

# WHO STEPS Instrument

## (Core and Expanded)



### The WHO STEPwise approach to noncommunicable disease risk factor surveillance (STEPS)

World Health Organization  
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For further information: [www.who.int/chp/steps](http://www.who.int/chp/steps)

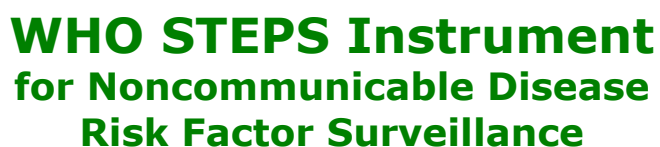


# STEPS Instrument

## Overview

<b>Introduction</b>	<p>This is the generic STEPS Instrument which sites/countries will use to develop their tailored instrument. It contains the:</p> <ul style="list-style-type: none"><li>• CORE items (unshaded boxes)</li><li>• EXPANDED items (shaded boxes).</li></ul> <hr/>
<b>Core Items</b>	<p>The Core items for each section ask questions required to calculate basic variables. For example:</p> <ul style="list-style-type: none"><li>• current daily smokers</li><li>• mean BMI.</li></ul> <p><b>Note:</b> All the core questions should be asked, removing core questions will impact the analysis.</p> <hr/>
<b>Expanded items</b>	<p>The Expanded items for each section ask more detailed information. Examples include:</p> <ul style="list-style-type: none"><li>• use of smokeless tobacco</li><li>• sedentary behaviour.</li></ul> <hr/>
<b>Guide to the columns</b>	<p>The table below is a brief guide to each of the columns in the Instrument.</p>

Column	Description	Site Tailoring
Question	Each question is to be read to the participants	<ul style="list-style-type: none"><li>• Select sections to use.</li><li>• Add expanded and optional questions as desired.</li></ul>
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"><li>• Add site specific responses for demographic responses (e.g. C6).</li><li>• Change skip question identifiers where necessary.</li></ul>
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.



## Survey Information

Consent, Interview Language and Name	Response	Code
Consent has been read and obtained	Yes 1 No 2 <b>If NO, END</b>	15
Interview Language <i>[Insert Language]</i>	English 1 <i>[Add others]</i> 2 <i>[Add others]</i> 3 <i>[Add others]</i> 4	16
Time of interview (24 hour clock)	<div style="text-align: right;"> <div> <div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> </div> </div> <div> <div>hrs</div> <div>mins</div> </div> </div>	17
Family Surname		18
First Name		19
<b>Additional Information that may be helpful</b>		
Contact phone number where possible		110

## Step 1 Demographic Information

**CORE: Demographic Information**

Question	Response	Code
Sex ( <i>Record Male / Female as observed</i> )	Male    1 Female    2	C1
What is your date of birth? <i>Don't Know 77 77 7777</i>	<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><i>If known, Go to C4</i></div> </div> <div>dd                  mm                  year</div>	C2
How old are you?	Years <div><div></div><div></div><div></div></div>	C3
In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years <div><div></div><div></div><div></div></div>	C4

## EXPANDED: Demographic Information

What is the <b>highest level of education</b> you have completed?	No formal schooling 1 Primary school completed (3 years) 2 Secondary school not fully completed (9 years) (3) Secondary school completed (11 years) 4 Secondary technical 5 College/University completed 6 Candidate of medical sciences 7 Refused 88	C5
[INSERT COUNTRY-SPECIFIC CATEGORIES]		
What is your [insert relevant ethnic group / racial group / cultural subgroup / others] <b>background</b> ?	Kyrgyz 1 Russian 2 Uzbek 3 Dungan 4 Refused 88	C6
What is your <b>marital status</b> ?	Never married 1 Currently married 2 Married, living separately 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
Which of the following best describes your <b>main work</b> status over the past 12 months?	Government employee 1 Private sector employee 2 Self-employed 3 Agricultural worker 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
[INSERT COUNTRY-SPECIFIC CATEGORIES]		
(USE SHOWCARD)		
How many people older than 18 years, including yourself, live in your household?	Number of people <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span>	C9

### EXPANDED: Demographic Information, Continued

## Step 1 Behavioural Measurements

**CORE: Tobacco Use**

Now I am going to ask you some questions about tobacco use.

Question	Response	Code
Do you <b>currently</b> smoke any <b>tobacco</b> products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1
Do you currently smoke tobacco products <b>daily</b> ?	Yes 1 No 2	T2
How old were you when you <b>first started</b> smoking?	Age (years) Don't know 77 <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T3
Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3)	In Years <input type="text"/> <input type="text"/> If Known, go to T5a/T5aw	T4a
Don't know 77	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
On average, <b>how many</b> of the following products do you smoke <b>each day/week</b> ? (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
During the past 12 months, have you tried to <b>stop smoking</b> ?	Yes 1 No 2	T6
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
In the past, did you <b>ever smoke</b> any tobacco products? (USE SHOWCARD)	Yes 1 No 2 If No, go to T12	T8
In the past, did you <b>ever smoke daily</b> ?	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
How old were you when you <b>stopped</b> smoking?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> If Known, go to T12	T10
How <b>long ago</b> 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"/> <input type="text"/> <input type="text"/>	T11c
Do you <b>currently use</b> any <b>smokeless tobacco</b> products such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2    If No, go to T15	T12
Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2    If No, go to T14aw	T13
On average, how many <b>times a day/week</b> 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 (and betel) <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
	<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
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>snuff,r betel</i> ?	Yes 1 No 2    If No, go to T17	T15
In the <b>past</b> , did you <b>ever use</b> smokeless tobacco products such as <i>snuff, betel</i> <b>daily</b> ?	Yes 1 No 2	T16
During the past 30 days, did someone smoke <b>in your home</b> ?	Yes 1 No 2	T17
During the past 30 days, did someone smoke in closed areas <b>in your workplace</b> (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18

## Tobacco Policy

<b>Tobacco Policy</b>
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Previous Section contained the questions, related to tobacco use. In this Section we would ask you to give answers to the questions, related to the measures, aimed at control of tobacco use. This Instrument includes the questions if you see information on promotion actions/campaigns of cigarettes or warnings on harm of smoking in mass media and advertisements, as well as questions on purchasing cigarettes.

Question	Answer	Code
During the last 30 days have you see information on harmful effect of smoking or information, promoting smoking cessation, in the following mass media? (Give the answer each point please)		
Newspapers and magazines	Yes 1 No 2 Do not know 77	TP1a
TV	Yes 1 No 2 Do not know 77	TP1b
Radio	Yes 1 No 2 Do not know 77	TP1c
During the last 30 days have you noticed in the shops, selling tobacco products, <b>advertisement</b> or <b>displays</b> , aimed at promotion of cigarettes?	Yes 1 No 2 Do not know 77	TP2
During the last 30 days have you noticed any of the below kinds of actions promoting cigarettes sale? (Ответить на каждый пункт)		
Free cigarettes samples	Yes 1 No 2 Do not know 77	TP3a
Cigarettes at reduced/special prices	Yes 1 No 2 Do not know 77	TP3b
Coupons for cigarettes	Yes 1 No 2 Do not know 77	TP3c
Advertising presents or special discounts for other products offered at purchase of cigarettes	Yes 1 No 2 Do not know 77	TP3d
Clothes or other products with cigarettes brand or logo/trademark	Yes 1 No 2 Do not know 77	TP3e
Cigarettes advertisement in mails	Yes 1 No 2 Do not know 77	TP3f
The nest TP4-TP7 Questions refer only to Smoking people.		
During the last 30 days have you seen any – <b>warnings of harmful effect of smoking on cigarettes packs?</b>	Yes 1 No 2 <i>If No , ship to TP6</i> Haven't seen a single pack of cigarettes 3 <i>If "Haven't seen a single pack of cigarettes ", skip to TP6</i> Do not know 77 Skip to TP^ , if Do not know	TP4
During the last 30 days have the warnings stickers on cigarettes packs <b>made you think of smoking cessation?</b>	Yes 1 No 2 Do not know 77	TP5
Last time you purchased industrially produced	Number of cigarettes	TP6



## Participant Identification Number

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cigarettes for yourself, <b>how many</b> cigarettes did you purchase in total?	Do not remember or don't smoke industrially manufactured cigarettes 7777	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> <i>If «Do not remember or don't smoke industrially manufactured cigarettes», go to the next Section of questions.</i>					
<b>How much</b> have you spent in total purchasing of these cigarettes? (Number of points/positions, allocated for the amount, should match the country scale of prices)	Amount Do not know Refuse to answer	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> 7777 8888					TP7

CORE: Alcohol Consumption				
The next questions ask about the consumption of alcohol.				
Question	Response	Code		
Have you <b>ever</b> consumed any alcohol such as beer, wine, spirits or Bozo? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to A16	A1		
Have you consumed any alcohol within the <b>past 12 months</b> ?	Yes 1 If Yes, go to A4 No 2	A2		
Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 If Yes, go to A16 No 2 If No, go to A16	A3		
During the past 12 months, <b>how frequently</b> have you had at least one standard alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6	A4		
Have you consumed any alcohol within the <b>past 30 days</b> ?	Yes 1 No 2 If No, go to A13	A5		
During the past 30 days, on how many <b>occasions</b> did you have at least one standard alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A6
During the past 30 days, when you drank alcohol, how many <b>standard drinks on average</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A7
During the past 30 days, what was the <b>largest number</b> of standard 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>			A8
During the past 30 days, how many times did you have <b>six or more</b> standard drinks in a single drinking occasion?	Number of times Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A9
During each of the <b>past 7 days</b> , how many standard drinks did you have each day? (USE SHOWCARD)  Don't Know 77	Monday <table border="1"><tr><td></td><td></td></tr></table>			A10a
Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A10b	
Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A10c	
Thursday <table border="1"><tr><td></td><td></td></tr></table>			A10d	
Friday <table border="1"><tr><td></td><td></td></tr></table>			A10e	
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A10f	
Sunday <table border="1"><tr><td></td><td></td></tr></table>			A10g	

**CORE: Alcohol Consumption, continued**

I have just asked you about your consumption of alcohol during the past 7 days. The questions were about alcohol in general, while the next questions refer to your consumption of homebrewed alcohol, alcohol brought over the border/from another country, any alcohol not intended for drinking or other untaxed alcohol. Please only think about these types of alcohol when answering the next questions.

Question	Response	Code
During the <b>past 7 days</b> , did you consume any <b>homebrewed</b> alcohol, any alcohol <b>brought over the border/from another country</b> , any alcohol <b>not intended for drinking</b> or other <b>untaxed</b> alcohol? <i>[AMEND ACCORDING TO LOCAL CONTEXT]</i> <i>(USE SHOWCARD)</i>	Yes    1  No    2 <i>If No, go to A13</i>	A11
On average, <b>how many standard drinks</b> of the following did you consume <b>during the past 7 days</b> ?  <i>[INSERT COUNTRY-SPECIFIC EXAMPLES]</i> <i>(USE SHOWCARD)</i>  <i>Don't Know 77</i>	Homebrewed spirits, e.g. moonshine <u>    </u>	A12a
	Homebrewed national drink "bozo", homebrewed, e.g. Bozo, fruit wine <u>    </u>	A12b
	Alcohol brought over the border/from another country <u>    </u>	A12c
	Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <u>    </u>	A12d
	Other untaxed alcohol in the country <u>    </u>	A12e

**EXPANDED: Alcohol Consumption**

During the <b>past 12 months</b> , how often have you found that you were not able to stop drinking once you had started?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A13
During the <b>past 12 months</b> , how often have you failed to do what was normally expected from you because of drinking?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A14
During the <b>past 12 months</b> , how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Daily or almost daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5	A15
During the <b>past 12 months</b> , have you had family problems or problems with your partner due to <b>someone else's</b> drinking?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 No 5	A16

**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
In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3	D1
How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <input type="text"/> <input type="text"/>	D2
In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5	D3
How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <input type="text"/> <input type="text"/>	D4

**EXPANDED: Diet**

What type of <b>oil or fat is most often</b> used for meal preparation in your household?  (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Lamb or beef fat 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><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
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><tr><td></td><td></td></tr></table>			D6					

Edible Salt	100%
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Edible Salt
<p>In this Section I would like to know the amount of salt in your diet. Edible salt contains common table salt, raw salt and iodized salt, salty bouillon cubes and powders, as well as salty sauces, such as soy-bean or fish sauces (see Cards). The next questions are about your practice of adding salt to the food right before eating, cooking at home, consumption of processed products with high salt contents, e.g. (Shoro, Tan, sour/fermented cabbage, syuzma, kurut, smoked meat, salted fish , etc.), as well as how you control salt consumption. Answer the following questions please, even if you believe, that your diet contain very little salt.</p>

In this Section I would like to know the amount of salt in your diet. Edible salt contains common table salt, raw salt and iodized salt, salty bouillon cubes and powders, as well as salty sauces, such as soy-bean or fish sauces (see Cards). The next questions are about your practice of adding salt to the food right before eating, cooking at home, consumption of processed products with high salt contents, e.g. (Shoro, Tan, sour/fermented cabbage, syuzma, kurut, smoked meat, salted fish, etc.), as well as how you control salt consumption. Answer the following questions please, even if you believe, that your diet contain very little salt.

Question	Answer	Code
How often do you <b>add salt or salty sauces</b> to food before eating or during eating the food? (Select only one answer)  (USE SHOW CARDS)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Do not know 77	DS1
How often <b>salt, salty spices are added</b> during cooking in your household?	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Do not know 77	DS2
How often do you eat processed products with high salt contents? Processed products with high salt contents are the products which are changed compared to their natural condition, e.g., meat or fish smoked products, sausage, bacon, pickles, cans, salty syuzma, salty kurut, salty chips and nuts, Shoro, Tan, sour/fermented cabbage, smoked meat, etc.)  (Give examples) (USE SHOW CARDS)	Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Do not know 77	DS3
What is your opinion on the amount of salt or salty sauces you use?	Too much 1 A lot 2 Average 3 Little 4 Too little 5 Do not know 77	DS4
How important it is for you to reduce salt consumption in your diet?	Very important 1 Not that important 2 Not important at all 3 Do not know 77	DS5
Do you believe that consumption of a large amount of salt or salty sauces can cause serious <b>health problems</b> ?	Yes 1 No 2 Do not know 77	DS6

Edible Salt, continued.										
Question	Answer	Code								
What from below do you do on a regular basis to control salt consumption? (Give answer to each point)										
Reduce industrially manufactured foods	Yes 1 No 2	DS7a								
Check contents of salt or sodium on foods packages	Yes 1 No 2	DS7b								
Buy alternative food products with low salt/sodium contents	Yes 1 No 2	DS7c								
Use species, not containing salt for cooking food	Yes 1 No 2	DS7d								
Avoid eating the food, cooked outside	Yes 1 No 2	DS7e								
Use other measures of salt consumption control	Yes 1 If Yes, skip to S7 Other. No 2	DS7f								
Other (please, specify)	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									DS7other

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
<b>Work</b>		
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 4</i>	P1
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
How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs     mins	P3 (a-b)
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 7</i>	P4
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
How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs     mins	P6 (a-b)
<b>Travel to and from places</b>		
<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>		
Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?	Yes 1  No 2 <i>If No, go to P 10</i>	P7
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
How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs     mins	P9 (a-b)

CORE: Physical Activity, Continued		
Question	Response	Code
<b>Recreational activities</b>		
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> .		
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
In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (leisure) activities?	Number of days <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>	P11
How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="font-size: small;">hrs</div> <div style="font-size: small;">mins</div> </div>	P12 (a-b)
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
In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (leisure) activities?	Number of days <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div>	P14
How much time do you spend doing moderate-intensity sports, fitness or recreational (leisure) activities on a typical day?	Hours : minutes <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="font-size: small;">hrs</div> <div style="font-size: small;">mins</div> </div>	P15 (a-b)

EXPANDED: Physical Activity		
<b>Sedentary behavior</b>		
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>		
How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> : <div style="border-bottom: 1px solid black; width: 20px; display: inline-block;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="font-size: small;">hrs</div> <div style="font-size: small;">mins</div> </div>	P16 (a-b)



CORE: History of Raised Blood Pressure		
Question	Response	Code
Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H6</i>	H1
Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, go to H6</i>	H2a
Have you been told in the past 12 months?	Yes 1 No 2	H2b
In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	H3
Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

CORE: History of Diabetes		
Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
Have you been told in the past 12 months?	Yes 1 No 2	H7b
In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

**CORE: History of Raised Total Cholesterol**

Question	Response	Code
Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
Have you been told in the past 12 months?	Yes 1 No 2	H13b
In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker?	Yes 1 No 2	H14
Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

**CORE: History of Cardiovascular Diseases**

Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1	H17
	No 2	
Are you currently taking aspirin regularly to prevent or treat heart disease?	Yes 1	H18
	No 2	
Are you currently taking statins (Lovastatin/Simvastatin/Atorvastatin or any other statin) regularly to prevent or treat heart disease?	Yes 1	H19
	No 2	

**CORE: Lifestyle Advice**

During the past three years, has a doctor or other health worker advised you to do any of the following?  
(RECORD FOR EACH)

RECORD FOR EACH		
Quit using tobacco or don't start	Yes 1 No 2	H20a
Reduce salt in your diet	Yes 1 No 2	H20b
Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
Reduce fat in your diet	Yes 1 No 2	H20d
Start or do more physical activity	Yes 1 No 2	H20e
Maintain a healthy body weight or lose weight	Yes 1 <i>If C1=1 go to M1</i> No 2 <i>If C1=1 go to M1</i>	H20f

**CORE (for women only): Cervical Cancer Screening**

The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.

Question	Response	Code
Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1	CX1
	No 2	
	Don't know 77	

## Step 2 Physical Measurements

CORE: Blood Pressure							
Question	Response	Code					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1	
Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M2			
Cuff size used	Small 1 Medium 2 Large 3	M3					
Reading 1	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M4b		
Reading 2	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M5b		
Reading 3	Systolic ( mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M6b		
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	M7					
CORE: Height and Weight							
For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 16</i> No 2	M8					
Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M9	
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>					M10a M10b	
Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M11
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>						M12
CORE: Waist							
Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M13			
Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M14

EXPANDED: Hip Circumference and Heart Rate							
Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15
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
During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
Technician ID	<div><div></div><div></div><div></div><div></div></div>	B2
Device ID	<div><div></div><div></div><div></div></div>	B3
Time of day blood specimen taken (24 hour clock)	Hours : minutes <div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div> hrs mins	B4
Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div> mg/dl <div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>	B5
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**

Device ID	<div> <div></div> <div></div> <div></div> </div>	B7
Total cholesterol	mmol/l <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B8
[CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mg/dl <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	
During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	<div>Yes 1</div> <div>No 2</div>	B9

**EXPANDED: Triglycerides and HDL Cholesterol**

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"/>	
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"/>	B11
	mg/dl	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	

