

# **STEPS Mapped Instrument & Dataset Structure for [Insert Site/Country and Survey year]**



**Prepared by (including date and contact information):**

## 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	--	Numeric	--
1		District code	1-999		I1	I1	Numeric	Text & Numeric
2		Centre/Village name	Text		I2	I2	Text	Text
3		Centre/Village code	1-999		I3	I3	Numeric	Text & Numeric
4		Interviewer Identification	1-999		I4	I4	Numeric	Text & Numeric
5		Date of completion of the instrument	Value entered as date dd/mm/yyyy		I5	I5	Date/Time	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	16	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Not applicable					
			99 Missing					
7		Consent has been obtained (verbal or written)	1 Yes		17	17	Numeric	Numeric
			2 No					
8		Interview Language [Insert Language]	1 English	1 Français	18	18	Numeric	Numeric
			2 [Add others]	2 Langues vernaculaires				
			3 [Add others]					
			4 [Add others]					
9		Time of interview (24 hour clock)	Numeric, entered as date hh:mm	1 Matin	19	19	Numeric	Numeric
				2 Midi				
				3 Soir				
10		Family Name	Text		110	110	Not entered	Text
11		First Name	Text		111	111	Not entered	Text
12		Contact phone number where possible	Text		112	112	Not entered	Text

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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		I13  I13other	I13	Not entered	Numeric
<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		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		C2	C2	Date/Time	Date/Time
16		How old are you?	25-64		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	C4	Numeric	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		C5	C5	Text	Text
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 Aucune instruction Formelle 2 Seulement Alphabétisé 3 Moins que l'école primaire 4 Premier Cycle 5 Second Cycle 6 Lycée /Secondaire 7 Ecole supérieure/ Université 8 Diplôme post-universitaire obtenu	C6	C6	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 Employé de l'Etat	C7	C7	Numeric	Numeric
			2 Non-government employee	2 Employé dans le privé				
			3 Self-employed	3 Indépendant (préciser la profession)				
			4 Non-paid	4 Bénévole				
			5 Student	5 Scolaire				
			6 Homemaker	6 Retraité				
			7 Retired	7 Sans emploi				
			8 Unemployed (able to work)	8 Invalide				
			9 Unemployed (unable to work)	9 autres				
			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	C8	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 7777777 DK	C9a	C9Semaine	Numeric	Numeric
			Per month	1-9999999 7777777 DK	C9b	C9OuParMois		
			Per year	1-9999999 7777777 DK	C9c	C9OuParAnnée		
			88 Refused		C9d	C9Refuse		

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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	1 < 180000 F CFA	C10	C10	Numeric	Numeric
			2 More than Q 1, ≤ Q 2	2 > Ou = 180000				
			3 More than Q 2, ≤ Q 3	7 Ne sait pas				
			4 More than Q 3, ≤ Q 4	77 Ne se souvient pas				
			5 More than Q 4	88 Refuse				
			77 Don't Know					
			88 Refused					
99 Missing								
<b>Country-Specific Questions</b>								
--	--	Statut matrimonial		1 Marié(e)	X1	C3matrimonial	Numeric	Numeric
				2 Célibataire				
				3 Veuf / Veuve				
				4 Divorcé(e)				
				5 Remarié(e)				
--	--	Handicap		1-9	X2	C7Handicap	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	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		S2bMois	Numeric	Numeric		
77 Don't Know								
88 No Applicable								
99 Missing								
1-48 (weeks)		T4c		S2bSemaines	Numeric	Numeric		
77 Don't Know								
88 No Applicable								
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	
28		On average, <b>how many</b> of the following do you smoke each day?	Manufactured cigarettes	1-50		T5a	S3Cigarettes	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Hand-rolled cigarettes	1-50		T5b	S3Feuilles Sechees	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Pipes full of tobacco	1-50		T5c	S3Pipes	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Cigars, cheroots, cigarillos	1-50		T5d	S3Poudre Tabac	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Other	1-50		T5e	S3Autres	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
Other (please specify):	Text		T5other	S3Preciser Autres	Text	Text			

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## Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
29		In the past, did you <b>ever</b> smoke <b>daily</b> ?	1 Yes		T6	S4	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	S5a	Numeric	Numeric
			77 Don't Know					
			88 Refused					
			99 Missing					
31		How <b>long ago</b> did you stop smoking daily?	1-54 (years)		T8a	S5bAnne	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T8b	S5bMois	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing		T8c	S5bSemaine	Numeric	Numeric
			1-48 (weeks)					
			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	S6a	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, Do you currently use smokeless tobacco products daily?	1 Yes		T10	S6b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
34		On average, how many times a day do you use ....	Snuff, by mouth	1-50	T11a	S7TabacOrale	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Snuff, by nose	1-50	T11b	S7TabacNasal	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Chewing tobacco	1-50	T11c	S7TabacMacher	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	S7Autres	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
Other (please specify):	Text	T11other	S7AutresP reciser	Text	Text			

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## Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
35		In the past, did you <b>ever use</b> smokeless tobacco such as [ <i>snuff, chewing tobacco, or betel</i> ] <b>daily</b> ?	1 Yes		T12	S8	Numeric	
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

## 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 2 No 77 Don't Know 88 Refused 99 Missing		A1	A1b	Numeric	Numeric
37	--	In the past 12 months, <b>how frequently</b> have you had at least one drink?	1 (Daily) 2 (5-6 days per week) 3 (1-4 days per week) 4 (1-3 days per month) 5 (Less than once a month) 77 Don't Know 88 Refused 99 Missing	1 5 jours ou plus/semaine 2 1 à 4 jours / semaine 3 1 à 3 jours /mois 4 Moins d'1 fois / mois	A2	A2	Numeric	Numeric
38	--	When you drink alcohol, <b>on average</b> , how many drinks do you have during one day?	Number 1-50 77 Don't Know 88 Refused / NA 99 Missing	Calculated from A3 in original questionnaire (see country-specific questions below)	A3	A3	Numeric	Numeric
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 2 No 77 Don't Know 88 Refused 99 Missing		A4	--	Numeric	--

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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	A4Lundi	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Tuesday	1-50		A5b	A4Mardi	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Wednesday	1-50		A5c	A4Mercredi	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Thursday	1-50		A5d	Q4Jeudi	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Friday	1-50		A5e	A4Vendredi	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Saturday	1-50		A5f	A4Samedi	Numeric	Numeric
				77 Don't know					
				88 Refused					
				99 Missing					
			Sunday	1-50		A5g	A4Dimanche	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 77 Don't Know 88 Refused / NA 99 Missing		A6	A5	Numeric	Numeric
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?	1-365 777 Don't Know 888 Refused / NA 999 Missing		A7	A6a	Numeric	Numeric
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?	1-365 777 Don't Know 888 Refused / NA 999 Missing		A8	A6b	Numeric	Numeric
<b>Country-Specific Questions</b>								
--	--	Avez-vous déjà consommé une boisson alcoolisée comme de la bière, du vin, de la liqueur, du cidre, de l'alcool blanc, bière de mil, du vin de palme, du vin de miel?		1 Oui 2 Non	X3	A1a	Numeric	Numeric
--	--	Quand vous buvez de l'alcool, quelle quantité prenez-vous en moyenne par jour ?		Nombre de verres	Turned into A3	A3verres	Numeric	Numeric
				Nombre de petites calebasses	X4	A3Petitescale	Numeric	Numeric
				Nombre de louches	X5	A3Louches	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	Same responses except option 4 has been dropped.	D5	D5	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	--

## Step 1: Physical Activity

STEP 1: Physical Activity			Response		Code (variable name)		Data Type					
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific				
<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	P2	Numeric	Numeric				
			2 No									
			77 Don't Know									
			88 Refused									
50		In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7		P2	P3a	Numeric	Numeric				
			99 Missing									
			Hours 1-24						P3A	P3bHoursMin	Numeric	Numeric
			77 Don't Know									
99 Missing												
Minutes 1-60	P3B	P3bMinutes	Numeric	Numeric								
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	P4	Numeric	Numeric
	2 No											
	77 Don't Know											
	88 Refused											
53		In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days 1-7		P5	P5a	Numeric	Numeric				
			99 Missing									
			Hours 1-24						P6A	P5bHoursMin	Numeric	Numeric
			77 Don't Know									
99 Missing												
Minutes 1-60	P6B	P5bMinutes	Numeric	Numeric								
77 Don't Know												
99 Missing												

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## Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
<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	P7	Numeric	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	P8a	Numeric	Numeric
			99 Missing					
57		How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a	P8bHeuresMin	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P9b	P8bMinutes	Numeric	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	P10	Numeric	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	P11a	Numeric	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	P11bHours	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P12b	P11bMinutes	Numeric	Numeric
			77 Don't Know					
99 Missing								

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## Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
<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	P12	Numeric	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	P13ajour	Numeric	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	P13bHoursMin	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P15b	P13bMinutes	Numeric	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	P14HoursMin	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P16b	P14Minutes	Numeric	Numeric
			77 Don't Know					
99 Missing								

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## Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
<b>Country-Specific Questions</b>								
--	--	GPAQ1P1			GPAQ1P1	P1	Numeric	Numeric
--	--	GPAQ1P6			GPAQ1P6	P6	Numeric	Numeric
--	--	GPAQ1P9			GPAQ1P9	P9	Numeric	Numeric

## 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		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	Calculated from original H4a and H4b (see country-specific questions below)	H4	H4a	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					
--	--	Au cours des 12 derniers mois avez-vous vu un guérisseur traditionnel pour une tension artérielle élevée?		1 Oui	X6	H4a	Numeric	Numeric
				2 Non				
--	--	Au cours des 12 derniers mois avez-vous vu un guérisseur traditionnel pour hypertension ?		1 Oui	X7	H4b	Numeric	Numeric
				2 Non				
--	--	Vos parents sont-ils hypertendus ?		1 Oui	X8	H4c	Numeric	Numeric
				2 Non				

## 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	H6	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	H7	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	H8a	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	H8b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H8c	H8c	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to lose weight	1 Yes		H8d	H8d	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		H8e	H8e	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice to start or do more exercise	1 Yes		H8f	H8f	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
73	--	During the past 12 months have you seen a traditional healer for diabetes?	1 Yes		H9	H9	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
74	--	Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes		H10	H10	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

## 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	M1	Numeric	Numeric
76	--	Device IDs for height and weight	Height	1-90 99 Missing	M2a	M2a	Numeric	Numeric
			Weight	1-90 99 Missing	M2b	M2b		
77	--	Height	100.0-270.0 888.8 Refused 999.9 Missing		M3	M3	Numeric	Numeric
78	--	Weight	20.0-350.0 666.6 Too large for scale 888.8 Refused 999.9 Missing		M4	M4	Numeric	Numeric
79	--	(For women) Are you pregnant?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		M5	M5	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	M7CodeID	Numeric	Numeric				
			99 Missing									
81	--	Waist circumference	30.0-200.0		M7	M8	Numeric	Numeric				
			888.8 Refused									
			999.9 Missing									
<b>Blood pressure</b>												
82	--	Interviewer ID	1-900		M8	M9	Numeric	Text				
			999 Missing									
83	--	Device ID for blood pressure	1-90		M9	M10CodeID	Numeric	Numeric				
			99 Missing									
84	--	Cuff size used	1 Small		M10	M11	Numeric	Numeric				
			2 Medium									
			3 Large									
			99 Missing									
85	--	Reading 1	Systolic	40.0-300		M11a	M12a	Numeric				
				888 Refused								
				999 Missing								
			Diastolic	30.0-200.0					M11b	M12b	Numeric	Numeric
				888 Refused								
				999 Missing								
86	--	Reading 2	Systolic	40.0-300		M12a	M13a	Numeric				
				888 Refused								
				999 Missing								
			Diastolic	30.0-200.0					M12b	M13b	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	M14a	Numeric	Numeric
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0	M13b	M14b	Numeric	Numeric	
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	M15	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	M16	Numeric	Numeric
			888.8 Refused						
			999.9 Missing						
90	--	Heart Rate Reading 1	30.0-200.0			M16a	M17a	Numeric	Numeric
			888 Refused						
			999 Missing						
		Heart Rate Reading 2	30.0-200.0			M16b	M17b	Numeric	Numeric
			888 Refused						
			999 Missing						
		Heart Rate Reading 3	30.0-200.0			M16c	M17c	Numeric	Numeric
			888 Refused						
			999 Missing						
<b>Country-Specific Questions</b>									
--	--	Code ID du technicien (taille)				X9	M6TechID	Numeric	Numeric

## Step 3: Biochemical Measurements

Step 3: Biochemical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
91		During the last 12 hours have you had anything to eat or drink, other than water?	1 Yes		B1	B1	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
92		Technician ID	1-900		B2	B2	Numeric	Numeric
			999 Missing					
93		Device ID	1-90		B3	B3	Numeric	Numeric
			99 Missing					
94		Time of day blood specimen taken (24 hour clock)	Numeric hh:mm		B4	B4	Numeric	Numeric
95		Blood glucose	1-50.00		B5	B5	Numeric	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>								
--	--	Glycémie à jeun		1 bas	X10	B5appreciation	Numeric	Numeric
				2 élevé				
				3 impossible d'évaluer				