Don't Know			
		8 Refused			
		9 Missing			

#### Step 1: Alcohol Use

STEPS Q No.	STEPS Question	Choice for answer	response	Code
36	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the past 12 months? (If No go to D1)	1 Yes		A1
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
37	In the past 12 months, how frequently have you had at least one drink?  (USE SHOWCARD)	1 (Daily)		A2
		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		

38	When you drink alcohol, on average, how many drinks do you have during one day?	Number 1-50			A3		
		77 Don't Know					
		88 Refused / NA					
		99 Missing					
39	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the past 30 days? (USE SHOWCARD OR SHOW EXAMPLES. If No go to A6)	1 Yes			A4		
		2 No					
		7 Don't Know					
		8 Refused					
		9 Missing					
40	During each of the past 7 days, how many standard drinks of any alcoholic drink did you have each day?  (RECORD FOR EACH DAY USE SHOWCARD)	Monday	1-50		A5a		
			77 Don't know				
			88 Refused				
			99 Missing				
		Tuesday	1-50		A5b		
			77 Don't know				
			88 Refused				
			99 Missing				
		Wednesday	1-50		A5c		
			77 Don't know				
			88 Refused				
			99 Missing				
		Thursday	1-50		A5d		
			77 Don't know				
			88 Refused				
			99 Missing				
		Friday	1-50		A5e		
			77 Don't know				
			88 Refused				
			99 Missing				

STEPS Q No.	STEPS Question	Choice for answer		response	Code
		Saturday	1-50		A5f
			77 Don't know		
			88 Refused		
			99 Missing		
		Sunday	1-50		A5g
			77 Don't know		
			88 Refused		
			99 Missing		
41	In the past 12 months, what was the largest number of drinks you had on a single occasion, counting all types of standard drinks together?	1-30			A6
		77 Don't Know			
		88 Refused / NA			
		99 Missing			
42	For men only: In the past 12 months, on how many days did you have five or more standard drinks in a single day?	1-365			A7
		77 Don't Know			
		88 Refused / NA			
		99 Missing			
43	For women only: In the past 12 months, on how many days did you have four or more standard drinks in a single day? (If zero days go to D3)	1-365			A8
		77 Don't Know			
		88 Refused / NA			
		99 Missing			
X2	Do you avoid alcohol intake during Khao Phansa Period ?	1. Yes 2. No			A 9x2

Step 1: Diet

STEPS Q No.	STEPS Question	Choice for answer	response	Code
44	In a typical week, on how many days do you eat fruit?	Days 0-7		D1
		9 Missing		
45	How many servings of fruit do you eat on one of those days?  (USE SHOWCARD)	Number 1-15		D2
		77 Don't Know		
		88 Refused / NA		
		99 Missing		
46	In a typical week, on how many days do you eat vegetables?  (USE SHOWCARD)  (If zero day go to D5)	Days 0-7		D3
		99 Missing		
47	How many servings of vegetables do you eat on one of those days?  (USE SHOWCARD)	Number 1-15		D4
		77 Don't Know		
		88 Refused / NA		
		99 Missing		

STEPS Q No.	STEPS Question	Choice for answer		response	Code
48	What type of oil or fat is most often used for meal preparation in your household?  (USE SHOWCARD SELECT ONLY ONE)  (If other go to D5other)	1 Vegetable oil			D5
		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

#### Step 1: Physical Activity

STEPS Q No.	STEPS Question	Choice for answer	response	Code
Activity at work				
49	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)  (If No go to P4)	1 Yes		P1
		2 No		
		7 Don't Know		
		8 Refused		
		9 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
		9 Missing		

STEPS Q No.	STEPS Question	Choice for answer	response	Code
51	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24		P3A
		77 Don't Know		
		99 Missing		
		Minutes 1-60		P3B
		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 [or carrying light loads] for at least 10 minutes continuously? (USE SHOWCARD) (If No go to P7)	1 Yes		P4
		2 No		
		7 Don't Know		
		8 Refused		
		9 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
		9 Missing		
54	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24		P6A
		77 Don't Know		
		99 Missing		
		Minutes 1-60		P6B
		77 Don't Know		
		99 Missing		
Travel to and from places				
55	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places? (If No go to P10)	1 Yes		P7
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		

STEPS Q No.	STEPS Question	Choice for answer	response	Cod e
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
		9 Missing		
57	How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a
		77 Don't Know		
		99 Missing		
		Minutes 1-60		P9b
		77 Don't Know		
		99 Missing		
58	Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football, ] for at least 10 minutes continuously? (USE SHOWCARD) (If No go to P13)	1 Yes		P10
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
59	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Days 1-7		P11
		9 Missing		
60	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours 1-24		P12a
		77 Don't Know		
		99 Missing		
		Minutes 1-60		P12b
		77 Don't Know		
		99 Missing		
61	Do you do any moderate-intensity sports, fitness or recreational (leisure) activities that causes a small increase in breathing or heart rate such as brisk walking,(cycling, swimming, volleyball)for at least 10 minutes continuously? (USE SHOWCARD) (If No go to P16)	1 Yes		P13
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		



STEPS Q No.	STEPS Question	Choice for answer	response	Cod e
62	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Days 1-7		P14
		9 Missing		
63	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours 1-24		P15a
		77 Don't Know		
		99 Missing		
		Minutes 1-60		P15b
		77 Don't Know		
		99 Missing		
Sedentary behaviour				
64	How much time do you usually spend sitting or reclining on a typical day?	Hours 1-24		P16a
		77 Don't Know		
		99 Missing		
		Minutes 1-60		P16b
		77 Don't Know		
		99 Missing		

### Step 1: History of Raised Blood Pressure

STEPS Q No.	STEPS Question	Choice for answer	response	Code
65	When was your blood pressure last measured by a health professional?	1 Within past 12 months		H1
		2 (1-5 years ago)		
		3 Not within past 5 years		
		7 Don't Know		
		8 Refused		
		9 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
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
67	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		H3a
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
	Special prescribed diet	1 Yes		H3b
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
	Advice or treatment to lose weight	1 Yes		H3c
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
	Advice or treatment to stop smoking	1 Yes		H3d
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
		9 Missing		

STEPS Q No.	STEPS Question	Choice for answer	response	Code
67 cont.	Advice to start or do more exercise	1 Yes		H3e
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
68	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	1 Yes		H4
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
69	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1 Yes		H5
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		

Step 1: History of Diabetes

STEP S Q No.	STEPS Question	Choice for answer	response	Code
70	Have you had your blood sugar measured in the last 12 months?	1 Yes		H6
		2 No		
		7 Don't Know		
		8 Refused		
		9 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
		2 No		
		7 Don't Know		
		8 Refused		
		9 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
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
	Oral drug (medication) that you have taken in the last 2 weeks	1 Yes		H8b
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		

STEP S Q No.	STEPS Question	Choice for answer	response	Code
72 cont	Special prescribed diet	1 Yes		H8c
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
	Advice or treatment to lose weight	1 Yes		H8d
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
	Advice or treatment to stop smoking	1 Yes		H8e
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
	Advice to start or do more exercise	1 Yes		H8f
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
73	During the past 12 months have you seen a traditional healer for diabetes?	1 Yes		H9
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		

74	Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes		H10
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		

## Step 2: Physical Measurements

STEPS Q No.	STEPS Question	Choice for answer		response	Code
Height and weight					
75	Interviewer ID	1-900			M1
		999 Missing			
76	Device IDs for height and weight	Height	1-90		M2a
			99 Missing		
		Weight	1-90		M2b
			99 Missing		
77	Height	100.0-270.0			M3
		888.8 Refused			
		999.9 Missing			
78	Weight (Avoid measuring if pregnant woman)	20.0-350.0			M4
		666.6 Too large for scale			
		888.8 Refused			
		999.9 Missing			
79	(For women) Are you pregnant?  (If No go to M8)	1 Yes			M5
		2 No			
		7 Don't Know			
		8 Refused			
		9 Missing			

STEPS Q No.	STEPS Question	Choice for answer		response	Code
Waist					
80	Device ID for waist	1-90			M6
		99 Missing			
81	Waist circumference (Avoid measuring if pregnant woman)	30.0-200.0			M7
		888.8 Refused			
		999.9 Missing			
Blood pressure					
82	Interviewer ID	1-900			M8
		999 Missing			
83	Device ID for blood pressure	1-90			M9
		99 Missing			
84	Cuff size used	1 Small			M10
		2 Medium			
		3 Large			
		9 Missing			
85	Reading 1	Systolic	40.0-300		M11a
			888 Refused		
			999 Missing		
		Diastolic	30.0-200.0		M11b
			888 Refused		
			999 Missing		

STEPS Q No.	STEPS Question	Choice for answer		response	Code
86	Reading 2	Systolic	40.0-300.0		M12a
			888 Refused		
			999 Missing		
		Diastolic	30.0-200.0		M12b
			888 Refused		
			999 Missing		
87	Reading 3	Systolic	40.0-300.0		M13a
			888 Refused		
			999 Missing		
		Diastolic	30.0-200.0		M13b
			888 Refused		
			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
		2 No			
		7 Don't Know			
		8 Refused			
		9 Missing			
Hip Circumference and Heart Rate					
89	Hip circumference	45.0-300.0			M15
		888.8 Refused			
		999.9 Missing			



STEPS Q No.	STEPS Question	Choice for answer	response	Code
90	Heart Rate (Record if automatic blood pressure device is used)			
	Reading 1	30.0-200.0		M16a
		888 Refused		
		999 Missing		
	Reading 2	30.0-200.0		M16b
		888 Refused		
		999 Missing		
	Reading 3	30.0-200.0		M16c
		888 Refused		
		999 Missing		

### Step 3: Biochemical Measurements

STEPS Q No.	STEPS Question	Choice for answer	response	Code
91	During the last 12 hours have you had anything to eat or drink, other than water?	1 Yes		B1
		2 No		
		7 Don't Know		
		8 Refused		
		9 Missing		
92	Technician ID	1-900		B2
		999 Missing		
93	Device ID	1-90		B3
		99 Missing		
94	Time of day blood specimen taken (24 hour clock)	Numeric hh:mm		B4

STEPS Q No.	STEPS Question	Choice for answer	response	Code
95	Blood glucose	1-50.00		B5
		99.99 Missing		
Blood Lipids				
96	Device ID	1-60		B6
		99 Missing		
97	Total cholesterol	1.75-20.00		B7
		99.99 Missing		
Triglycerides and HDL Cholesterol				
98	Triglycerides	0.25-50.0		B8
		99.99 Missing		
99	HDL Cholesterol	0.10-5.00		B9
		9.99 Missing		