



# WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance LAOS

## Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	_ _ _ _	I1
2	Cluster/Centre/Village name		I2
3	Interviewer ID	_ _ _ _	I3
4	Date of completion of the instrument	_ _     _ _     _ _ _ _  dd      mm      year	I4

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Consent, Interview Language and Name		Response	Code
Participant Id Number     _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _			
5	Consent has been read and obtained	Yes 1 No 2 <b>IF NO, END</b>	I5
6	Interview Language <i>[Insert Language]</i>	English 1 <i>[Add others]</i> 2 <i>[Add others]</i> 3 <i>[Add others]</i> 4	I6
7	Time of interview (24 hour clock)	_ _  :  _ _  hrs      mins	I7
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 ( <i>Record Male / Female as observed</i> )	Male 1 Female 2	C1
12	What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _   _ _ _ _   _ _ _ _  <i>If known, Go to C4</i> dd mm year	C2
13	How old are you?	Years  _ _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years  _ _ _	C4

EXPANDED: Demographic Information			
15	What is the <b>highest level of education</b> you have completed?  <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
16	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> <b>background</b> ?	<i>[Locally defined]</i> 1 <i>[Locally defined]</i> 2 <i>[Locally defined]</i> 3 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
18	Which of the following best describes your <b>main work</b> status over the past 12 months?  <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>  <i>(USE SHOWCARD)</i>	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
19	How many people older than 18 years, including yourself, live in your household?	Number of people  _ _ _	C9



## Step 1 Behavioural Measurements

<b>CORE: Tobacco Use</b>		
Now I am going to ask you some questions about tobacco use.		
Question	Response	Code
22 Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T8</i>	T1
23 Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
24 How old were you when you <b>first started</b> smoking?	Age (years) Don't know 77  _ _  <i>If Known, go to T5a/T5aw</i>	T3
25 Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i>  <i>Don't know 77</i>	In Years  _ _  <i>If Known, go to T5a/T5aw</i>	T4a
	OR in Months  _ _  <i>If Known, go to T5a/T5aw</i>	T4b
	OR in Weeks  _ _	T4c
26  On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i>  <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i>  <i>Don't Know 7777</i>	DAILY↓      WEEKLY↓	
	Manufactured cigarettes       _ _ _ _ _   _ _ _ _ _	T5a/T5aw
	Hand-rolled cigarettes       _ _ _ _ _   _ _ _ _ _	T5b/T5bw
	Pipes full of tobacco       _ _ _ _ _   _ _ _ _ _	T5c/T5cw
	Cigars, cheroots, cigarillos       _ _ _ _ _   _ _ _ _ _	T5d/T5dw
	Number of Shisha sessions       _ _ _ _ _   _ _ _ _ _	T5e/T5ew
	Other       _ _ _ _ _   _ _ _ _ _  <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
	Other (please specify):       _ _ _ _ _   _ _ _ _ _	T5other/ T5otherw
27 During the past 12 months, have you tried to <b>stop smoking</b> ?	Yes 1 No 2	T6
28 During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
29 In the past, did you <b>ever smoke</b> any tobacco products? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T12</i>	T8
30 In the past, did you <b>ever smoke daily</b> ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

EXPANDED: Tobacco Use			
Question		Response	Code
31	How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77  _ _  If Known, go to T12	T10
32	How <b>long ago</b> did you stop smoking? (RECORD ONLY 1, NOT ALL 3)  Don't Know 77	Years ago  _ _  If Known, go to T12	T11a
		OR Months ago  _ _  If Known, go to T12	T11b
		OR Weeks ago  _ _	T11c
33	Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T15	T12
34	Do you <b>currently use</b> <b>smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 If No, go to T14aw	T13
35	On average, how many <b>times a day/week</b> do you use .... (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't Know 7777	DAILY↓ WEEKLY↓	
		Snuff, by mouth  _ _ _ _   _ _ _ _	T14a/ T14aw
		Snuff, by nose  _ _ _ _   _ _ _ _	T14b/ T14bw
		Chewing tobacco  _ _ _ _   _ _ _ _	T14c/ T14cw
		Betel, quid  _ _ _ _   _ _ _ _	T14d/ T14dw
		Other  _ _ _ _   _ _ _ _  If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
		Other (please specify):  _ _ _ _ _ _ _ _  If T13=No, go to T16, else go to T17	T14other/ T14otherw
36	In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes 1 No 2 If No, go to T17	T15
37	In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as [snuff, chewing tobacco, or betel] <b>daily</b> ?	Yes 1 No 2	T16
38	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  _ _	T17
39	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  _ _	T18

CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
40	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1a
41	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	A1b
42	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
43	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	A3
44	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
45	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 <input type="text"/>	A5
46	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 <input type="text"/>	A6
47	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 <input type="text"/>	A7

EXPANDED: Alcohol Consumption			
48	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
49	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 <input type="text"/>	A9a
		Tuesday <input type="text"/>	A9b
		Wednesday <input type="text"/>	A9c
		Thursday <input type="text"/>	A9d
		Friday <input type="text"/>	A9e
		Saturday <input type="text"/>	A9f
		Sunday <input type="text"/>	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
50 In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to D3</i>	D1
51 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     _ _	D2
52 In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to D5</i>	D3
53 How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77     _ _	D4

EXPANDED: Diet		
54 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 Lard or suet    2 Butter or ghee    3 Margarine    4 Other    5 <i>If Other, go to D5 other</i> None in particular    6 None used    7 Don't know    77	D5
	Other     _ _ _ _ _ _ _ _	D5other
55 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     _ _	D6



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), <i>[Insert relevant terms]</i> .			
65	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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 13</i>	P10
66	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days  _	P11
67	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P12 (a-b)
68	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, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P16</i>	P13
69	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days  _	P14
70	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P15 (a-b)

EXPANDED: Physical Activity			
Sedentary behaviour			
The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>			
71	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes  _ _  :  _ _  hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question		Response	Code
72	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>	
73	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>	
74	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

EXPANDED: History of Raised Blood Pressure			
Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?			
75	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		
76	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
77	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	



## Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
84	Interviewer ID	_ _ _ _	M1
85	Device IDs for height and weight	Height  _ _ _	M2a
		Weight  _ _ _	M2b
86	Height	in Centimetres (cm)  _ _ _ _ _ _ _ _	M3
87	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)  _ _ _ _ _ _ _ _	M4
88	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
89	Device ID for waist	_ _ _	M6
90	Waist circumference	in Centimetres (cm)  _ _ _ _ _ _ _ _	M7
CORE: Blood Pressure			
92	Device ID for blood pressure	_ _ _	M9
93	Cuff size used	Small 1	M10
		Medium 2	
		Large 3	
94	Reading 1	Systolic ( mmHg)  _ _ _ _	M11a
		Diastolic (mmHg)  _ _ _ _	M11b
95	Reading 2	Systolic ( mmHg)  _ _ _ _	M12a
		Diastolic (mmHg)  _ _ _ _	M12b
96	Reading 3	Systolic ( mmHg)  _ _ _ _	M13a
		Diastolic (mmHg)  _ _ _ _	M13b
97	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	M14
		No 2	

EXPANDED: Hip Circumference and Heart Rate			
98	Hip circumference	in Centimeters (cm)  _ _ _ _ _ _ _ _	M15
99	Heart Rate		
	Reading 1	Beats per minute  _ _ _ _	M16a
	Reading 2	Beats per minute  _ _ _ _	M16b
	Reading 3	Beats per minute  _ _ _ _	M16c

## Step 3 Biochemical Measurements

<b>CORE: Blood Glucose</b>			
	Question	Response	Code
100	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
102	Device ID	_ _	B3
103	Time of day blood specimen taken (24 hour clock)	Hours : minutes  _ _  :  _ _  hrs mins	B4
104	Fasting blood glucose <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l  _ _  .  _ _  mg/dl  _ _ _  .  _	B5
105	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
<b>CORE: Blood Lipids</b>			
106	Device ID	_ _	B7
107	Total cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l  _ _  .  _ _  mg/dl  _ _ _  .  _	B8
108	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
<b>EXPANDED: Triglycerides and HDL Cholesterol</b>			
110	HDL Cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l  _  .  _ _  mg/dl  _ _ _  .  _	B11

