

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).
-

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. |



WHO STEPS Instrument

for Chronic Disease Risk Factor Surveillance

<insert country/site name>

Survey Information

| Location and Date | | Response | Code |
|-------------------|--------------------------------------|--------------------------------------|------|
| 1 | Cluster/Centre/Village ID | _ _ _ _ | I1 |
| 2 | Cluster/Centre/Village name | | I2 |
| 3 | Interviewer ID | _ _ _ _ | I3 |
| 4 | Date of completion of the instrument | _ _ _ _ _ _ _ _ _ dd mm year | 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 <i>[Insert Language]</i> | English 1 <i>[Add others]</i> 2 <i>[Add others]</i> 3 <i>[Add others]</i> 4 | I6 |
| 7 | Time of interview (24 hour clock) | _ _ : _ _ hrs mins | I7 |
| 8 | Family Surname | | I8 |
| 9 | First Name | | I9 |
| Additional Information that may be helpful | | | |
| 10 | Contact phone number where possible | | I10 |

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

Step 1 Demographic Information

| CORE: Demographic Information | | |
|-------------------------------|--|------|
| Question | Response | Code |
| 11 | Sex (<i>Record Male / Female as observed</i>) Male 1 Female 2 | C1 |
| 12 | 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 |
| 13 | How old are you? Years _ _ _ | C3 |
| 14 | In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years _ _ _ | C4 |

| EXPANDED: Demographic Information | | | |
|-----------------------------------|---|--|----|
| 15 | 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 College/University completed 6 Post graduate degree 7 Refused 88 | C5 |
| 16 | What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> background ? | <i>[Locally defined]</i> 1 <i>[Locally defined]</i> 2 <i>[Locally defined]</i> 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? <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 |
| 19 | How many people older than 18 years, including yourself, live in your household? | Number of people _ _ _ | C9 |

| EXPANDED: Demographic Information, Continued | | | |
|--|---|--|------|
| Question | | Response | Code |
| 20 | 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 _ _ _ _ _ _ _ _ _ _ _ _ _ _ Go to T1 | C10a |
| | | OR per month _ _ _ _ _ _ _ _ _ _ _ _ _ _ Go to T1 | C10b |
| | | OR per year _ _ _ _ _ _ _ _ _ _ _ _ _ _ Go to T1 | C10c |
| | | Refused 88 | C10d |
| 21 | 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) | ≤ Quintile (Q) 1 1 More than Q 1, ≤ Q 2 2 More than Q 2, ≤ Q 3 3 More than Q 3, ≤ Q 4 4 More than Q 4 5 Don't Know 77 Refused 88 | C11 |

Step 1 Behavioural Measurements

| CORE: Tobacco Use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------------|--------|---------|--|-------------------------|---------|---------|----------|------------------------|---------|---------|----------|-----------------------|---------|---------|----------|------------------------------|---------|---------|----------|---------------------------|---------|---------|----------|-------|---------|---------|----------|---|--|--|--|-------------------------|---------|--|----------------------|--|
| Now I am going to ask you some questions about tobacco use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Question | | Response | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Do you currently smoke tobacco products daily ? | Yes 1 No 2 | T2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | How old were you when you first started smoking? | Age (years) Don't know 77 _ _ <i>If Known, go to T5a/T5aw</i> | T3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | 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> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%; text-align: center;">DAILY↓</th> <th style="width: 15%; text-align: center;">WEEKLY↓</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Manufactured cigarettes</td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="padding: 5px;">T5a/T5aw</td> </tr> <tr> <td style="padding: 5px;">Hand-rolled cigarettes</td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="padding: 5px;">T5b/T5bw</td> </tr> <tr> <td style="padding: 5px;">Pipes full of tobacco</td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="padding: 5px;">T5c/T5cw</td> </tr> <tr> <td style="padding: 5px;">Cigars, cheroots, cigarillos</td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="padding: 5px;">T5d/T5dw</td> </tr> <tr> <td style="padding: 5px;">Number of Shisha sessions</td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="padding: 5px;">T5e/T5ew</td> </tr> <tr> <td style="padding: 5px;">Other</td> <td style="text-align: center;"> _ _ _ _ </td> <td style="text-align: center;"> _ _ _ _ </td> <td style="padding: 5px;">T5f/T5fw</td> </tr> <tr> <td colspan="3" style="padding: 5px;"><i>If Other, go to T5other, else go to T6</i></td> <td></td> </tr> <tr> <td style="padding: 5px;">Other (please specify):</td> <td style="text-align: center;"> _ _ _ _ </td> <td></td> <td style="padding: 5px;">T5other/ T5otherw</td> </tr> </tbody> </table> | | 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 | _ _ _ _ | _ _ _ _ | T5f/T5fw | <i>If Other, go to T5other, else go to T6</i> | | | | Other (please specify): | _ _ _ _ | | T5other/ T5otherw | |
| | 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 | _ _ _ _ | _ _ _ _ | T5f/T5fw | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>If Other, go to T5other, else go to T6</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (please specify): | _ _ _ _ | | T5other/ T5otherw | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | During the past 12 months, have you tried to stop smoking ? | Yes 1 No 2 | T6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CORE: 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, fermented cider or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES) | Yes 1 No 2 <i>If No, go to D1</i> | A1a |
| 41 | Have you consumed an alcoholic drink within the past 12 months ? | Yes 1 No 2 <i>If No, go to D1</i> | 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 <i>If No, go to D1</i> | A3 |
| 44 | During the past 30 days, on how many occasions did you have at least one alcoholic drink? | Number Don't know 77 _ _ | 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 _ _ | 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 _ _ | 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 _ _ | A7 |

| EXPANDED: Alcohol Consumption | | | |
|--------------------------------------|--|---|-----|
| 48 | During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks. | Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4 | A8 |
| 49 | During each of the past 7 days , how many standard alcoholic drinks did you have each day? (USE SHOWCARD) Don't Know 77 | Monday _ _ | A9a |
| | | Tuesday _ _ | A9b |
| | | Wednesday _ _ | A9c |
| | | Thursday _ _ | A9d |
| | | Friday _ _ | A9e |
| | | Saturday _ _ | A9f |
| | | Sunday _ _ | A9g |

| 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 |
| 50 In a typical week, on how many days do you eat fruit ? (USE SHOWCARD) | Number of days Don't Know 77 _ _ <i>If Zero days, go to D3</i> | D1 |
| 51 How many servings of fruit do you eat on one of those days? (USE SHOWCARD) | Number of servings Don't Know 77 _ _ | D2 |
| 52 In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD) | Number of days Don't Know 77 _ _ <i>If Zero days, go to D5</i> | D3 |
| 53 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 | | |
|--|---|---------|
| 54 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 <i>If Other, go to D5 other</i> None in particular 6 None used 7 Don't know 77 | D5 |
| | Other _ _ _ _ _ _ _ _ | D5other |
| 55 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 |

Step 2 Physical Measurements

| CORE: 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 | |
| CORE: Waist | | | |
| 89 | Device ID for waist | _ _ _ | M6 |
| 90 | Waist circumference | in Centimetres (cm) _ _ _ _ . _ | M7 |
| CORE: 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 | |

| EXPANDED: Hip Circumference and Heart Rate | | | |
|--|-------------------|------------------------------------|------|
| 98 | Hip circumference | in Centimeters (cm) _ _ _ _ . _ | M15 |
| 99 | Heart Rate | | M16a |
| | Reading 1 | Beats per minute _ _ _ _ | |
| | Reading 2 | Beats per minute _ _ _ _ | |
| | Reading 3 | Beats per minute _ _ _ _ | |

Step 3 Biochemical Measurements

| CORE: 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 | _ _ _ _ | B2 |
| 102 | Device ID | _ _ | B3 |
| 103 | Time of day blood specimen taken (24 hour clock) | Hours : minutes _ _ : _ _ hrs mins | B4 |
| 104 | Fasting blood glucose <i>Choose accordingly: mmol/l or mg/dl</i> | mmol/l _ _ . _ _ | B5 |
| | | mg/dl _ _ _ . _ | |
| 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 |
| CORE: Blood Lipids | | | |
| 106 | Device ID | _ _ | B7 |
| 107 | Total cholesterol <i>Choose accordingly: mmol/l or mg/dl</i> | mmol/l _ _ . _ _ | B8 |
| | | mg/dl _ _ _ . _ | |
| 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 |
| EXPANDED: Triglycerides and HDL Cholesterol | | | |
| 109 | Triglycerides <i>Choose accordingly: mmol/l or mg/dl</i> | mmol/l _ _ . _ _ | B10 |
| | | mg/dl _ _ _ . _ | |
| 110 | HDL Cholesterol <i>Choose accordingly: mmol/l or mg/dl</i> | mmol/l _ . _ _ | B11 |
| | | mg/dl _ _ _ . _ | |

