

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.

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><div></div></div><div><div></div><div></div><div></div><div></div></div><div>ddmmyear</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 colspan="2">hrs</td> <td></td> <td colspan="2">mins</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 (<i>Record Male / Female as observed</i>)	Male 1 Female 2		C1
12	What is your date of birth? <i>Don't Know 77 77 7777</i>	<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></div><div>year</div><div><i>If known, Go to C4</i></div></div>		C2
13	How old are you?	Years <div><div></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></div></div>		C4

EXPANDED: Demographic Information			
15	What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88	C5
17	What is your marital status ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88	C7
18	Which of the following best describes your main work status over the past 12 months? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i> <i>(USE SHOWCARD)</i>	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8

Step 1 Behavioural Measurements

CORE: Tobacco Use

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 tobacco.

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 T6	T1				
23	Do you currently smoke tobacco products daily ?	Yes 1 No 2 If No, go to T6	T2				
24	How old were you when you first started smoking daily?	Age (years) Don't know 77 <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T5a			T3		
25	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77	In Years <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T5a			T4a		
		OR in Months <table border="1"><tr><td></td><td></td></tr></table> If Known, go to T5a			T4b		
OR in Weeks <table border="1"><tr><td></td><td></td></tr></table>			T4c				
26	On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Manufactured cigarettes <table border="1"><tr><td></td><td></td></tr></table>			T5a		
		Hand-rolled cigarettes <table border="1"><tr><td></td><td></td></tr></table>			T5b		
		Pipes full of tobacco <table border="1"><tr><td></td><td></td></tr></table>			T5c		
Cigars, cheroots, cigarillos <table border="1"><tr><td></td><td></td></tr></table>			T5d				
Other <table border="1"><tr><td></td><td></td></tr></table> If Other, go to T5other, else go to T9			T5e				
Other (please specify): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Go to T9							T5other

EXPANDED: Tobacco Use			
Question		Response	Code
27	In the past, did you ever smoke daily ?	Yes 1 No 2 <i>If No, go to T9</i>	T6
28	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T7
29	How long ago did you stop smoking daily ? (RECORD ONLY 1, NOT ALL 3) Don't Know 77	Years ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8a
		OR Months ago <input type="text"/> <input type="text"/> <i>If Known, go to T9</i>	T8b
		OR Weeks ago <input type="text"/> <input type="text"/>	T8c
30	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]? (USE SHOWCARD)	Yes 1 No 2 <i>If No, go to T12</i>	T9
31	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T12</i>	T10
32	On average, how many times a day do you use (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 77	Snuff, by mouth <input type="text"/> <input type="text"/>	T11a
		Snuff, by nose <input type="text"/> <input type="text"/>	T11b
		Chewing tobacco <input type="text"/> <input type="text"/>	T11c
		Betel, quid <input type="text"/> <input type="text"/>	T11d
		Other <input type="text"/> <input type="text"/> <i>If Other, go to T11other, else go to T13</i>	T11e
		Other (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"/> <i>Go to T13</i>	T11other
33	In the past , did you ever use smokeless tobacco such as [snuff, chewing tobacco, or betel] daily ?	Yes 1 No 2	T12
34	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"/>	T13
35	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"/>	T14

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
46	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77	<div><div></div><div></div><div></div></div> If Zero days, go to D3	D1
47	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77	<div><div></div><div></div><div></div></div>	D2
48	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77	<div><div></div><div></div><div></div></div> If Zero days, go to D5	D3
49	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77	<div><div></div><div></div><div></div></div>	D4

EXPANDED: Diet

EXPANDED D5:

50	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><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
51	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				

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			
52	<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
53	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
54	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)
55	<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
56	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
57	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>			
58	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
59	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
60	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)

P15
(a-b)

P16
(a-b)

A2

EXPANDED: History of Raised Blood Pressure				
71	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	
	72	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes	1
No			2	
73	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
74	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes	1	H6
		No	2 If No, go to M1	
75	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 If No, go to M1	
76	Have you been told in the past 12 months?	Yes	1	H7b
		No	2	

EXPANDED: History of Diabetes				
77	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	
	78	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes	1
No			2	
79	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10
		No	2	

X1 When was the last time your eyes were examined as part of your diabetes control?

- 1 within the past two years
2 More than 2 years ago
3 Never
77 Don't know

X2 When was the last time your feet were examined as part of your diabetes control?

- 1 within the past year
2 More than 1 year ago
3 Never
77 Don't know

X3 When was the last time you had your HbA1c measured?

- 1 within the past 6 months
2 Within the past year
3 Never
77 Don't know

X4 When was the last time you had your urine checked for micro albumin?

- 1 Within the last year
2 Within the last 2 years
3 Never
77 Don't know

Step 2 Physical Measurements

CORE: Height and Weight

Question		Response	Code
80	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M1
81	Device IDs for height and weight	Height <div><div></div><div></div><div></div></div>	M2a
		Weight <div><div></div><div></div><div></div></div>	M2b
82	Height	in Centimetres (cm) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M3
83	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	M4
84	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5

CORE: Waist

85	Device ID for waist		M6
86	Waist circumference	in Centimetres (cm)	M7

CORE: Blood Pressure

87	Interviewer ID	<div><div></div><div></div><div></div><div></div></div>	M8
88	Device ID for blood pressure	<div><div></div><div></div><div></div></div>	M9
89	Cuff size used	<div>Small 1</div> <div>Medium 2</div> <div>Large 3</div>	M10
90	Reading 1	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M11b
91	Reading 2	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M12b
92	Reading 3	Systolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13a
		Diastolic (mmHg) <div><div></div><div></div><div></div><div></div></div>	M13b
93	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	<div>Yes 1</div> <div>No 2</div>	M14

EXPANDED: Hip Circumference and Heart Rate

94	Hip circumference		in Centimeters (cm)	<div style="display: flex; justify-content: space-around;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	M15
95	Heart Rate				
	Reading 1		Beats per minute	<div style="display: flex; justify-content: space-around;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	M16a
	Reading 2		Beats per minute	<div style="display: flex; justify-content: space-around;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	M16b
	Reading 3		Beats per minute	<div style="display: flex; justify-content: space-around;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	M16c

Step 3 Biochemical Measurements

CORE: Blood Glucose

Question		Response	Code
96	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
97	Technician ID	<div> <div></div> <div></div> <div></div> <div></div> </div>	B2
98	Device ID	<div> <div></div> <div></div> <div></div> </div>	B3
99	Time of day blood specimen taken (24 hour clock)	<div> <div>Hours : minutes</div> <div> <div></div> <div></div> <div></div> </div> <div>:</div> <div> <div></div> <div></div> <div></div> </div> <div>hrs mins</div> </div>	B4
100	Fasting blood glucose <i>Choose accordingly: mmol/l</i>	<div> <div>mmol/l</div> <div> <div></div> <div></div> <div></div> </div> <div>.</div> <div> <div></div> <div></div> <div></div> </div> </div>	B5
101	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

102	Device ID	<div><div></div><div></div><div></div></div>	B7
103	Total cholesterol <i>Choose accordingly: mmol/l</i>	mmol/l <div><div></div><div></div><div></div></div> . <div><div></div><div></div><div></div></div>	B8
104	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9

EXPANDED: Triglycerides and HDL Cholesterol

105	Triglycerides Choose accordingly: mmol/l	mmol/l <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	B10
106	OGTT Choose accordingly: mmol/l	mmol/l <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	OGTT

