

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



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.
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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

<insert country/site name>

Survey Information

Location and Date		Response	Code
1	Cluster/Centre/Village ID	<div><div></div><div></div><div></div><div></div></div>	I1
2	Cluster/Centre/Village name		I2
3	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	I3
4	Date of completion of the instrument	<div><div><div></div><div></div><div></div></div><div>dd</div><div><div></div><div></div><div></div></div><div>mm</div><div><div></div><div></div><div></div><div></div></div><div>year</div></div>	I4

		Participant Id Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> <td></td><td></td><td></td><td></td> </tr> </table>												
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)	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> <tr> <td>hrs</td><td></td><td></td><td>mins</td><td></td> </tr> </table>			:			hrs			mins		I7		
		:													
hrs			mins												
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 (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>ddmmyear</div><div>If known, Go to C4</div></div>		C2
13	How old are you?	Years <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>		C4

EXPANDED: Demographic Information			
15	What is the highest level of education you have completed? [INSERT COUNTRY-SPECIFIC CATEGORIES]	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 [insert relevant ethnic group / racial group / cultural subgroup / others] background ?	[Locally defined] 1 [Locally defined] 2 [Locally defined] 3 Refused 88	C6
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widow ed 5 Cohabiting 6 Refused 88	C7
18	Which of the follow ing best describes your main work status over the past 12 months? [INSERT COUNTRY-SPECIFIC CATEGORIES] (USE SHOWCARD)	Government employ ee 1 Non-gov ernment employ ee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemploy ed (able to work) 8 Unemploy ed (unable to work) 9 Refused 88	C8
19	How many people older than 18 years, including yourself, liv e in your household?	Number of people <div><div></div><div></div><div></div></div>	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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T1									C10a
		OR per month <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T1									C10b
OR per year <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> 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)	<div>≤ Quintile (Q) 1 1</div> <div>More than Q 1, ≤ Q 2 2</div> <div>More than Q 2, ≤ Q 3 3</div> <div>More than Q 3, ≤ Q 4 4</div> <div>More than Q 4 5</div> <div>Don't Know 77</div> <div>Refused 88</div>	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? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	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 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
25	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
		OR in Months <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4b
		OR in Weeks <input type="text"/> <input type="text"/>	T4c
26	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a/T5aw
		Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b/T5bw
		Pipes full of 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"/>	T5c/T5cw
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d/T5dw
		Number of Shisha sessions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5e/T5ew
		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"/> If Other, go to T5other, else go to T6	T5f/T5fw
		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"/>	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 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
29	In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T8
30	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
31	How old were you when you stopped smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T12	T10
32	How long ago did you stop smoking?	Years ago <input type="text"/> <input type="text"/> If Known, go to T12	T11a
	(RECORD ONLY 1, NOT ALL 3)	OR Months ago <input type="text"/> <input type="text"/> If Known, go to T12	T11b
	Don't Know 77	OR Weeks ago <input type="text"/> <input type="text"/>	T11c
33	Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 If No, go to T15	T12
34	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 If No, go to T14aw	T13
35	On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777	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"/> If Other, go to T14other, if T13=No, go to T16, else go to T17	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"/> If T13=No, go to T16, else go to T17	T14other/ T14otherw
36	In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel]?	Yes 1 No 2 If No, go to T17	T15
37	In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ?	Yes 1 No 2	T16
38	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"/>	T17
39	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"/>	T18

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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table>			A9a
		Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A9b
		Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A9c
		Thursday <table border="1"><tr><td></td><td></td></tr></table>			A9d
Friday <table border="1"><tr><td></td><td></td></tr></table>			A9e		
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A9f		
Sunday <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td></tr></table> <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 <table border="1"><tr><td></td><td></td></tr></table>			D2
52	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table> <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 <table border="1"><tr><td></td><td></td></tr></table>			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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
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 <table border="1"><tr><td></td><td></td></tr></table>			D6				

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			
56	<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?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 4</i></p>	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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>hrs mins</p>	P3 (a-b)
59	<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?</p> <p><i>[INSERT EXAMPLES] (USE SHOWCARD)</i></p>	<p>Yes 1</p> <p>No 2 <i>If No, go to P 7</i></p>	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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>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>			
62	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	<p>Yes 1</p> <p>No 2 <i>If No, go to P 10</i></p>	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?	<p>Hours : minutes <input type="text"/> : <input type="text"/></p> <p>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> .			
65	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
66	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <div> </div>	P11
67	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div> </div> : <div> </div> hrs mins	P12 (a-b)
68	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	P13
69	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <div> </div>	P14
70	How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <div> </div> : <div> </div> 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>			
71	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div> </div> : <div> </div> hrs mins	P16 (a-b)

CORE: History of Raised Blood Pressure			
Question		Response	Code
72	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 H6</i>	
73	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 H6</i>	
74	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

EXPANDED: History of Raised Blood Pressure			
75	Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?		
	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	
	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
77	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

CORE: History of Diabetes			
Question		Response	Code
78	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 M1</i>	
79	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 M1</i>	
80	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes			
81	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	
82	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
83	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	

Step 2 Physical Measurements

CORE: Height and Weight											
Question		Response	Code								
84	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1				
85	Device IDs for height and weight	Height <table border="1"><tr><td></td><td></td></tr></table> Weight <table border="1"><tr><td></td><td></td></tr></table>					M2a M2b				
86	Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M3			
87	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M4			
88	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5								
CORE: Waist											
89	Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M6						
90	Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M7			
CORE: Blood Pressure											
91	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M8				
92	Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M9						
93	Cuff size used	Small 1 Medium 2 Large 3	M10								
94	Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M11a M11b
95	Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M12a M12b
96	Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>									M13a 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 No 2	M14								

EXPANDED: Hip Circumference and Heart Rate								
98	Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15
99	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	
Reading 3	Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M16c		

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	mmol/l _____ . _____	B5
	Choose accordingly: mmol/l or mg/dl	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	<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>	B8
	<i>Choose accordingly: mmol/l or mg/dl</i>	mg/dl <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
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	B9
		No 2	

EXPANDED: Triglycerides and HDL Cholesterol

109	Triglycerides <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	B10
		mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	
110	HDL Cholesterol <i>Choose accordingly: mmol/l or mg/dl</i>	mmol/l	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	B11
		mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	

