

WHO STEPS Instrument

(Core and Expanded)



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

World Health Organization
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For further information: 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

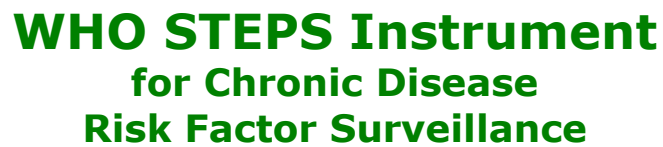
The Expanded items for each section ask more detailed information. Examples include:

- 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">• 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. C6).• 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.



Survey Information

Participant ID number

5-1-1

Step 1 Demographic Information

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

EXPANDED: Demographic Information							
14	What is the highest level of education 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 Technical school/College completed 6 University completed 7 Post graduate degree (Master, PhD) 8 Refused 88	C5				
15	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> background ?	Khalkh 1 Khazakh 2 Durvud 3 Bayd 4 Other 5 <i>If Other go to C6 other</i> Refused 88	C6				
		Other please specify <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					C6other
16	What is your marital status ?	Never married 1 Married/certified 2 Married/not certified 3 Separated 4 Divorced 5 Widowed 6 Refused 88	C7				
17	Which of the following best describes your main work 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				

Step 1 Behavioural Measurements

CORE: Tobacco Use

Now I am going to ask you some questions about tobacco use.

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

EXPANDED: Tobacco Use				
Question		Response		Code
27	How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>		T10
28	How long ago did you stop smoking?	Years ago <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>		T11a
	<i>(RECORD ONLY 1, NOT ALL 3)</i>	OR Months ago <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>If Known, go to T12</i>		T11b
	<i>Don't Know 77</i>	OR Weeks ago <input type="text"/> <input type="text"/> <input type="text"/>		T11c
29	Do you currently use any smokeless tobacco products such as <i>[snuff, chewing tobacco, betel]</i> ? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T15</i>		T12
30	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T14aw</i>		T13
31	On average, how many times a day/week do you use <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	DAILY↓ WEEKLY↓		
		Snuff by mouth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14a/ T14aw
		Snuff by nose	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14b/ T14bw
		Chewing tobacco	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14c/ T14cw
		Betel, quid	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T14d/ T14dw
		Other	<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>If Other, go to T14other, if T13=No, go to T16, else go to T17</i>	T14e/ T14ew
		Other (please 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>If T13=No, go to T16, else go to T17</i>	T14other/ T14otherw
32	During the past 7 days, did anyone smoke in your home ?	Yes 1 No 2		T17
33	During the past 7 days, did anyone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3		T18
34	During the past 7 days, on how many days did someone smoke in an enclosed public area ? (inside a store, bus, etc.)	Yes 1 Number of days <input type="text"/> <input type="text"/> <input type="text"/> Don't know or Don't work in a closed area 77		X2

CORE: Alcohol Consumption

The next questions ask about the consumption of alcohol.

Question		Response	Code		
35	Have you ever consumed any alcohol such as beer, wine, spirits or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to A16	A1		
36	Have you consumed any alcohol within the past 12 months ?	Yes 1 If Yes, go to A4 No 2	A2		
37	Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 If Yes, go to A16 No 2	A3		
38	During the past 12 months, how frequently have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6 Refused 88	A4		
39	Have you consumed any alcohol within the past 30 days ?	Yes 1 No 2 If No, go to A13	A5		
40	During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A6
41	During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A7
42	During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A8
43	During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A9
44	During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <table border="1"><tr><td></td><td></td></tr></table>			A10a
Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A10b		
Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A10c		
Thursday <table border="1"><tr><td></td><td></td></tr></table>			A10d		
Friday <table border="1"><tr><td></td><td></td></tr></table>			A10e		
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A10f		
Sunday <table border="1"><tr><td></td><td></td></tr></table>			A10g		

CORE: Alcohol Consumption, continued

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

45	During the past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed alcohol? [AMEND ACCORDING TO LOCAL CONTEXT] (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to A13</p>	A11				
46	On average, how many standard drinks of the following did you consume during the past 7 days ? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) Don't Know ??	Homebrewed spirits, e.g. moonshine	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>				A12a
		Homebrewed beer or wine, e.g. beer, palm or fruit wine	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>				A12b
		Alcohol brought over the border/from another country	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>				A12c
Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>				A12d		
Other untaxed alcohol in the country	<table border="1"> <tr><td></td><td></td><td></td></tr> </table>				A12e		

EXPANDED: Alcohol Consumption

47	During the past 12 months , how often have you found that you were not able to stop drinking once you had started?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A13
48	During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A14
49	During the past 12 months , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<p>Daily or almost daily 1</p> <p>Weekly 2</p> <p>Monthly 3</p> <p>Less than monthly 4</p> <p>Never 5</p>	A15
50	During the past 12 months , have you had family problems or problems with your spouse/partner due to someone else's drinking?	<p>Yes, more than monthly 1</p> <p>Yes, monthly 2</p> <p>Yes, several times but less than monthly 3</p> <p>Yes, once or twice 4</p> <p>No 5</p>	A16

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
51	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3	D1
52	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	D2
53	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5	D3
54	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/> <input type="text"/>	D4

EXPANDED: Diet

55	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	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
56	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: Dietary salt

The next questions ask about your knowledge, attitudes and behaviour towards dietary salt. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt and salty sauces such as soya sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as [insert country specific examples], and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt.

Question		Response	Code
57	<p>How often do you add salt to your food before you eat it or as you are eating it?</p> <p>(SELECT ONLY ONE)</p> <p>(USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	DS1
58	<p>How often is salt added in cooking or preparing foods in your household?</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	DS2
59	<p>How often do you eat processed food high in salt, such as [add country specific examples]?</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p>	DS3

Participant Identification Number

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	[INSERT EXAMPLES]		Rarely	4									
	(USE SHOWCARD)		Never	5									
			Don't know	77									
60	Do you do anything of the following on a regular basis to control your salt intake ? (RECORD FOR EACH)												
	Avoid/minimize consumption of processed foods		Yes	1	DS7a								
		No	2										
	Look at the salt or sodium labels on food		Yes	1	DS7b								
		No	2										
	Do not add salt on the table		Yes	1	DS7c								
		No	2										
	Buy low salt/sodium alternatives		Yes	1	DS7d								
		No	2										
	Do not add salt when cooking		Yes	1	DS7e								
	No	2											
Use spices other than salt when cooking		Yes	1	DS7f									
	No	2											
Avoid eating out		Yes	1	DS7g									
	No	2											
Other		Yes	1	DS7h									
		No	2										
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>											DS7other

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>			
Question	Response		Code
Work			
61	<p>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></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>	P1
62	<p>In a typical week, on how many days do you do vigorous-intensity activities as part of your work?</p>	<p>Number of days <input type="text"/></p> <p>Don't know 77</p>	P2
63	<p>How much time do you spend doing vigorous-intensity activities at work on a typical day? <i>Don't know 77</i></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/> hrs mins</p>	P3 (a-b)
64	<p>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></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>	P4
65	<p>In a typical week, on how many days do you do moderate-intensity activities as part of your work?</p>	<p>Number of days <input type="text"/></p> <p>Dont know 77</p>	P5
66	<p>How much time do you spend doing moderate-intensity activities at work on a typical day? <i>Don't know 77</i></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/> hrs mins</p>	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>			
67	<p>Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?</p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p>	P7
68	<p>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?</p>	<p>Number of days <input type="text"/></p> <p>Don't know 77</p>	P8
69	<p>How much time do you spend walking or bicycling for travel on a typical day? <i>Don't know 77</i></p>	<p>Hours : minutes <input type="text"/> : <input type="text"/> hrs mins</p>	P9 (a-b)

CORE: Physical Activity, Continued			
Question		Response	Code
Recreational activities			
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> .			
70	Do you do any vigorous-intensity sports, fitness or recreational (leisure) 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 If No, go to P 13	P10
71	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities? <i>Don't know 77</i>	Number of days _____	P11
72	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? <i>Don't know 77</i>	Hours : minutes _____ : _____ hrs mins	P12 (a-b)
73	Do you do any moderate-intensity sports, fitness or recreational (leisure) 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 If No, go to P16(a-b)	P13
74	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities? <i>Don't know 77</i>	Number of days _____	P14
75	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day? <i>Don't know 77</i>	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>			
76	How much time do you usually spend sitting or reclining on a typical day? <i>Don't know 77</i>	Hours : minutes _____ : _____ hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure

Question		Response	Code
77	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H6</i>	H1
78	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
79	Have you been told in the past 12 months?	Yes 1 No 2	H2b
80	In the past two weeks, have you taken any drugs (medication) for raised blood pressure by a doctor or other health worker?	Yes 1 No 2	H3
81	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
82	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

CORE: History of Diabetes

Question		Response	Code
83	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
84	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
85	Have you been told in the past 12 months?	Yes 1 No 2	H7b
86	In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
87	Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
88	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
89	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11
90	Have someone from your family member ever been treated or diagnosed with diabetes.	Yes 1 No 2	X3

CORE: History of Raised Total Cholesterol

Questions		Response		Code
91	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes	1	H12
		No	2 <i>If No, go to H17</i>	
92	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes	1	H13a
		No	2 <i>If No, go to H17</i>	
93	Were you told in the past 12 months?	Yes	1	H13b
		No	2	
94	In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes	1	H14
		No	2	

CORE: History of Cardio-vascular Diseases

Question		Response	Code
95	Have you ever had a heart attack or chest pain from heart disease (angina), or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17
96	Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1 No 2	H18
97	Are you currently taking statins (for example Lovostatin/Simvastatin/Atorvastatin) regularly to prevent or treat heart disease?	Yes 1 No 2	H19

CORE: Lifestyle Advice

Questions	Response	Code
98	During the past three years, has a doctor or other health worker advised you to do any of the following? (RECORD FOR EACH)	
	Quit using tobacco or don't start	Yes 1 No 2 H20a
	Reduce salt in your diet	Yes 1 No 2 H20b
	Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2 H20c
	Reduce fat in your diet	Yes 1 No 2 H20d
	Do at least 30 minutes of physical activity on at least 5 days per week	Yes 1 No 2 H20e
	Maintain a healthy body weight or lose weight	Yes 1 No 2 H20f

CORE: Injury

The next questions ask about different experiences and behaviours that are related to road traffic injuries.

Question		Response	Code
99	In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle?	All of the time 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4 No seat belt in the car I usually am in 5 Don't Know 77 Refused 88	V1
100	In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter?	All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88	V2
101	In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist?	Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to X10</i> Don't know 77 <i>If don't know, go to X10</i> Refused 88 <i>If Refused, go to X10</i>	V3
102	<i>Please indicate which of the following was the main reason for this road traffic crash?</i>	Alcoholic drink 1 Recreational medicine 2 Fatigue / Illness 3 Excess speed 4	X6

A horizontal number line with 10 equally spaced tick marks. Below each tick mark is a number from 1 to 10, starting from the left and increasing to the right.

The next questions ask about the most serious accidental injury you have had in the past 12 months.

105	Please indicate which of the following was the cause of this injury.	Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Frostbite 7 Hit by object / object fell on me 8 Other 9 <i>If other go to V6other</i> Don't know 77 Refused 88	V6
		Other (please specify) _____ _____	V6othe r

106	Where were you when you had this injury?	Home	1	V7										
		School	2											
		Workplace / Construction Site	3											
		Road / Street / Highway / Tunnel (Transheine)	4											
		Farm	5											
		Sports / athletic area	6											
		Public show / event	7											
		River	8											
		Other	9 <i>If other go to V7other</i>											
		Don't know	77											
		Refused	88											
		Other (please specify)	<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>											V7othe r

The next questions ask about behaviours related to your safety and drunk driving.

CORE: Violence				
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Question	Response	Code
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5-1-15

Three empty number lines are provided for recording data. Each number line has 10 equal intervals, with vertical tick marks at each interval boundary. The lines are intended for students to draw a dot plot representing the number of books read by each student in the class.

115	Who would you directly contact if you were frightened for the safety of yourself or your family?	Police	1	X11
		Public administration staff	2	
		Doctor or other health worker	3	
		Family	4	
		Friends	5	
		Teacher	6	
		Strangers	7	
		Health worker	8	
		Don't know	77	
		Refused	88	

CORE: Breast and Cervical cancer

	Question	Response	Code
116	Have you ever had a cervical cancer examination?	Yes 1 No 2 <i>If no go to CX2</i> Don't know 77 <i>If don't know go to CX2</i>	CX1
117	How often have you had VIA test? (visual inspection of uterine cervix with acidic acid)	Once a 3 year 1 Less than once every 3 year 2 Never 3 Don't know 77	CX1a
118	How often have you had a PAP smear test?	Once a 3 year 1 Less than once every 3 year 2 Never 3 Don't know 77	CX1b
119	Have you ever had a breast cancer examination by health care provider?	1.Yes 2.No <i>If no go to CX4</i>	CX2
120	How often did you have a clinical examination of the breast? (examination by a health care provider)	Once a year 1 Once in two years 2 Once in three years 3 Less than once in three years 4 Don't know 77	CX2a
121	Have you ever had a mammogram?	Yes 1 No 2 <i>If no go to CX4</i> Don't know 77 <i>If don't know go to CX4</i>	CX3
122	How often did you had a mammogram?	Once a year 1 Once in two years 2 Once in three years 3 Less than once in 3 years 4 Don't know 77	CX3a
123	How often did you do breast self examination?	At least once a month 1 Less than once a month 2 Never 3	CX4

CORE: ORAL HEALTH

Асуулт		Хариулт		Код
124	How many natural teeth do you have?	No natural teeth	1	O1
		1-9 teeth	2	
		10-19 teeth	3	
		20 teeth or more	4	
		Don't know	77	
125	Do you have any removable dentures?	Yes	1	O4
		No	2	
126	How long has it been since you last saw a dentist?	Less than 6 months	1	O7
		6-12 months	2	
		More than 1 year but less than 2 years	3	
		2 or more years but less than 5 years	4	
		5 or more years	5	
		Never received dental care	6	
127	What was the main reason for your last visit to the dentist?	Consultation/advice	1	O8
		Pain or trouble with teeth, gums or mouth	2	
		Treatment / follow-up treatment	3	
		Routine check-up treatment	4	
		Other (If Other, go to O40ther)	5	
		Other (please specify)	<div style="border-bottom: 1px solid black; width: 100px; display: flex; justify-content: space-between;"> </div>	O8other
128	How often do you clean your teeth?	Never	1	O9
		Once a month	2	
		2-3 times a month	3	
		Once a week	4	
		2-6 times a week	5	
		Once a day	6	
		Twice or more a day	7	

Health Care Module

Next I am going to ask you about your health insurance coverage and your use of health services in relation to any noncommunicable disease (NCD) you may have. NCDs include cardiovascular diseases (such as heart diseases, cerebrovascular disease and stroke, peripheral arterial disease, and deep vein thrombosis and pulmonary embolism), cancers, chronic respiratory diseases (such as asthma, chronic obstructive pulmonary disease, occupational lung diseases or pulmonary hypertension) and diabetes.

Health Care Coverage

Please provide information about your current health insurance coverage.

129	Do you currently have any kind of health insurance or health care coverage?	Yes 1 No 2 If No, go to HC3	HC1
130	What kind of health insurance or health care coverage do you currently have? [INSERT COUNTRY-SPECIFIC CATEGORIES]	Private health insurance plan purchased directly 1 Private health insurance plan from employer 2 Other 3 If Other, go to HC2other Don't know 77	HC2
		Other <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	HC2 other
131	During the past 12 months, did you have to pay for medicines or health services such as consultations, treatment, hospitalization or patient care?	Yes 1 No 2 If no go to HC4	HC3
132	Did you have to do any of the following in order to pay for medicines or health services such as consultations, treatment, hospitalization or patient care?	Salary Yes 1 No 2	HC3a
		Sell possessions Yes 1 No 2	HC3b
		Use savings Yes 1 No 2	HC3c
		Borrow money from family or friends Yes 1 No 2	HC3d
		Borrow money from Yes 1	HC3e

EXPANDED: Household Information,						
Question		Response			Code	
143	How many people, including yourself, live in your household?	Number of people <u> </u> <u> </u> <u> </u> Don't know 2 Refused 77			X1	
144	How many people older than 18 years, including yourself, live in your household?	Number of people <u> </u> <u> </u> <u> </u> Don't know 2 Refused 77			C9	
145	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 <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Go to X4			C10a	
		OR per month <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Go to X4			C10b	
		OR per year <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Go to X4			C10c	
		Refused 88			C10d	
146	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 <i>[INSERT QUINTILE VALUES IN LOCAL CURRENCY]</i> <i>(READ OPTIONS)</i>	≤ 170000 1 More than 170000 ≤ 370000 2 More than 370001, ≤ 570000 3 More than 570001 ≤ 770000 4 770000 ≤ 970000 5 More than 970001 6 Don't Know 77 Refused 88			C11	
147	Firstly, your main dwelling where you live most of the time: Does it have any of the followings? Answer yes or no?			Yes	No	X4
		Electricity from grid				
		Electricity from generator				
		Television				
		Fixed line phone				
		Refrigerator				
		Computer				
		Running water				
		Flushing toilet				
Radio						
148	Next, does anyone in your main dwelling own any of the following items? Again, yes or no?			Yes	No	X5
		Wristwatch or clock				
		Mobile phone				
		Bicycle				
		Motorcycle				
		Animal drawn cart				
		Car/truck				
		Tractor				
149	What is the type of your dwelling?	Apartment 1 House 2 Dormitory 3 Ger 4 Other 5			X7	

Step 2 Physical Measurements

CORE: Blood Pressure									
Question		Response	Code						
150	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1		
151	Device ID for blood pressure <i>Refused 88</i>	<table border="1"><tr><td></td><td></td></tr></table>			M9				
152	Cuff size used <i>Refused 88</i>	Small 1 Medium 2 Large 3	M10						
153	Reading 1 <i>Refused 888</i>	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				
154	Reading 2 <i>Refused 888</i>	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				
155	Reading 3 <i>Refused 888</i>	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				
156	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 Don't know 77	M14						
CORE: Height and Weight									
Question		Response	Code						
157	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						
158	Height <i>Refused 888.8</i>	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M3
159	Weight <i>If too large for scale 666.6</i> <i>Refused 888.8</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M4
160	For women: Are you pregnant?	Yes 1 <i>If Yes, end STEP2</i> No 2	M5						
CORE: Waist									
161	Device ID for waist <i>Refused to have waist and hip circumferences measured</i>	<table border="1"><tr><td></td><td></td></tr></table>			M6				
162	Waist circumference <i>Refused 888.8</i>	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M7
EXPANDED: Hip Circumference and Heart Rate									
163	Hip circumference <i>Refused 888.8</i>	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M15
164	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			

Physical Fitness Test

Step 3 Biochemical Measurements

5-1-21

178	Total cholesterol Choose accordingly: mmol/l or mg/dl If device shows error 77.7 If high 66.6 If low 99.9	mmol/l <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div><div></div></div>	B8
		mg/dl <div><div></div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div>	
179	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 Dont know 77	B9

EXPANDED: Triglycerides, LDL,HDL Cholesterol

180	Triglycerides Choose accordingly: mmol/l or mg/dl If device shows error 77.77 If high 66.66 If low 99.99	mmol/l <table><tr><td></td><td></td><td></td><td></td></tr></table> . <table><tr><td></td><td></td><td></td><td></td></tr></table>									B10
mg/dl <table><tr><td></td><td></td><td></td><td></td></tr></table> . <table><tr><td></td><td></td><td></td><td></td></tr></table>											
181	HDL Cholesterol Choose accordingly: mmol/l or mg/dl f device shows error 77.77 If high 66.66	mmol/l <table><tr><td></td><td></td><td></td><td></td></tr></table> . <table><tr><td></td><td></td><td></td><td></td></tr></table>									B11
mg/dl <table><tr><td></td><td></td><td></td><td></td></tr></table> . <table><tr><td></td><td></td><td></td><td></td></tr></table>											
182	LDL Cholesterol Choose accordingly: mmol/l or mg/dl	mmol/l <table><tr><td></td><td></td><td></td><td></td></tr></table> . <table><tr><td></td><td></td><td></td><td></td></tr></table>									X21
mg/dl <table><tr><td></td><td></td><td></td><td></td></tr></table> . <table><tr><td></td><td></td><td></td><td></td></tr></table>											
183	Sodium in urine	mmol/l <table><tr><td></td><td></td><td></td><td></td></tr></table> . <table><tr><td></td><td></td><td></td><td></td></tr></table>									X22

