

National STEPS Survey Questionnaire for Chronic Noncommunicable Diseases (NCDs) Risk Factors

Palau 2011



Survey Information

Location and Date		Response	Code
1	Hamlet ID	_____	I1
2	Hamlet name		I2
3	Interviewer ID	_____	I3
4	Date of completion of the questionnaire	<div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div>	I4



Consent, Interview Language and Name		Response	Code
5	Consent has been read and obtained	Yes 1 No 2 If NO, END	I5
6	Interview Language	English 1 Tagalog 2	I6
7	Time of interview (24 hour clock)	<div> <div>_____</div> <div>:</div> <div>_____</div> </div> <div> <div>hrs</div> <div>mins</div> </div>	I7
8	Family Surname		I8
9	First Name		I9
10	Contact phone number where possible		I10

Record and file identification information (I5 to I10) separately from the completed questionnaire.

Demographic Information

Demographic Information			
Question		Response	Code
11	Sex (Record Male / Female as observed)	Male 1 Female 2	C1
12	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><div></div><div></div></div><div>If known, Go to C4</div></div> <div>ddmmyear</div>	C2
13	How old are you?	Years <div><div></div><div></div><div></div></div>	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <div><div></div><div></div><div></div></div>	C4
15	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 College/University completed 5 Post graduate degree 6 Refused 88	C5
16	What is your ethnic background?	Palauan 1 Pilipino 2 Other 3 Refused 88	C6
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
19	How many people older than 18 years, including yourself, live in your household?	Number of people <div><div></div><div></div><div></div></div>	C9

Demographic Information, Continued

Step 1 Behavioural Measurements

Tobacco Use	
1. Do you use tobacco?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
2. If yes, how often do you use tobacco?	2. Daily <input type="checkbox"/> 3. Weekly <input type="checkbox"/> 4. Monthly <input type="checkbox"/> 5. Less often <input type="checkbox"/> 6. Never <input type="checkbox"/>
3. What type of tobacco do you use?	3. Cigarettes <input type="checkbox"/> 4. Pipe <input type="checkbox"/> 5. Chewing tobacco <input type="checkbox"/> 6. Other <input type="checkbox"/>
4. How many cigarettes do you smoke per day?	4. 1-10 <input type="checkbox"/> 5. 11-20 <input type="checkbox"/> 6. 21-30 <input type="checkbox"/> 7. 31-40 <input type="checkbox"/> 8. 41-50 <input type="checkbox"/> 9. 51-60 <input type="checkbox"/> 10. 61-70 <input type="checkbox"/> 11. 71-80 <input type="checkbox"/> 12. 81-90 <input type="checkbox"/> 13. 91-100 <input type="checkbox"/> 14. More than 100 <input type="checkbox"/>
5. How many pipes do you smoke per day?	5. 1-10 <input type="checkbox"/> 6. 11-20 <input type="checkbox"/> 7. 21-30 <input type="checkbox"/> 8. 31-40 <input type="checkbox"/> 9. 41-50 <input type="checkbox"/> 10. 51-60 <input type="checkbox"/> 11. 61-70 <input type="checkbox"/> 12. 71-80 <input type="checkbox"/> 13. 81-90 <input type="checkbox"/> 14. 91-100 <input type="checkbox"/> 15. More than 100 <input type="checkbox"/>
6. How many chewing tobacco do you use per day?	6. 1-10 <input type="checkbox"/> 7. 11-20 <input type="checkbox"/> 8. 21-30 <input type="checkbox"/> 9. 31-40 <input type="checkbox"/> 10. 41-50 <input type="checkbox"/> 11. 51-60 <input type="checkbox"/> 12. 61-70 <input type="checkbox"/> 13. 71-80 <input type="checkbox"/> 14. 81-90 <input type="checkbox"/> 15. 91-100 <input type="checkbox"/> 16. More than 100 <input type="checkbox"/>
7. How many other tobacco products do you use per day?	7. 1-10 <input type="checkbox"/> 8. 11-20 <input type="checkbox"/> 9. 21-30 <input type="checkbox"/> 10. 31-40 <input type="checkbox"/> 11. 41-50 <input type="checkbox"/> 12. 51-60 <input type="checkbox"/> 13. 61-70 <input type="checkbox"/> 14. 71-80 <input type="checkbox"/> 15. 81-90 <input type="checkbox"/> 16. 91-100 <input type="checkbox"/> 17. More than 100 <input type="checkbox"/>

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.

Question		Response	Code
22	Have you ever smoked tobacco products?	Yes 1 No 2 If No, go to X1	T1a
23	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes? <i>(USE SHOWCARD)</i>	Yes 1 No 2 If No, go to T6	T1
24	Do you currently smoke tobacco products daily ?	Yes 1 No 2 If No, go to T6	T2
25	How old were you when you first started smoking daily?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a	T3
26	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't know 77</i>	In Years <input type="text"/> <input type="text"/> If Known, go to T5a	T4a
		OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a	T4b
		OR in Weeks <input type="text"/> <input type="text"/>	T4c
27	On average, how many of the following do you smoke each day? <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 77</i>	Manufactured cigarettes <input type="text"/> <input type="text"/>	T5a
		Hand-rolled cigarettes <input type="text"/> <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/> <input type="text"/>	T5c
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/>	T5d
		Other <input type="text"/> <input type="text"/> If Other, go to T5other, else go to T9	T5e
		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"/> Go to T9	T5other
28	In the past, did you ever smoke daily ?	Yes 1 No 2 If No, go to T9	T6
29	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T9	T7
30	How long ago did you stop smoking daily? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago <input type="text"/> <input type="text"/> If Known, go to T9	T8a
		OR Months ago <input type="text"/> <input type="text"/> If Known, go to T9	T8b
		OR Weeks ago <input type="text"/> <input type="text"/>	T8c
31	During the past 7 days, on how many days did someone in your home smoke when you were present?	Number of days Don't know 77 <input type="text"/> <input type="text"/>	T 139
32	During the past 7 days, on how many days did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office) when you were present?	Number of days Don't know or don't work in a closed area 77 <input type="text"/> <input type="text"/>	T 1440

Betel Nut Use			
Question		Response	Code
33	Do you currently <i>chew betel</i> nut?	Yes 1 No 2 <i>If No, go to X5</i>	X1/ E1
34	If Yes, Do you currently chew betel nuts daily ?	Yes 1 No 2	X2/ E2
35	When you chew, how many nuts on average do you chew at one time?	Number of Betel Nuts <input type="text"/>	X3/ E3
36	On average, how many times each day do you chew?	Times per day <input type="text"/>	X4/ E4
Betel Nut with Tobacco			
Question		Response	Code
37	Do you currently chew betel nut with Tobacco?	Yes 1 No 2 <i>If No, go to A1a</i>	X5/ E5
38	Do you currently chew betel nut with Tobacco daily?	Number of days Don't Know 77 <input type="text"/>	X6/ E6
39	During the past 30 days, during how many occasions did you chew betel nut with Tobacco?	Number of bowls Don't Know 77 <input type="text"/>	X7/ E7

Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question		Response		Code
40	Have you ever consumed an alcoholic drink such as beer, wine, spirits or fermented cider? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1	No 2 If No, go to D1	A1a
41	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1	No 2 If No, go to D1	A1b
42	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5		A2
43	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1	No 2 If No, go to D1	A3
44	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77	<input type="text"/> <input type="text"/> <input type="text"/>	A4
45	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77	<input type="text"/> <input type="text"/> <input type="text"/>	A5
46	During the past 30 days, what was the largest number of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77	<input type="text"/> <input type="text"/> <input type="text"/>	A6
47	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77	<input type="text"/> <input type="text"/> <input type="text"/>	A7
48	During each of the past 7 days , how many standard alcoholic drinks did you have each day? (USE SHOWCARD)	Monday	<input type="text"/> <input type="text"/> <input type="text"/>	A8a
		Tuesday	<input type="text"/> <input type="text"/> <input type="text"/>	A8b

Don't Know 77	Wednesday	<input type="checkbox"/> <input type="checkbox"/>	A8c
	Thursday	<input type="checkbox"/> <input type="checkbox"/>	A8d
	Friday	<input type="checkbox"/> <input type="checkbox"/>	A8e
	Saturday	<input type="checkbox"/> <input type="checkbox"/>	A8f
	Sunday	<input type="checkbox"/> <input type="checkbox"/>	A8g

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
49	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
50	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
51	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
52	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
53	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Lard or suet 2 Butter or ghee 3 Margarine 4 Other 5 If Other, go to D5 other None in particular 6 None used 7 Don't know 77	D5
		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"/>	D5other
54	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 <input type="text"/> <input type="text"/>	D6
55	On average how long does it take to consume 500g of salt? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to P1	X8

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. 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			
56	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? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4	P1
57	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days <input type="text"/>	P2
58	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P3 (a-b)
59	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? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 7	P4
60	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days <input type="text"/>	P5
61	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> 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.			
62	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 If No, go to P 10	P7
63	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 <input type="text"/>	P8
64	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

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. (USE SHOWCARD)				
71	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes	<div> <div> <div></div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> <div></div> </div> </div> <div>hrs mins</div>	P16 (a-b)

History of Raised Blood Pressure

History of Diabetes			
Question		Response	Code
78	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 If No, go to M1	H6
79	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 If No, go to M1	H7a
80	Have you been told in the past 12 months?	Yes 1 No 2	H7b
81	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1 No 2	H8a
	Drugs (medication) that you have taken in the past two weeks	Yes 1 No 2	H8b
	Special prescribed diet	Yes 1 No 2	H8c
	Advice or treatment to lose weight	Yes 1 No 2	H8d
	Advice or treatment to stop smoking	Yes 1 No 2	H8e
	Advice to start or do more exercise	Yes 1 No 2	H8f
82	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H9
83	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H10

Step 2 Physical Measurements

Height and Weight				
Question		Response		Code
84	Interviewer ID	_____		M1
85	Device IDs for height and weight	Height _____		M2a
		Weight _____		M2b
86	Height	in Centimetres (cm) _____		M3
87	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _____		M4
88	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>		M5
		No 2		
Waist				
89	Device ID for waist	_____		M6
90	Waist circumference	in Centimetres (cm) _____		M7
Blood Pressure				
91	Interviewer ID	_____		M8
92	Device ID for blood pressure	_____		M9
93	Cuff size used	Small 1		M10
		Medium 2		
		Large 3		
94	Reading 1	Systolic (mmHg) _____		M11a
		Diastolic (mmHg) _____		M11b
95	Reading 2	Systolic (mmHg) _____		M12a
		Diastolic (mmHg) _____		M12b
96	Reading 3	Systolic (mmHg) _____		M13a
		Diastolic (mmHg) _____		M13b
97	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1		M14
		No 2		
98	Hip circumference	in Centimeters (cm) _____		M15

Step 3 Biochemical Measurements

Blood Glucose			
Question		Response	Code
100	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
101	Technician ID	<div><div></div><div></div><div></div><div></div></div>	B2
102	Device ID	<div><div></div><div></div><div></div></div>	B3
103	Time of day blood specimen taken (24 hour clock)	Hours : minutes <div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div> <div>hrsmins</div>	B4
104	Fasting blood glucose	mmol/l <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div>	B5
105	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
Blood Lipids			
106	Device ID	<div><div></div><div></div><div></div></div>	B7
107	Total cholesterol	mmol/l <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div>	B8
108	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
109	Triglycerides	mmol/l <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div>	B10

