

National STEP wise Survey of Chronic Non- communicable Diseases & Risk Factors Instrument (Core and Expanded)





National STEP wise Survey of Chronic Non-communicable Diseases & Risk Factor

Survey Information

Location and Date		Response	Code
1	Municipality No.	_ _ _	I1
2	Area No.	_ _ _	I2
3	Census square No.	_ _ _ _	X1
4	Cluster No.	_ _ _ _ _	X2
5	Electricity No.	_ _ _ _ _ _ _ _	X3
6	Interviewer ID	_ _ _ _	I3
7	Date of completion of the instrument	_ _ _ _ _ _ _ _ dd mm year	I4



Consent, and Name		Response	Code
Participant Id Number _ _ _ _ _ _ _ _			
8	Consent has been read and obtained	Yes 1 No 2 IF NO, END	I5
9	Time of interview (24 hour clock)	_ _ : _ _ hrs mins	I7
10	Family Surname		I8
11	First Name		I9
Additional Information that may be helpful			
12	Contact phone number where possible (mobile, home; work)		I10

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

Step 1 Demographic Information

CORE: Demographic Information			
Question	Response		Code
13	Sex (<i>Record Male / Female as observed</i>)	Male 1 Female 2	C1
14	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
15	How old are you?	Years _ _ _ _	C3
16	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years _ _ _ _	C4

EXPANDED: Demographic Information			
17	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Preparatory school completed 4 Secondary school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
18	What is your marital status ?	Never married 1 Currently married 2 Divorced 3 Widowed 4 Refused 88	C7
19	Which of the following best describes your main work status over the past 12 months?	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 Satisfied (Doesn't work and not looking for work) 10 Refused 88	C8
20	Is there a family relationship (consanguinity) between the mother and father (parents)?	Yes 1 No 2	X4

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, eating fruits and vegetables and physical activity. Let's start with tobacco.			
Question	Response	Code	
21	Have you ever smoked any tobacco products, such as cigarettes, cigars or pipes or Shisha? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T9a</i>	T1a
22	Do you currently smoke any tobacco products , such as cigarettes, cigars, pipes or Shisha? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T6</i>	T1
23	Do you currently smoke tobacco products daily ?	Yes 1 No 2 <i>If No, go to T6 a</i>	T2
24	How old were you when you first started smoking daily?	Age (years) Don't know 77 _ _ <i>If Known, go to T5a</i>	T3
25	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years _ _ <i>If Known, go to T5a</i>	T4a
		OR in Months _ _ <i>If Known, go to T5a</i>	T4b
		OR in Weeks _ _	T4c
26	On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Manufactured cigarettes _ _	T5a
		Hand-rolled cigarettes _ _	T5b
		Pipes full of tobacco _ _	T5c
		Cigars, cheroots, cigarillos _ _	T5d
		Shisha _ _	X5
		Other _ _ <i>If Other, go to T5other, else go to T6a</i>	T5e
		Other (please specify): _ _ _ _ _ _ _ _	T5other
27	During the past 12 months, have you tried to stop smoking ?	Yes 1	T6a
		No 2	
28	During any visit of 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 T9a</i>	T6b
		No 2 <i>If T2=Yes, go to T9a</i>	
		No visit during the past 12 months 3 <i>If T2=Yes, go to T9a</i>	

EXPANDED: Tobacco Use			
Question		Response	Code
29	In the past, did you ever smoke daily ?	Yes 1 No 2 <i>If No, go to T9a</i>	T6
30	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 _ _ <i>If Known, go to T9a</i>	T7
31	How long ago did you stop smoking daily? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago _ _ <i>If Known, go to T9a</i>	T8a
		OR Months ago _ _ <i>If Known, go to T9a</i>	T8b
		OR Weeks ago _ _	T8c
32	Have you ever used smokeless tobacco products, such as [snuff, chewing tobacco, Swaika, Medwakh]? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T13</i>	T9a
33	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, Swaika, Medwakh]? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T12</i>	T9
34	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T12</i>	T10
35	On average, how many times a day do you use <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 77</i>	Snuff, by mouth _ _	T11a
		Snuff, by nose _ _	T11b
		Chewing tobacco _ _	T11c
		Swaika _ _	X6
		Medwakh _ _	X7
		Other _ _ <i>If Other, go to T11other, else go to T13</i>	T11e
		Other (specify) _ _ _ _ _ _ _ _ <i>Go to T13</i>	T11other
36	In the past , did you ever use smokeless tobacco such as [snuff, chewing tobacco, or Swaika, Medwakh] daily ?	Yes 1 No 2	T12
37	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 _ _	T13
38	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 _ _	T14

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
39 How many days in the week, on do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ <i>If Zero days, go to D3</i>	D1
40 How many servings of fruit do you eat on one day? (USE SHOWCARD)	Number of servings Don't Know 77 _ _	D2
41 How many days in the week do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ <i>If Zero days, go to D5</i>	D3
42 How many servings of vegetables do you eat on one day? (USE SHOWCARD)	Number of servings Don't know 77 _ _	D4

EXPANDED: Diet		
43 What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Vegetable ghee 2 Butter 3 Animal ghee 4 Other 5 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77	D5
	Other _ _ _ _ _ _ _ _ _ _	D5other
44 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

EXPANDED QATAR: Diet				
45	In a typical week , on how many days do you eat or drink the following? (USE SHOWCARD)			
	Whole grain cereals and products (such as: brown bread, brown rice, oats, etc.)	Number of days Don't Know 77	<input type="text"/>	X8a
	Refined cereals and products (such as: white bread, rice, pasta, etc.)	Number of days Don't Know 77	<input type="text"/>	X8b
	Legumes (such as: beans, lentils, chickpeas, etc.)	Number of days Don't Know 77	<input type="text"/>	X8c
	Milk and dairy products (fresh milk, powder milk, yogurt, labneh, cheeses, eggs)	Number of days Don't Know 77	<input type="text"/>	X8d
	Fish and seafood	Number of days Don't Know 77	<input type="text"/>	X8e
	Poultry and chicken	Number of days Don't Know 77	<input type="text"/>	X8f
	lamb, beef	Number of days Don't Know 77	<input type="text"/>	X8g
	Sweets (such as: chocolate, candy, cake, baklava, ice-cream, etc.)	Number of days Don't Know 77	<input type="text"/>	X8h
	Sugar sweetened beverages (such as: sodas (not diet), artificial juices, etc.)	Number of days Don't Know 77	<input type="text"/>	X8i
	Fresh fruit juices	Number of days Don't Know 77	<input type="text"/>	X8j
	Fast foods bought from a fast food restaurant (such as: hamburgers fried chicken, shawarma, pizza, fries, pizza, etc.)	Number of days Don't Know 77	<input type="text"/>	X8k

CORE: Physical Activity			
<p>Now I am going to ask you about your physical activity during the week and the time you spend to exercise different types of physical activity. I hope to answer these questions even if you think you do not do any physical activity think first about physical activity at work, whether paid or unpaid, or household chores. (Insert other examples if needed) in answering the following questions, 'vigorous-intensity activities' can be defined as work that requires hard physical effort and cause large increase in breathing or heart rate. The 'moderate-intensity activities' is the activity that requires moderate physical effort and cause small increases in breathing or heart rate.</p>			
Question		Response	Code
Work			
46	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like [carrying or lifting heavy loads, digging or construction work] for at least 10 minutes continuously?	Yes 1 No 2 If No, go to P 4	P1
47	How many days in a week, do you do vigorous-intensity activities as part of your work?	Number of days _	P2
48	How much time do you spend doing vigorous-intensity activities at work on a day?	Hours : minutes _ _ : _ _ hrs mins	P3 (a-b)
49	Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking [or carrying light loads] for at least 10 minutes continuously?	Yes 1 No 2 If No, go to X9	P4
50	How many days in a week, do you do moderate-intensity activities as part of your work?	Number of days _	P5
51	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes _ _ : _ _ 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. Now I would like to ask you about the usual way you travel to and from places. For example, for shopping, to market, to mosque. [Insert other examples if needed]</p>			
52	Do you walk for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 If No, go to P 10	P7
53	How many days in a week, do you walk for at least 10 minutes continuously to get to and from places?	Number of days _	P8
54	How much time do you spend walking for travel on a day?	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), <i>[Insert relevant terms]</i> .		
55	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? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to P 13</i>
56	How many days in a week do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days _ _
57	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes _ _ : _ _ hrs mins
58	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) 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? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to P16</i>
59	How many days in a week, do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days _ _
60	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a day?	Hours : minutes _ _ : _ _ hrs mins

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, reading, or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES]</i> (USE SHOWCARD)		
61	In the previous week how much time do you spend sitting or reclining on a day?	Hours : minutes _ _ : _ _ hrs mins
62	What is the total number of your daily working hours in a workweek?	Number of hours _ _

CORE: History of Raised Blood Pressure			
Question		Response	Code
63	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
		No 2 <i>If No, go to X10</i>	
64	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	H2a
		No 2 <i>If No, go to X10</i>	
65	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

EXPANDED: History of Raised Blood Pressure			
Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?			
66	Drugs (medication) that you have taken in the past two weeks	Yes 1	H3a
		No 2	
	Advice to reduce salt intake	Yes 1	H3b
		No 2	
	Advice or treatment to lose weight	Yes 1	H3c
		No 2	
Advice or treatment to stop smoking	Yes 1	H3d	
	No 2		
Advice to start or do more exercise	Yes 1	H3e	
	No 2		
67	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
68	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	
69	Is there a family history of hypertension or do one of your parents (father or mother), brothers or sisters, suffers from, high blood pressure (hypertension)?	Yes 1	X10
		No 2	

CORE: History of Diabetes			
Question		Response	Code
70	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 <i>If No, go to X13</i>	
71	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
		No 2 <i>If No, go to X13</i>	
72	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes			
73	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?		
	Insulin	Yes 1	H8a
		No 2	
	Drugs (medication) that you have taken in the past two weeks	Yes 1	H8b
		No 2	
	Special prescribed diet	Yes 1	H8c
		No 2	
	Advice or treatment to lose weight	Yes 1	H8d
No 2			
Advice or treatment to stop smoking	Yes 1	H8e	
	No 2		
Advice to start or do more exercise	Yes 1	H8f	
	No 2		
74	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
75	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	
76	Do you do testing for your blood sugar at home	Yes 1	X11
		No 2	
77	Do you visit the diabetes clinic or your doctor for diabetes on a regular basis?	Yes 1	X12
		No 2	
78	Is there a family history of diabetes, do your parents (father or mother) or children or brothers or sisters suffer from diabetes?	Yes 1	X13
		No 2	

CORE: Oral health				
The next questions ask about your oral health status and related behaviors				
Questions		Response		Code
79	How many natural teeth do you have?	No natural teeth 1 1 to 9 teeth 2 10 to 19 teeth 3 20 teeth or more 4 Don't know 77	if no natural teeth, go to O3	O1
80	How would you describe the state of your teeth ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77		O2
81	How would you describe the state of your gums ?	Excellent 1 Very Good 2 Good 3 Average 4 Poor 5 Very Poor 6 Don't Know 77		O3
82	Do you have any removable dentures ?	Yes 1 No 2	If No, go to O6	O4
83	Which of the following removable dentures do you have? (RECORD FOR EACH)			
	An upper jaw denture	Yes 1 No 2		O5a
	A lower jaw denture	Yes 1 No 2		O5b
84	During the past 12 months, did your teeth or mouth cause any Pain or discomfort ?	Yes 1 No 2		O6
85	How long has it been since you last saw a dentist	Less than 6 months 1 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	If Never, go to O9	O7
86	What was the main reason for your last visit to the dentist?	Consultation / advice 1 Pain or trouble with teeth, gums or mouth 2 Treatment / Follow – up treatment 3 Routine check-up treatment 4 Other 5	If Other, go to O8 other	O8
		Other (please specify) _ _ _ _ _ _ _ _ _ _		O8other

CORE: Oral health, Continued			
Questions	Response		Code
87	How often do you clean your teeth?	Never 1 If never, go to O13a 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	O9
88	Do you use toothpaste to clean your teeth?	Yes 1 No 2 If No, go to O12a	O10
89	Do you use toothpaste containing fluoride ?	Yes 1 No 2 Don't know 77	O11
90	Do you use any of the following to clean your teeth ? (RECORD FOR EACH)		
	Toothbrush	Yes 1 No 2	O12a
	Wooden toothpicks	Yes 1 No 2	O12b
	Plastic toothpicks	Yes 1 No 2	O12c
	Thread (dental floss)	Yes 1 No 2	O12d
	Miswak	Yes 1 No 2	O12f
	Other	Yes 1 If Yes, go to O12other No 2	O12g
	Other (please specify)	_ _ _ _ _ _ _	O12other
91	Have you experienced any of the following problems during the past 12 months because of the state of your teeth ? (RECORD FOR EACH)		
	Difficulty in chewing foods	Yes 1 No 2	O13a
	Difficulty with speech / trouble pronouncing words	Yes 1 No 2	O13b
	Embarrassed about appearance of teeth	Yes 1 No 2	O13d
	Avoid smiling because of teeth	Yes 1 No 2	O13e
	Sleep is often interrupted	Yes 1 No 2	O13f
	Days not at work because of teeth or mouth	Yes 1 No 2	O13g
	Difficulty doing usual activities	Yes 1 No 2	O13h
	Reduced participation in social activities	Yes 1 No 2	O13j

Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
99	Interviewer ID	_ _ _ _	M1
100	Device IDs for height and weight	Height _ _	M2a
		Weight _ _	M2b
101	Height	in Centimetres (cm) _ _ _ _ _ _ _	M3
102	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ _ _ _	M4
103	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
104	Device ID for waist	_ _	M6
105	Waist circumference	in Centimetres (cm) _ _ _ _ _ _ _	M7
EXPANDED: Blood Pressure			
106	Interviewer ID	_ _ _ _	M8
107	Device ID for blood pressure	_ _	M9
108	Cuff size used	Standard 1	M10
		Large 2	
109	Reading 1	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
110	Reading 2	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
111	Reading3	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	M13b
112	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			
113	Hip circumference	in Centimeters (cm) _ _ _ _ _ _ _	M15

Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question		Response	Code
114	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
115	Technician ID	_ _ _ _	B2
116	Device ID	_ _	B3
117	Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
118	Fasting blood glucose	mg/dl _ _ _ _ . _	B5
119	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
CORE: Blood Lipids			
120	Device ID	_ _	B7
121	Total cholesterol	mg/dl _ _ _ _ . _	B8
122	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
EXPANDED: Triglycerides, HDL and LDL Cholesterol			
123	Triglycerides	mg/dl _ _ _ _ . _	B10
124	HDL Cholesterol	mg/dl _ _ _ _ . _	B11
125	LDL Cholesterol	mg/dl _ _ _ _ . _	X14