Respondent Identification Number ☐☐ ☐☐☐

The FSM Department of HESA and the Chuuk State Department of Health Services in collaboration with the World Health Organization & the World Health Organization



The WHO STEPwise approach to Surveillance of Non-Communicable Diseases (STEPS)

Check if the following are completed	(to be checked by:)	Yes	No	Signature
Fasting status	(Registration Station)	☐	☐	
Step 1, 2 & 3 data collection	(Checkout Station)	☐	☐	
First EpiData data entry	(Data entry personnel)	☐	☐	
Second EpiData data entry	(Data entry personnel)	☐	☐	
Data entry irregularities	(Data entry personnel)	☐	☐	

Identification Information:		
I 1	Island code	☐
I 2	Island Name:	
I 3	Village code: (SEE NOTE BELOW)	☐☐☐
I 4	Village Name	
I 5	Interviewer code	☐☐
I 6	Date of completion of the questionnaire	☐☐/☐☐/200☐ Day Month Year

✂ ---------- ✂

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	Consent		
I 7	Consent has been read out to respondent	Yes 1 No 2	☐ If NO, read consent
I 8	Consent has been obtained (verbal or written)	Yes 1 No 2	☐ If NO, END
I 9	Interview Language	Chuukese 1 English 2	☐
I 10	Time of interview (24 hour clock)		☐☐:☐☐
I 11	Family Name		
I 12	First Name		
I 13	Hospital Number		☐☐-☐☐-☐☐
I 14	Contact phone number where possible		☐☐☐-☐☐☐
I 15	Specify whose phone	Work 1 Home 2 Neighbour 3 Other (specify) 4	☐

<u>Note:</u> Identification information I7 to I15 should be stored separately from the questionnaire because it contains confidential information. Please note: Village code is required as part of main instrument for data analyses. Date of interview is required to calculate age.

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Step 1	Demographic Information				
C1	Sex (*Record Male / Female as observed)*	Male 1 Female 2			☐
C2	What is your date of birth? *If Don't Know, See Note* below and Go to C3*	Day ☐☐ Month ☐☐ Year 19☐☐			
C3	How old are you?	Years			☐☐
C4	What is your *ethnic* background?	Chuukese 1 Mortlockese 2 Hallese 3 Westlockese 4 Pohnpeian 5	Pohnpei – O.I 6 Yapese 7 Yap - O.I 8 Kosraean 9 Filipino 10 Others 11		☐
C5	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years			☐☐
C6	What is the highest level of education you have completed?	Never attended school 1 Elementary school (1-8 Grades) 2 High school (9-12Grades) 3 2 Year college 4 4 Year college 5 Postgraduate 6			☐
C7	Which of the following best describes your main work status over the last 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			☐
C8	How many people older than 18 years, including yourself, live in your household?	Number of people			☐☐
C9	Taking the past year, can you tell me what the average earnings of the household have been?	Per week ☐☐☐☐☐☐ OR per month ☐☐☐☐☐☐ OR per year ☐☐☐☐☐☐☐ *Go to Next Section (S1a) if given estimated earnings* Refused 8			☐ *If Refused Go to C10*
C10	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	Less than $5,000 1 between$5,000 and $10,000 2 between $10,000 and $15,000 3 between $15,000 and $20,000 4 More than$20,000 5 Refused 8			☐
C11	For each of the following, indicate whether any immediate member of your family (siblings, parents, or children) has been affected by this health problem TICK all that apply	Heart disease ☐ Mental health disease ☐ Diabetes ☐ Stroke ☐ Asthma ☐ Kidney disease ☐ Liver disease ☐ Hypertension ☐ Cancer (specify site if possible) ☐ Hearing related ☐ Visual related ☐			

Note: 1) The Date of Birth (C2) or the age (C3) or both (C2 and C3) have to be filled. If both C2 and C3 not available, then STOP. CODE "DK" FOR DON'T KNOW or DON'T REMEMBER*

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Step 1 Behavioural Measures

Tobacco Use (Section S)

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 smoking.

S 1a	Do you currently smoke any **tobacco products**, such as cigarettes, cigars or pipes?	Yes 1 No 2	☐	*If No, go to S5*
S 1b	If Yes, Do you currently smoke tobacco products **daily**?	Yes 1 No 2	☐	*If No, go to S5*
S 2a	How old were you when you **first started** smoking daily?	Age (years) Don't remember D K	☐☐	*If Known, go to S 3*
S 2b	Do you remember how long ago it was?	In Years OR in Months OR in Weeks	Years ☐☐ Months ☐☐ Weeks ☐☐	
S 3	On average, **how many** of the following do you smoke each day? *(RECORD FOR EACH TYPE)*	Manufactured cigarettes Hand-rolled cigarettes Pipes full of tobacco Cigars, cheroots, cigarillos ← Other (please specify):	☐☐ ☐☐ ☐☐ ☐☐ ☐☐	
S 4	If you smoke, how useful would each of the following be in helping you to quit? (*code for each group as below)* Not useful 1 Somewhat useful 2 Very useful 3	Friends Substance abuse & mental health program staff Medical Doctor Hang out with friends who don't smoke Pastor/Minister/Priest Youth groups Teacher/Professor Uncles, spouse or other relatives Parents Exercise/Increase participation in sports Stay away from bars/night clubs	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
S 5	In the past did you ever smoke daily?	Yes 1 No 2	☐	*If No, go to S7a*
S 6a	How old were you when you stopped smoking daily?		☐☐	
S 6b	If you don't remember how old you were, how long ago?	In Years OR in Months OR in Weeks	☐☐ ☐☐ ☐☐	
S 7a	Do you currently use smokeless tobacco such as chewing tobacco or snuff?	Yes 1 No 2	☐☐	*If No, go to S9*
S 7b	if Yes, do you currently use smokeless tobacco products daily?	Yes 1 No 2	☐☐	
S 8	On average, how many times do you use smokeless tobacco on the days that you use it?	Number of times per day	☐☐	

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S 9	In the past, did you ever use smokeless tobacco daily?	Yes 1 No 2	☐	*If No, go to N1a*
S 10	If you use smokeless tobacco, how useful would each of the following be in helping you to quit? (*code for each group as below)* Not useful 1 Somewhat useful 2 Very useful 3	Friends Substance abuse & mental health program staff Medical Doctor Hang out with friends who don't smoke Pastor/Minister/Priest Youth groups Teacher/Professor Uncles, spouse or other relatives Parents Exercise/Increase participation in sports Stay away from bars/night clubs	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	

Betel Nut Use (Section N)

The next questions ask about the use of betel nut

N 1a	Do you **currently** *chew betel* nut?	Yes 1 No 2	☐	*If No, go to N5*
N 1b	If Yes, Do you **currently chew betel nuts daily**?	Yes 1 No 2	☐	*If No, go to N5*
N 2	When you chew, how many nuts on average do you chew at one time?		☐☐	
N 3	On average, how many times each day do you chew?	Times per day	☐☐	
N 4	When you chew betel nut how often do you add cigarettes or tobacco	all the time 1 sometimes 2 Never 3	☐	
N 5	Have you ever chewed betel nut daily in the past?	Yes 1 No 2	☐	
N 6	If you chew betel but, how useful would each of the following be in helping you to quit? (*code for each group as below)* Not useful 1 Somewhat useful 2 Very useful 3	Friends Substance abuse & mental health program staff Medical Doctor Hang out with friends who don't smoke Pastor/Minister/Priest Youth groups Teacher/Professor Uncles, spouse or other relatives Parents Exercise/Increase participation in sports Stay away from bars/night clubs	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	

Alcohol Consumption (Section A)

The next questions ask about the consumption of alcohol.

		Response	Coding Column	
A 1a	Have you **ever consumed** a drink that contains alcohol such as beer, wine, spirit or fermented cider? *USE SHOWCARD or SHOW EXAMPLES*	Yes 1 No 2	☐	*If No, Go to D1a*
A 1b	Have you consumed alcohol within the **past 12 months**?	Yes 1 No 2	☐	*If No, Go to D1a*
A 2	In the past 12 months, **how frequently** have you had at least one drink? *(READ RESPONSES)* *USE SHOWCARD*	5 or more days a week 1 1-4 days per week 2 1-3 days a month 3 Less than once a month 4	☐	
A 3	When you drink alcohol, on average, how many drinks do you have during one day?	Number Don't know D K	☐☐	

Note: Code ***DK*** for "Don't know" or "Don't remember

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A 4	During each of the **past 7 days**, how many standard drinks of any alcoholic drink did you have each day? *(RECORD FOR EACH DAY* *USE SHOWCARD)*	Monday Tuesday Wednesday Thursday Friday Saturday Sunday	☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐☐
A 5a	For Men In the past 12 months on how many days did you have 5 or more alcoholic drinks on a single day?	Number of days	☐☐ ☐
A 5b	For Women In the past 12 months on how many days did you have 4 or more alcoholic drinks on a single day?	Number of days	☐☐ ☐
A 6	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?	Number of drinks	☐☐
A 7	If you consume alcohol, how useful would each of the following be in helping you to quit? (*code for each group as below)* Not useful 1 Somewhat useful 2 Very useful 3	Friends Substance abuse & mental health program staff Medical Doctor Hang out with friends who don't smoke Pastor/Minister/Priest Youth groups Teacher/Professor Uncles, spouse or other relatives Parents Exercise/Increase participation in sports Stay away from bars/night clubs	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Diet (Section D)

The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that describes some examples of local fruits and vegetables. As you answer these questions please think of a typical week in the last year.

D 1a	In a typical week, on how many days do you **eat fruit**? *USE SHOWCARD*	Number of days	☐	*If Zero days, go to D2a*
D 1b	How many **servings** of fruit do you eat on **one** of those days? *USE SHOWCARD*	Number of servings Don't know D K	☐☐	
D 2a	In a typical week, on how many days do you **eat vegetables**? *USE SHOWCARD*	Number of days	☐	*If Zero days, go to D3*
D 2b	How many **servings** of vegetables do you eat on one of those days? *USE SHOWCARD*	Number of servings Don't know D K	☐☐	

D 3	On how many days do you eat the following in a typical week?	Meat		☐☐
		Chicken		☐☐
		Eggs		☐☐
		Milk Products		☐☐
		Fish		☐☐
	Do you usually prepare meals?	Yes	1	☐
		No	2	
D 4b	What type of **oil or fat is most often** used for meal preparation in your household? *SELECT ONLY ONE*	Vegetable oil	1	☐
		Lard or suet	2	
		Butter	3	
		Margarine	4	
		Coconut oil	5	
	_____	← Other	6	
		None in particular	7	
	___	None used	8	
		Don't know	9	
D 5	In a typical week, on how many days do you eat **fresh fish**?	Number of days		☐
D 6	In a typical week, on how many days do you eat **canned fish**?	Number of days		☐

Note: Code ***DK*** for "Don't know" or "Don't remember".

Physical Activity (Section P)

Next I am going to ask you about the time you spend doing different types of physical activity. Please answer these questions even if you do not consider yourself to be an 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, household chores, harvesting food, fishing or hunting for food, seeking employment. *[Insert other examples if needed]*

P 1	Did you work mostly in the household?	Yes	1	☐	
		No	2		
P 2	How long is your typical work day?	Number of hours		hrs ☐☐	
P 3	Does your work involve mostly sitting or standing, with walking for no more than 10 minutes at a time?	Yes	1	☐	*If Yes, go to P7*
		No	2		
P 4	Does your work involve vigorous activity, like [*heavy lifting, digging or construction work*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes	1	☐	*If No, go to P5*
		No	2		
P 4a	In a typical week, on how many days do you do vigorous activities as part of your work?	Days a week		☐	
P 4b	On a typical day on which you do vigorous activity, how much time do you spend doing such work?	In hours and minutes		hrs ☐☐ : mins ☐☐	
		OR in Minutes only		or minutes ☐☐☐	
P 5	Does your work involve moderate-intensity activity, like brisk walking *[or carrying light loads*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes	1	☐	*If No, go to P7*
		No	2		
P 6a	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days a week		☐	
P 6b	On a typical day on which you did moderate-intensity activities, how much time do you spend doing such work?	In hours and minutes		hrs ☐☐ : mins ☐☐	
		OR in Minutes only		or minutes ☐☐☐	

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Other than activities that you've already mentioned, I would like to ask you about the way you travel to and from places. For example to work, for shopping, to market, to church. [*insert other examples if needed*]				
P 7	Do you walk or use a bicycle (*pedal cycle*) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2	☐	*If No, go to P9*
P 8a	In a typical week, on how many days do you walk or bicycle for at least 10 minutes to get to and from places?	Days a week	☐	
P 8b	On a typical day during which you would walk or bicycle for travel for at least 10 minutes, how much time would you spend doing this?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	
The next questions ask about activities you do in your leisure time. Think about activities you do for recreation, fitness or sports *[insert relevant terms*]. Do not include the physical activities you do at work or for travel mentioned already.				
P 9	Does your [*recreation, sport or leisure time*] involve mostly sitting, reclining, or standing, with no physical activity lasting more than 10 minutes at a time?	Yes 1 No 2	☐	*If Yes, go to P 14*
P 10	In your [*leisure time*], do you do any vigorous activities like [*running or strenuous sports, weight lifting*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P 12*
P 11a	If Yes, In a typical week, on how many days do you do vigorous activities as part of your [*leisure time*]?	Days a week	☐	
P 11b	On a typical day on which you do vigorous activity as part of your [*leisure time*], how much time do you spend doing this?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	

Note: Code *DK* for "Don't know" or "Don't remember".

P 12	In your [*leisure time*], do you do any moderate-intensity activities like brisk walking,[*cycling or swimming*] for at least 10 minutes at a time? *INSERT EXAMPLES & USE SHOWCARD*	Yes 1 No 2	☐	*If No, go to P 14*
P 13a	If Yes In a typical week, on how many days do you do moderate-intensity activities as part of [*leisure time*]?	Days a week	☐	
P 13b	On a typical day on which you do moderate-intensity activity as part of your [*leisure time*], how much time do you spend doing this?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	
The following question is about sitting or reclining. Think back over the past 7 days, to time spent at work, at home, in *[leisure]*, including time spent sitting at a desk, visiting friends, reading, or watching television, but do not include time spent sleeping.				
P 14	Over the past 7 days, how much time did you spend sitting or reclining on a typical day?	In hours and minutes OR in Minutes only	hrs ☐☐ : mins ☐☐ or minutes ☐☐☐	

History of High Blood Pressure

H 1	When was your blood pressure last measured by a health professional?	Within past 12 months 1 1-5 years ago 2 Not within past 5 yrs 3	☐	
H 2	During the past 12 months have you been told by a doctor or other health worker that you have elevated blood pressure or hypertension?	Yes 1 No 2	☐	*If No, skip to Next Section*
H 3	Are you currently receiving any of the following treatments for high blood pressure prescribed by a doctor or other health worker?			
H 3a	Drugs (medication) that you have taken in the last 2 weeks	Yes 1 No 2	☐	
H 3b	Special prescribed diet	Yes 1 No 2	☐	
H 3c	Advice or treatment to lose weight	Yes 1 No 2	☐	

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H 3d	Advice or treatment to stop smoking	Yes 1 No 2		☐
H 3e	Advice to start or do more exercise	Yes 1 No 2		☐
H 4	During the past 12 months have you seen a traditional healer for elevated blood pressure or hypertension	Yes 1 No 2		☐
H 5	Are you currently taking any herbal or traditional remedy for your high blood pressure?	Yes 1 No 2		☐
History of Diabetes				
H 6	When was your blood sugar last measured by a health professional	Within past 12 months 1 1-5 years ago 2 Not within past 5 yrs 3		☐
H 7	Have you ever been told by a doctor or other health worker that you have diabetes?	Yes 1 No 2		☐ *If No, skip to Next Section*
H 8	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker?			
H 8a	Insulin	Yes 1 No 2		☐
H 8b	Oral drug (medication that you have taken in the last 2 weeks	Yes 1 No 2		☐
H 8c	Special prescribed diet	Yes 1 No 2		☐
H 8d	Advice or treatment to lose weight	Yes 1 No 2		☐
H 8e	Advice or treatment to stop smoking	Yes 1 No 2		☐
H 8f	Advice to start or do more exercise	Yes 1 No 2		☐
H 9	During the past 12 months have you seen a traditional healer for diabetes?	Yes 1 No 2		☐
H 10	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2		☐
H 11	About how many times in the past 12 months has a health worker checked your feet for any sores or irritations?	Number of times		☐
H 12	When was the last time you had an eye examination in which pupils were dilated	Within the past month (anytime less than 1 month ago) Within the past year (1 month but less than 12 months ago) Within the past 2 years (1 year but less than 2 years ago) 2 or more years Never Don't know/Not sure Refused		☐ ☐ ☐ ☐ ☐ ☐ ☐
H 13	In the past 12 months have you had a flu shot?	Yes 1 No 2 Don't know/Not sure 3		☐

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H 14	In the last 12 months, have you had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called pneumococcal vaccine.	Yes 1 No 2 Don't know/Not sure 3	☐

Comments: Step 1 (to be answered by the Interviewer)			
V 2	Are there any irregularities or problems with the questions?	Yes 1 No 2	☐

If yes, please describe. _____

_____

_____

_____

Step 2 Physical Measurements

Height and weight			Coding Column
M 1	Technician ID Code		☐☐
M 2a & 2b	Device IDs for height and weight	(2a) height ☐ (2b) weight ☐	
M 3	Height	(in Centimetres)	☐☐☐.☐
M 4	Weight *If too large for scale, code 666.6*	(in Kilograms)	☐☐☐.☐
M 5	*(For women)* Are you pregnant?	Yes 1 No 2 Uncertain 3	☐ *If Yes, Skip Waist and Hip*
Waist and Hip			
M 6	Technician ID		☐☐
M 7	Device ID for waist		☐
M 8	Waist circumference	(in Centimetres)	☐☐☐.☐
M 9	Hip circumference	(in Centimetres)	☐☐☐.☐

Blood pressure				Coding Column
M 10	Technician ID			☐☐
M 11	Device ID for blood pressure			☐
M 12	Cuff size used	Normal 1 Large 2 Manual 3		☐
M 13a	Reading 1 Systolic BP	Systolic	mmHg	☐☐☐
M 13b	Diastolic BP	Diastolic	mmHg	☐☐☐
M 14a	Reading 2 Systolic BP	Systolic	mmHg	☐☐☐
M 14b	Diastolic BP	Diastolic	mmHg	☐☐☐
M 15a	Reading 3 Systolic BP	Systolic	mmHg	☐☐☐
M 15b	Diastolic BP	Diastolic	mmHg	☐☐☐

Step 3 Biochemical Measurements

Blood glucose			Coding Column
B 1	Since 10pm last night, have you had anything to eat or drink, other than water?	Yes 1 No 2 Uncertain 3	☐
B 2	Technician ID Code		☐☐
B 3	Device ID code		☐
B 4	Time of day blood specimen taken (24 hour clock)		hrs ☐☐ : mins ☐☐
B 5	Blood glucose	Low 1 High 2 Unable to assess 3	mmol/l ☐☐.☐ ☐
Blood Lipids			
B 6	Technician ID Code (cholesterol)		☐☐
B 7	Device ID code (cholesterol)		☐
B 8	Total cholesterol	Low 1 High 2 Unable to assess 3	mmol/l ☐☐.☐☐ ☐
B 9	Technician ID Code (triglycerides)		☐☐
B 10	Device ID code (triglycerides)		☐
B 11	Triglycerides	Low 1 High 2 Unable to assess 3	mmol/l ☐☐.☐☐ ☐

Comments: Step 2 and 3		(to be answered by any Step 2 or 3 technician)	
V 3	Are there any irregularities or problems with the measurements?	Yes 1 No 2	☐

If yes, please describe. _____

_____

_____