

WHO STEPS Instrument

(Core and Expanded)



The WHO STEPwise approach to chronic disease risk factor surveillance

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For further information: www.who.int/chp/steps

STEPS Instrument

Overview

Introduction

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

- CORE items (unshaded boxes)
- EXPANDED items (shaded boxes)
- Response options for Step 1, Step 2 and Step 3

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
- History of raised blood pressure

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 finalised.
Question	Each question is to be read to the participants	<ul style="list-style-type: none">• Select sections to use.• Add expanded and optional questions as desired.
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">• Add site specific responses for demographic responses (e.g. C5).• Change skip question identifiers from code to question number.
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.

Note: It is recommended that you use both the core and expanded questions.



WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance

<insert country/site name>

Survey Information

Location and Date		Response	Code
1	Code de la région/Cercle/Commune:	_ _ _ _	I1
2	Centre (Nom du village/Quartier/Fraction):		I2
3	Centre (Code du village/Quartier/Fraction):	_ _ _ _	I3
4	Interviewer Identification	_ _ _ _	I4
5	Date of completion of the instrument	_ _ dd _ _ mm _ _ _ _ year dd mm year	I5

Consent, Interview Language and Name		Response	Code
6	Consent has been read out to participant	Yes 1 No 2 If NO, read consent	I6
7	Consent has been obtained (verbal or written)	Yes 1 No 2 If NO, END	I7
8	Interview Language [Insert Language]	French 1 Native language 2	I8
9	Time of interview (24 hour clock)	Morning 1 Afternoon 2 Evening 3	I9
10	Family Name		I10
11	First Name		I11
Additional Information that may be helpful			
12	Contact phone number where possible		I12
13	Specify whose phone	Work 1	I13
		Home 2	
		Cell 3	
		Other (specify) 4	
		Other	_ _ _ _ _

Record and file identification information (I6 to I13) separately from the completed questionnaire.

Step 1 Demographic Information

CORE: Demographic Information				
Questions		Response		Code
14	Sex (Record Male / Female as observed)	Male 1 Female 2		C1
15	What is your date of birth? Don't Know 77 777 7777	<div>ddmmyear</div> <div>If known, go to C4</div>		C2
16	How old are you?	Years	<div></div>	C3
	Marital status	Married 1		X1
		Single 2		
		Widowed 3		
		Divorced 4		
		Remarried 5		
17	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	<div></div>	C4

EXPANDED: Demographic Information		Response		Code
18	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> <u>background</u> ?			C5
19	What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	Aucune instruction Formelle Seulement Alphabétisé Moins que l'école primaire Premier Cycle Second Cycle Lycée /Secondaire Ecole supérieure/ Université Diplôme post-universitaire obtenu Refused	1 2 3 4 5 6 7 8 88	C6
20	Which of the following best describes your <u>main</u> work status over the last 12 months? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i> <i>(USE SHOWCARD)</i>	Employé de l'Etat Employé dans le privé Indépendant (préciser la profession) Bénévole Scolaire Retraité Sans emploi Invalide Autres Refused	1 2 3 4 5 6 7 8 9 88	C7
	Specify main work			C7a
21	How many people older than 15 years, including yourself, live in your household?	Number of people <div><div></div><div></div><div></div></div>		C8
22	Taking the past year , can you tell me what the average earnings of the household have been? <i>(RECORD ONLY ONE, NOT ALL 3)</i>	Per week OR per month OR per year Refused	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><i>Go to T1</i></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><i>Go to T1</i></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><i>Go to T1</i></div> <div>88</div>	C9a C9b C9c C9d

Participant Identification Number

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23	<p>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</p> <p><i>[INSERT QUINTILE VALUES]</i> <i>(READ OPTIONS)</i></p>	<p>< 180000 F CFA 1</p> <p>> Ou = 180000 2</p> <p>Don't know 7</p> <p>Don't remember 77</p> <p>Refused 88</p>	C10
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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.									
Questions	Response		Code						
24 Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	Yes 1 No 2 <i>If No, go to T6</i>		T1						
25 If Yes, Do you currently smoke tobacco products daily ?	Yes 1 No 2 <i>If No, go to T6</i>		T2						
26 How old were you when you first started smoking daily?	Age (years) <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T5a</i> Don't remember 77					T3			
27 Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't remember 77	In Years <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T5a</i>					T4a			
	OR in Months <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T5a</i>					T4b			
OR in Weeks <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>					T4c				
28 On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE) Don't remember 77			T5						
	Cigarettes, cigars <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				T5a				
	Feuilles séchées <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				T5b				
	Pipes full of tobacco <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				T5c				
Poudre de tabac <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				T5d					
Other <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>If other, go to T5 other</i>				T5e					
Other (please specify): <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									T5other

EXPANDED: Tobacco Use						
Questions	Response		Code			
29 In the past, did you ever smoke daily ?	Yes 1		T6			
	No 2 <i>If No, go to T9</i>					
30 If Yes, How old were you when you stopped smoking daily ?	Age (years) <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T9</i> Don't remember 77					T7
31 How long ago did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't remember 77	Years ago <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T9</i>					T8a
	OR Months ago <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T9</i>					T8b
OR Weeks ago <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>					T8c	
32 Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?	Yes 1 No 2 <i>If No, go to T12</i>		T9			
33 If Yes, Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T12</i>		T10			

EXPANDED: Tobacco Use, contd.										
Questions		Response		Code						
34	On average, how many times a day do you use (RECORD FOR EACH TYPE) Don't Know 77			T11						
		Snuff, by mouth	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				T11a			
		Snuff, by nose	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				T11b			
		Chewing tobacco	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				T11c			
Other	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> If Other, go to T11 other				T11e					
Other (specify)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									T11other
35	In the past, did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily ?	Yes	1	T12						
		No	2							

CORE: Alcohol Consumption							
The next questions ask about the consumption of alcohol.							
Questions		Response		Code			
	Have you ever consumed a drink that contains alcohol such as beer, wine, spirit, fermented cider or [add other local examples] ? <i>USE SHOWCARD or SHOW EXAMPLES</i>	Yes 1 No 2		A1a			
36	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the past 12 months ? <i>(USE SHOWCARD OR SHOW EXAMPLES)</i>	Yes 1 No 2 If No, go to D1		A1			
37	In the past 12 months, how frequently have you had at least one drink? <i>(READ RESPONSES USE SHOWCARD)</i>	5 or more days a week 1 1-4 days per week 2 1-3 days a month 3 Less than once a month 4		A2			
38	When you drink alcohol, on average , how many drinks do you have during one day?			A3			
		Nombre de verres	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				A3a
		Nombre de petites calebasses	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				A3b
Nombre de louches	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				A3c		
38	When you drink alcohol, on average , how many drinks do you have during one day?	Number Don't know 77	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				A3
39	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the past 30 days ? <i>(USE SHOWCARD OR SHOW EXAMPLES)</i>	Yes 1 No 2 If No, go to A 6		A4			
40	During each of the past 7 days , how ½ litres of any alcoholic drink did you have each day?	Monday	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				A5a
Tuesday	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				A5b		

(RECORD FOR EACH DAY USE SHOWCARD)	Wednesday	_ _ _	A5c
	Thursday	_ _ _	A5d
	Friday	_ _ _	A5e
	Saturday	_ _ _	A5f
	Sunday	_ _ _	A5g
Don't Know 77			

EXPANDED : Alcohol Consumption

Questions		Response	Code
41	In the past 12 months, what was the largest number of ½ litres you had on a single occasion, counting all types of standard drinks together?	Largest number _ _ _	A6
42	For men only: In the past 12 months, on how many days did you have five or more ½ litres in a single day?	Number of days _ _ _ _	A7
43	For women only: In the past 12 months, on how many days did you have four or more ½ litres in a single day?	Number of days _ _ _ _	A8

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.

Questions		Response	Code
44	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days _ _ _ Don't Know 77 <i>If Zero days, go to D3</i>	D1
45	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings _ _ _ Don't Know 77	D2
46	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days _ _ _ Don't Know 77 <i>If Zero days, go to D5</i>	D3
47	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings _ _ _ Don't Know 77	D4

EXPANDED: Diet

48	What type of oil or fat is most often 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 <i>If Other, go to D5 other</i>	
		None in particular 6	
		None used 7	
		Don't know 77	
		Other _ _ _ _ _	D5other

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. <i>[Insert other examples if needed]</i>. 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>							
Questions	Response		Code				
Activity at work							
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 4</i>	P1				
50	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <table border="1"><tr><td> </td></tr></table>		P2			
51	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> hrs mins					P3 (a-b)
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 7</i>	P4				
53	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <table border="1"><tr><td> </td></tr></table>		P5			
54	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> hrs mins					P6 (a-b)
Travel to and from places							
<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. <i>[insert other examples if needed]</i></p>							
55	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 <i>If No, go to P 10</i>	P7				
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?	Number of days <table border="1"><tr><td> </td></tr></table>		P8			
57	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> hrs mins					P9 (a-b)
Recreational activities							
<p>The next questions exclude the work and transport activities that you have already mentioned.</p> <p>Now I would like to ask you about sports, fitness and recreational activities (<i>leisure</i>), <i>[insert relevant terms]</i>.</p>							
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P 13</i>	P10				
59	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <table border="1"><tr><td> </td></tr></table>		P11			
60	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> hrs mins					P12 (a-b)

CORE: Physical Activity (recreational activities) contd.							
Questions		Response	Code				
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? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13				
62	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <table border="1"><tr><td> </td></tr></table>		P14			
63	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <div style="display: flex; justify-content: space-around; width: 100%;"> hrs mins </div>					P15 (a-b)
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, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping. [INSERT EXAMPLES] (USE SHOWCARD)							
64	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <table border="1"><tr><td> </td><td> </td></tr></table> : <table border="1"><tr><td> </td><td> </td></tr></table> <div style="display: flex; justify-content: space-around; width: 100%;"> hrs min s </div>					P16 (a-b)

EXPANDED: History of Raised Blood Pressure				
Questions		Response	Code	
65	When was your blood pressure last measured by a health professional?	Within past 12 months 1 1-5 years ago 2 Not within past 5 years 3	H1	
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?	Yes 1 No 2	H2	
67	Are you currently receiving any of the following treatments for raised blood pressure prescribed by a doctor or other health worker as well as any advice?			
	Drugs (medication) that you have taken in the last 2 weeks	Yes 1 No 2	H3a	
	Special prescribed diet	Yes 1 No 2	H3b	
	Advice or treatment to lose weight	Yes 1 No 2	H3c	
	Advice or treatment to stop smoking	Yes 1 No 2	H3d	
	Advice to start or do more exercise	Yes 1 No 2	H3e	
	68	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	Yes 1 No 2	H4a
		Are your parents hypertensive?	Yes 1 No 2	H4c
	69	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

EXPANDED: History of Diabetes				
Questions		Response		Code
70	Have you had your blood sugar measured in the last 12 months?	Yes 1	No 2	H6
71	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	Yes 1	No 2	H7
72	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker as well as any advice?			
	Insulin	Yes 1	No 2	H8a
		Yes 1	No 2	
	Oral drug (medication) that you have taken in the last 2 weeks	Yes 1	No 2	H8b
		Yes 1	No 2	
	Special prescribed diet	Yes 1	No 2	H8c
		Yes 1	No 2	
	Advice or treatment to lose weight	Yes 1	No 2	H8d
		Yes 1	No 2	
	Advice or treatment to stop smoking	Yes 1	No 2	H8e
		Yes 1	No 2	
	Advice to start or do more exercise	Yes 1	No 2	H8f
		Yes 1	No 2	
	Advice and / or treatment to stop drinking alcohol	Yes 1	No 2	H8g
		Yes 1	No 2	
73	During the past 12 months have you seen a traditional healer for diabetes?	Yes 1	No 2	H9
74	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	No 2	H10

Step 2 Physical Measurements

CORE: Height and Weight		Response		Code
75	Interviewer ID	_ _ _ _		M1
76	Device IDs for height and weight	Height	_ _	M2a
		Weight	_ _	M2b
77	Height	in Centimetres (cm)	_ _ _ _ . _	M3
78	Weight <i>If too large for scale, code 666.6</i>	in Kilograms (kg)	_ _ _ _ . _	M4
79	(For women) Are you pregnant?	Yes	1 <i>If Yes, go to M 8</i>	M5
		No	2	
CORE: Waist				
80	Device ID for waist	_ _		M7
81	Waist circumference	in Centimetres (cm)	_ _ _ _ . _	M8
CORE: Blood Pressure				
Take BP 15 minutes apart, sitting or lying down				
82	Interviewer ID	_ _ _ _		
83	Device ID for blood pressure	_ _		M9
84	Cuff size used	Small	1	M10
		Medium	2	
		Large	3	
85	Reading 1	Systolic (mmHg)	_ _ _ _	M11a
		Diastolic (mmHg)	_ _ _ _	M11b
86	Reading 2	Systolic (mmHg)	_ _ _ _	M12a
		Diastolic (mmHg)	_ _ _ _	M12b
87	Reading 3	Systolic (mmHg)	_ _ _ _	M13a
		Diastolic (mmHg)	_ _ _ _	M13b
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?	Yes	1	M14
		No	2	
EXPANDED: Hip Circumference and Heart Rate				
89	Hip circumference	in Centimetres (cm)	_ _ _ _ . _	M15
90	Heart Rate (Record if automatic blood pressure device is used)			
	Reading 1	Beats per minute	_ _ _ _	M16a
	Reading 2	Beats per minute	_ _ _ _	M16b
	Reading 3	Beats per minute	_ _ _ _	M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose		Response	Code
91	During the last 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
92	Technician ID	_ _ _ _	B2
93	Device ID	_ _	B3
94	Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
95	Fasting blood glucose	mmol/l _ _ . _ _	B5a
	Post prandial glucose		B5b

