

**Subject ID:**



World Health Organisation

- Consent Form
- Appt. / Fasting Inst.
- Fasting Status
- STEP 1
- STEP 2
- STEP 3
- CHECKOUT

Data entered by

Data read by

Data entry completed

Data entry problems

*(Write comments on page 10)*

*In Collaboration With*

**The Fiji School of Medicine**

**&**

**The Menzies Centre for Population Health Research**

## WHO STEPwise Approach to NCD Risk Factor Surveillance in Fiji

### Identification Information

11	Family Name	<input style="width: 100%; height: 25px;" type="text"/>
12	First Name(s)	<input style="width: 100%; height: 25px;" type="text"/>
13	Address	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/>
14	Father's Family Name	<input style="width: 100%; height: 25px;" type="text"/>
15	Father's First Name(s)	<input style="width: 100%; height: 25px;" type="text"/>

**Subject ID:**

- Q1 Centre   \_\_\_\_\_
- Q2 Interviewer
- Q3 Date of Interview   /   / 2002  
*Day / Month / Year*
- Q4 Time of Interview   :   *(use 24 hour time)*
- Q5 Main interview language *(select one)* Fijian <sup>1</sup>  
Hindi <sup>2</sup>  
English <sup>3</sup>

## STEP 1: QUESTIONNAIRE-BASED ASSESSMENT

### Demographic Information

- D1 Sex Male <sup>1</sup>  
Female <sup>2</sup>
- D2 How old are you?   years
- D3 What is your date of birth?   /   /      
*Day / Month / Year*
- D4 With which ethnicity do you identify yourself? *(select one)* Fijian <sup>1</sup>  
Indian <sup>2</sup>  
Other <sup>3</sup>
- D5 In total, how many years have you spent at school or full-time study?   years
- D6 What is the highest level of education you have completed? *(select one)*  
Never attended school ..... <sup>1</sup>  
Primary school ..... <sup>2</sup>  
Some secondary school ..... <sup>3</sup>  
Secondary school (Form 6 or equivalent) <sup>4</sup>  
Technical training (or equivalent) ..... <sup>5</sup>  
University or tertiary degree ..... <sup>6</sup>

## Smoking / Tobacco Use

S1 Do you **currently** smoke any tobacco products such as cigarettes, cigars or rolled tobacco?

Yes, daily (every day)  <sup>1</sup>

Yes, but not every day  <sup>2</sup> *Go to A1*

No, not at all  <sup>3</sup> *Go to A1*

S2 If you smoke daily, when did you first **start** smoking daily (every day)?

a **Either**     *year*

b **or**   *weeks ago*

c **or**   *months ago*

d **or**   *years ago*

e **or**   *years old*

S3 On average, how many of the following items do you smoke each day?  
*(for current daily smokers)*

a Manufactured cigarettes

b Hand-rolled cigarettes

c Pipes full of tobacco .....

d Cigars/cheroots .....

e Other .....

# Alcohol Consumption

A1 Have you **ever** consumed any type of alcoholic drink (such as beer, coolers, wine, spirits, home brew or fermented cider)?

Yes .....  <sup>1</sup>

Yes, but not in the last 12 months  <sup>2</sup> *Go to K1*

No, never .....  <sup>3</sup> *Go to K1*

A2 In the **past 12 months**, how frequently have you had at least one alcoholic drink?  
*(select one)*

5 or more days a week  <sup>1</sup>

1-4 days per week  <sup>2</sup>

1-3 days per month  <sup>3</sup>

less than monthly  <sup>4</sup>

A3 When you drink alcohol, on average how many glasses do you have?  
*(on a typical day within the last 12 months)*

--	--

**For men only:**

A4a In the past 12 months, how many times did you have **5** or more alcoholic drinks in a single day?

--	--

**For women only:**

A4b In the past 12 months, how many times did you have **4** or more alcoholic drinks in a single day?

--	--

**For everyone:**

A5 In the past 12 months, what was the largest number of drinks you had on a single occasion counting all types of alcoholic beverages combined?

--	--

A6 During the past 7 days, how many standard drinks of any alcoholic beverage did you have each day?

**1 standard drink** = 10g of alcohol (ethanol) content, e.g.

- 1 glass/can/bottle (330ml) of regular beer (5%)
- 1 measure (40 ml) of spirits
- 1 glass (120 ml) of wine

*Number of  
standard drinks*

- a Monday 

--	--
- b Tuesday 

--	--
- c Wednesday 

--	--
- d Thursday 

--	--
- e Friday 

--	--
- f Saturday 

--	--
- g Sunday 

--	--

## Kava/Yaqona Consumption

- K1 Have you **ever** tried or drunk kava or yaqona, even one or two bowls?  
 Yes  <sup>1</sup>  
 No, never  <sup>2</sup> *Go to N1*
- K2 If "Yes", how old were you when you first tried or experimented with kava?  
  years old
- K3 During the last 30 days, on how many days did you drink kava? *(select one)*  
 0 days  <sup>1</sup>  
 1 - 9 days  <sup>2</sup>  
 10 - 19 days  <sup>3</sup>  
 20 - 29 days  <sup>4</sup>  
 Everyday  <sup>5</sup>
- K4 Are you likely to smoke tobacco during or after drinking kava or yaqona?  
 Yes  <sup>1</sup>  
 No  <sup>2</sup>
- K5 Are you likely to drink alcohol during or after drinking kava or yaqona?  
 Yes  <sup>1</sup>  
 No  <sup>2</sup>
- K6 Which of the following are you likely to consume during or after drinking kava or yaqona? *(select all that apply)*
- |   | Yes                                | No                                 |
|---|------------------------------------|------------------------------------|
| a Lollies (eg. Chinese lollies, etc.) ..... | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| b Biscuits .....                            | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| c Bread .....                               | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| d Soft drinks .....                         | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| e Sweet snacks .....                        | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| f Cooked food .....                         | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| g Nothing at all .....                      | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |
| h Others (specify) _____                    | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> |

## Nutrition

N1 How many servings of **fruit** do you usually eat each day? *(select one)*

**Serving size for fruit**  
 (fresh, canned, frozen, excludes fruit juice)  
 eaten as meals or snacks:  
 - 1 cup diced  
 - 1 medium piece  
 - 2 small pieces

- Don't eat fruit at all  <sup>1</sup>
- Don't eat fruit every day  <sup>2</sup>
- 1 serving a day  <sup>3</sup>
- 2 - 4 servings a day  <sup>4</sup>
- 5 servings or more a day  <sup>5</sup>

**For the purpose of this question, "Vegetables" are considered to be:**

**Dark green leaves:** Taro leaves, bele, ota, pumpkin leaves, cassava leaves, kumala leaves, sijan, chauraiya, karamua, etc.  
**Yellow/red/orange vegetables:** Tomatoes, carrots, pumpkin, corn, etc.  
**Other vegetables:** Chinese cabbage, capsicum, cucumber, fresh beans, eggplant, onion, okra, lettuce, etc.

N2 How many servings of **vegetables** do you usually eat each day? *(select one)*

**Serving size for vegetables**  
 (raw, cooked, canned, frozen) eaten as meals or snacks:  
 - ? cup cooked  
 - 1 cup salad vegetables

- Don't eat vegetables at all  <sup>1</sup>
- Don't eat vegetables every day  <sup>2</sup>
- 1 serving a day  <sup>3</sup>
- 2 - 4 servings a day  <sup>4</sup>
- 5 servings or more a day  <sup>5</sup>

N3 What types of oil or fat do you use most often for food preparation at home?  
*(select one)*

- Vegetable oil .....  <sup>1</sup>
- Lard or drippings .....  <sup>2</sup>
- Butter or ghee .....  <sup>3</sup>
- Margarine .....  <sup>4</sup>
- Other .....  <sup>5</sup>
- Nothing in particular .....  <sup>6</sup>
- I don't use any oil or fat when preparing food  <sup>7</sup>
- I don't usually prepare food .....  <sup>8</sup>

## Physical Activity

- PAa If you work mostly in the household please fill here: ..... <sup>1</sup> Yes <sup>2</sup> No
- PAb If you are unemployed or looking for work please fill here: ..... <sup>1</sup> Yes <sup>2</sup> No

### Section A: Occupational Physical Activity (paid or unpaid work)

I would like to ask you about activities related to your main occupation on a typical day.

PAc Firstly, how long is your typical work day (hours)?   hours

During these hours how frequently does your work involve you in the following:

- |   | Almost Always                      | Usually                            | Sometimes                          | Almost Never                       |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| PA1 • Sitting or standing with only a little walking                                      | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA2 • Activities that require the same physical effort as continuous walking, gardening   | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA3 • Activities that require the same effort as heavy lifting or heavy construction work | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |

### Section B: Travel-Related Physical Activity

I would like to ask you about the way you travel to and from places (work, market, church, etc.) on a typical day. How often do you travel by....

- |   | Almost Always                      | Usually                            | Sometimes                          | Almost Never                       |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| PA4 • Private transport such as car, bilibili or taxi ..... | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA5 • Public transport such as bus, train or boat .....     | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA6 • Motor cycle .....                                     | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA7 • Bicycle .....   | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA8 • Walking (on foot) .....                               | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA9 • Riding on a horse .....                               | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |

### Section C: Leisure-Related Physical Activity (i.e. excluding main occupation and travel activities)

I would like to ask you about all the leisure-related activities that you do on a typical day.

How frequently do you spend time on....

- |  | Almost Always  | Usually                            | Sometimes                          | Almost Never                       |
|--|--|------------------------------------|------------------------------------|------------------------------------|
| PA10 • Mainly sitting (incl. in front of a TV/computer) or standing and only a little walking                | <input type="radio"/> <sup>1</sup>   | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA11 • Activities that require the same effort as continuous walking, gardening, swimming or climbing stairs | <input type="radio"/> <sup>1</sup>   | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA11a If you answered "Almost Always" or "Usually" to PA11 how much time do you spend on those?              | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 10px; margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> <span style="margin-right: 20px;">hours</span> <span>minutes</span> </div> |                                    |                                    |                                    |
| PA12 • Activities that require the same effort as heavy lifting or strenuous sports                          | <input type="radio"/> <sup>1</sup>   | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> | <input type="radio"/> <sup>4</sup> |
| PA12a If you answered "Almost Always" or "Usually" to PA12 how much time do you spend on those?              | <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="font-size: 10px; margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> <span style="margin-right: 20px;">hours</span> <span>minutes</span> </div> |                                    |                                    |                                    |



## History of Diabetes

DM1 Have you had your blood sugar measured in the last 12 months?

- Yes <sup>1</sup>  
 No <sup>2</sup>  
 Uncertain <sup>3</sup>

DM2 Have you ever been told by a doctor or other health worker that you have diabetes?

- Yes <sup>1</sup>  
 No <sup>2</sup>  
 Uncertain <sup>3</sup>

DM3 Are you currently receiving any of the following treatments for diabetes?

- |  | Yes                                | No                                 | Uncertain                          |
|--|------------------------------------|------------------------------------|------------------------------------|
| a Insulin .....  | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |
| b Drug(s) prescribed by a doctor or other health worker .... | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |
| c Special diet prescribed by a doctor or other health worker | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |
| d Advice or treatment to lose weight .....                   | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |
| e Advice or treatment to stop smoking .....                  | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |
| f Herbal or traditional remedy .....                         | <input type="radio"/> <sup>1</sup> | <input type="radio"/> <sup>2</sup> | <input type="radio"/> <sup>3</sup> |

## STEP 2: PHYSICAL MEASUREMENTS

PMa Date of Measurements

Day		/		Month		/		Year			

PMb Time of Measurements

		:					(use 24 hour time)

### Height and Weight

Use the following values for unusual measurements:

Low value (out of range) ..... 777.7  
 Missing data ..... 888.8  
 High value (out of range) ..... 999.9

PM1 Height

PM2 Weight

PMc Technician

PMd Stadiometer

PMe Scale

a <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> cm	b <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> cm <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> kg
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### For women only:

PMf Are you pregnant?

Yes <sup>1</sup> Go to PMi  
 No <sup>2</sup>  
 Uncertain <sup>3</sup>

### Waist and Hip Circumference

*(Reading 3 needed if readings 1 and 2 are 2cm or more apart)*

PM3 Waist Girth

PM4 Hip Girth

PMg Technician

PMh Tape

	Reading 1	Reading 2	Reading 3
a			
	. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> cm	. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> cm	. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> cm
a			
	. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> cm	. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> cm	. <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> cm

### Blood Pressure and Heart Rate

*(Reading 3 needed if readings 1 and 2 are 10mmHg or more apart)*

Use the following values for unusual measurements:

Low value (out of range) ..... 777  
 Missing data ..... 888  
 High value (out of range) ..... 999

PMm Cuff Size

Small <sup>1</sup> Medium <sup>2</sup> Large <sup>3</sup> Other <sup>4</sup>

a

PMn Ambient Temperature  .  °C

PM5 Systolic Blood Pressure

PM6 Diastolic Blood Pressure

PM7 Heart Rate

	Reading 1	Reading 2	Reading 3
a			
	mm Hg	mm Hg	mm Hg
a			
	mm Hg	mm Hg	mm Hg
a			
	bpm	bpm	bpm

## STEP 3: BIOCHEMICAL MEASUREMENTS

Use the following values for unusual measurements:

Low value (out of range) ..... 77.7

Missing data ..... 88.8

High value (out of range) ..... 99.9

BMa Blood taken by

BMb Blood spun by

### *Fasting Status*

BM1 Have you had anything to eat or drink in the last 12 hours? Yes

*(other than water or unsweetened black tea or coffee)*

No

Uncertain

### *Blood Glucose*

BM2 Fasting blood glucose

.  mmol/L

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### STEP 1 Comments

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### STEPs 2 and 3 Comments

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### Data Entry Comments

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