

WHO STEPS Instrument (Core and Expanded)



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

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



World Health
Organization

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).
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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.
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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.



WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance

<MONGOLIA>

Survey Information

Location and Date		Response	Code
1	Aimag/District name		I1
2	Soum/khoroо name		I2
3	Interviewer ID	_ _ _ _	I3
4	Date of completion of the instrument	_ _ _ _ _ _ _ _ _ _ _ _ _ dd mm year	I4

Participant ID number |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1	I5
		No 2 IF NO, END	
		[Add others] 2	
		[Add others] 3	
		[Add others] 4	
6	Time of interview (24 hour clock)	_ _ _ _ : _ _ _ _ hrs mins	I6
7	Family Surname		I7
8	First Name		I8
Additional Information that may be helpful			
9	Contact phone number where possible		I9

Step 1 Demographic Information

CORE: Demographic Information			
Question	Response		Code
10	Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
11	What is your date of birth? <i>Don't Know 77 77 7777</i>	_ _ _ _ _ _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> dd mm year	C2
12	How old are you?	Years _ _ _ _	C3
13	In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years _ _ _ _	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 _ _ _ _ _	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? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T8</i>	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) _ _ <i>If Known, go to T5a/T5aw</i> Don't know 77	T3
21	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	In Years _ _ <i>If Known, go to T5a/T5aw</i>	T4a
		OR in Months _ _ <i>If Known, go to T5a/T5aw</i>	T4b
		OR in Weeks _ _	T4c
22	On average, how many of the following products do you smoke each day/week ? <i>(IF LESS THAN DAILY, RECORD WEEKLY)</i> <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 7777</i>	DAILY↓ WEEKLY↓	
		Manufactured cigarettes _ _ _ _ _ _ _ _ _ _	T5a/T5aw
		Hand-rolled cigarettes _ _ _ _ _ _ _ _ _ _	T5b/T5bw
		Pipes full of tobacco _ _ _ _ _ _ _ _ _ _	T5c/T5cw
		Cigars, cheroots, cigarillos _ _ _ _ _ _ _ _ _ _	T5d/T5dw
		Number of Shisha sessions _ _ _ _ _ _ _ _ _ _	T5e/T5ew
		Other _ _ _ _ _ _ _ _ _ _ <i>If Other, go to T5other, else go to T6</i>	T5f/T5fw
Other (please specify): _ _ _ _ _ _ _ _ _ _	T5other/ T5otherw		
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 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i>	T7
25	In the past, did you ever smoke any tobacco products? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T12</i>	T8
26	In the past, did you ever smoke daily ?	Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i>	T9

EXPANDED: Tobacco Use			
Question	Response		Code
27	How old were you when you stopped smoking?	Age (years) Don't Know 77 _ _ If Known, go to T12	T10
28	How long ago did you stop smoking? <i>(RECORD ONLY 1, NOT ALL 3)</i> Don't Know 77	Years ago _ _ If Known, go to T12	T11a
		OR Months ago _ _ If Known, go to T12	T11b
		OR Weeks ago _ _	T11c
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 If No, go to T15	T12
30	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 If No, go to T14aw	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> Don't Know 7777	DAILY↓ WEEKLY↓	
		Snuff by mouth _ _ _ _ _ _ _ _	T14a/ T14aw
		Snuff by nose _ _ _ _ _ _ _ _	T14b/ T14bw
		Chewing tobacco _ _ _ _ _ _ _ _	T14c/ T14cw
		Betel, quid _ _ _ _ _ _ _ _	T14d/ T14dw
		Other _ _ _ _ _ _ _ _ If Other, go to T14other, if T13=No, go to T16, else go to T17	T14e/ T14ew
		Other (please specify): _ _ _ _ _ _ _ _ If T13=No, go to T16, else go to T17	T14other/ T14otherw
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 _ _ 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 <i>If No, go to A16</i>	A1
36	Have you consumed any alcohol within the past 12 months ?	Yes 1 <i>If Yes, go to A4</i> 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 <i>If Yes, go to A16</i> 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 <i>If No, go to A13</i>	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 _ _	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 _ _	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 _ _	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 _ _	A9
44	During each of the past 7 days , how many standard drinks did you have each day? (USE SHOWCARD) <i>Don't Know 77</i>	Monday _ _	A10a
		Tuesday _ _	A10b
		Wednesday _ _	A10c
		Thursday _ _	A10d
		Friday _ _	A10e
		Saturday _ _	A10f
		Sunday _ _	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)	Yes 1	A11	
		No 2 <i>If No, go to A13</i>		
46	On average, how many standard drinks of the following did you consume during the past 7 days ? [INSERT COUNTRY-SPECIFIC EXAMPLES] (USE SHOWCARD) <i>Don't Know 77</i>	Homebrewed spirits, e.g. moonshine	_ _	A12a
		Homebrewed beer or wine, e.g. beer, palm or fruit wine	_ _	A12b
		Alcohol brought over the border/from another country	_ _	A12c
		Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves	_ _	A12d
		Other untaxed alcohol in the country	_ _	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?	Daily or almost daily	1	A13
		Weekly	2	
		Monthly	3	
		Less than monthly	4	
		Never	5	
48	During the past 12 months , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily	1	A14
		Weekly	2	
		Monthly	3	
		Less than monthly	4	
		Never	5	
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?	Daily or almost daily	1	A15
		Weekly	2	
		Monthly	3	
		Less than monthly	4	
		Never	5	
50	During the past 12 months , have you had family problems or problems with your spouse/partner due to someone else's drinking?	Yes, more than monthly	1	A16
		Yes, monthly	2	
		Yes, several times but less than monthly	3	
		Yes, once or twice	4	
		No	5	

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 _ _ 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 _ _	D2
53	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ 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 _ _	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 _ _ _ _ _ _ _ _ _ _	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 _ _	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	How often do you add salt to your food before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS1
58	How often is salt added in cooking or preparing foods in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77	DS2
59	How often do you eat processed food high in salt , such as [add country specific examples]?	Always 1 Often 2 Sometimes 3	DS3

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	[INSERT EXAMPLES] (USE SHOWCARD)	Rarely 4 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 No 2	DS7a
	Look at the salt or sodium labels on food	Yes 1 No 2	DS7b
	Do not add salt on the table	Yes 1 No 2	DS7c
	Buy low salt/sodium alternatives	Yes 1 No 2	DS7d
	Do not add salt when cooking	Yes 1 No 2	DS7e
	Use spices other than salt when cooking	Yes 1 No 2	DS7f
	Avoid eating out	Yes 1 No 2	DS7g
	Other	Yes 1 <i>If Yes, go to DS4other</i> No 2	DS7h
	Other (please specify)	_____	DS7other

CORE: Physical Activity			
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. 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.			
Question	Response		Code
Work			
61	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
62	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days _ _ Don't know 77	P2
63	How much time do you spend doing vigorous-intensity activities at work on a typical day? <i>Don't know 77</i>	Hours : minutes _ _ : _ _ hrs mins	P3 (a-b)
64	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
65	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days _ _ Dont know 77	P5
66	How much time do you spend doing moderate-intensity activities at work on a typical day? <i>Don't know 77</i>	Hours : minutes _ _ : _ _ hrs mins	P6 (a-b)
Travel to and from places			
The next questions exclude the physical activities at work that you have already mentioned. 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>			
67	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
68	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 _ _ Don't know 77	P8
69	How much time do you spend walking or bicycling for travel on a typical day? <i>Don't know 77</i>	Hours : minutes _ _ : _ _ hrs mins	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), [Insert relevant terms].			
70	Do you do any vigorous-intensity sports, fitness or recreational (leisure) activities that cause large increases in breathing or heart rate like [running or football] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	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? Don't know 77	Number of days _ _	P11
72	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? Don't know 77	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, [cycling, swimming, volleyball] for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	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? Don't know 77	Number of days _ _	P14
75	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day? Don't know 77	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. [INSERT EXAMPLES] (USE SHOWCARD)			
76	How much time do you usually spend sitting or reclining on a typical day? Don't know 77	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	H17
		No 2	
96	Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1	H18
		No 2	
97	Are you currently taking statins (for example Lovostatin/Simvastatin/Atorvastatin) regularly to prevent or treat heart disease?	Yes 1	H19
		No 2	

Participant Identification Number

	<i>Show card</i>	Pedestrian passed through wrong route / Failed to go by pedestrian route 5 External factor (e.g. poor signage, poor road quality, poor lighting) 6 Other (specify) 7 Don't Know 77 Refused 88	
		Other (please specify) _____	X6other
103	On average, how many hours do you drive a motor vehicle <i>per day</i> ?	Hour _____ Don't drive 77	X10

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

104	In the past 12 months, were you injured accidentally, other than in a road traffic injury - which required medical attention?	Yes 1 No 2 <i>If No, go to V10</i> Don't know 77 <i>If don't know, go to V10</i> Refused 88 <i>If Refused, go to V10</i>	V5
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) _____	V6other
106	Where were you when you had this injury?	Home 1 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	V7
		Other (please specify) _____	V7other

EXPANDED: Unintentional Injury

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

107	In the past 30 days, how many times have you been ridden in a motorized vehicle where the driver has had alcohol use? (USE SHOWCARDS)	Number of times _____ Don't Know 77 Refused 88	V10
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CORE: Violence

The following questions are about different experiences and behaviours that are related to violence.

Question	Response	Code
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Participant Identification Number

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108	In the past 12 months, how many times were you involved in a violent incident in which you were injured and required medical attention?	Never 1 <i>If never, go to V14</i> Rarely (1- 2 times) 2 Sometimes (3 – 5 times) 3 Often (6 or more times) 4 Don't know 77 <i>If don't know, go to V14</i> Refused 88 <i>If Refused, go to V14</i>	V11				
The next questions ask about the most serious violent incidence you have had in the past 12 months.							
109	Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS)	Being shot with a firearm 1 A weapon (other than a firearm) used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Don't know 77 Refused 88	V12				
110	Please indicate the relationship between yourself and the person(s) who caused your injury.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authorities 7 Other (specify) 8 Refused 88	V13				
		Other (please specify) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
111	Looking back on your childhood (before age of 18 years), did a parent or adult in the household ever push, grab, shove, slap, hit, burn, or throw something at you?	Never 1 Very rarely (less than once a month) 2 Once a month 3 Once a week 4 Almost daily 5 Don't know 77 Refused 88	V14				
112	Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex?	Yes 1 No 2 Refused 88	V15				
EXPANDED: Violence							
The next questions ask about behaviours related to your safety.							
Question		Response	Code				
113	In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)?	Yes 1 No 2 <i>If no, go to X11</i> Refused 88 <i>If refused, go to X11</i>	V17				
114	Please specify of whom you were most often frightened.	Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6	V18				

Participant Identification Number

|_| |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Please think about the time you couldn't do your usual activity (work, work at home, school) because of an NCD you have.			
141	During the past 30 days, have you missed any time of your usual activity (work, work at home, school) due to an NCD?	Yes 1 No 2 <i>If No, go to [next section]</i>	HC17
142	During the past 30 days, how many days of your usual activity have you missed due to an NCD? <i>Don't know 77</i>	Days _ _ days	HC18

EXPANDED: Household Information,					
Question	Response		Code		
143	How many people, including yourself, live in your household?	Number of people _ _ Don't know 2 Refused 77	X1		
144	How many people older than 18 years, including yourself, live in your household?	Number of people _ _ 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? (RECORD ONLY ONE, NOT ALL 3)	Per week _ _ _ _ _ _ _ _ _ _ <i>Go to X4</i>	C10a		
		OR per month _ _ _ _ _ _ _ _ _ _ <i>Go to X4</i>	C10b		
		OR per year _ _ _ _ _ _ _ _ _ _ <i>Go to X4</i>	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 [INSERT QUINTILE VALUES IN LOCAL CURRENCY] (READ OPTIONS)	≤ 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			
		Motocycle			
		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	_ _ _ _	M1
151	Device ID for blood pressure <i>Refused 88</i>	_ _	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) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
154	Reading 2 <i>Refused 888</i>	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
155	Reading 3 <i>Refused 888</i>	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	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 _ _	M2a
		Weight _ _	M2b
158	Height <i>Refused 888.8</i>	in Centimetres (cm) _ _ _ _ _ _ _	M3
159	Weight <i>If too large for scale 666.6</i> <i>Refused 888.8</i>	in Kilograms (kg) _ _ _ _ _ _ _	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>	_ _	M6
162	Waist circumference <i>Refused 888.8</i>	in Centimetres (cm) _ _ _ _ _ _ _	M7
EXPANDED: Hip Circumference and Heart Rate			
163	Hip circumference <i>Refused 888.8</i>	in Centimeters (cm) _ _ _ _ _ _ _	M15
164	Heart Rate		M16a
	Reading 1	Beats per minute _ _ _ _	
	Reading 2	Beats per minute _ _ _ _	M16b

