

WHO STEPS Instrument

(Core and Expanded)



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

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For further information: www.who.int/ncds/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 |
|----------|---|--|
| 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 where necessary. |
| 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. |



<insert country/site name>

Survey Information

| Location and Date | Response | Code |
|--------------------------------------|---|------|
| Cluster ID | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | I1 |
| Cluster/Village name | | I2 |
| Interviewer ID | <div><div></div><div></div><div></div><div></div><div></div></div> | I3 |
| Date of completion of the instrument | <div><div><div></div><div></div></div><div>dd</div><div><div></div><div></div></div><div>mm</div><div><div></div><div></div><div></div><div></div></div><div>year</div></div> | I4 |

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

Step 1 Demographic Information

| CORE: Demographic Information | | |
|---|---|------|
| Question | Response | Code |
| Sex (Record Male / Female as observed) | Male 1 Female 2 | C1 |
| What is your date of birth? Don't Know 77 77 7777 | <div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div><div>If Known, Go to C4</div></div> <div>ddmmyear</div> | C2 |
| How old are you? | Years <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-kindergarten)? | Years <div><div></div><div></div></div> | C4 |

| EXPANDED: Demographic Information | | |
|--|--|----|
| What is the highest level of education you have completed? | 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 |
| What is your ethnic background ? | Azerbaijani 1 Russian 2 Axiska turku 3 Lezgi 4 Talis 5 Avar 6 Gürcü 7 Other 8 Refused 88 | C6 |
| What is your marital status ? | Single/ Never married 1 Currently married/They are living together 2 Separated 3 Divorced (officially) 4 Widowed 5 Cohabiting 6 Refused 88 | C7 |
| Which of the following best describes your main work status over the past 12 months? (<i>USE SHOWCARD</i>) | Government employee 1 Non-government employee 2 Self-employed 3 Non-paid (volunteering) or unpaid internship 4 Student 5 Retired 6 Housewife/Homemaker 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88 | C8 |

Participant Identification Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | | |
|--|---|--|--|----|
| How many people older than 18 years, including yourself, live in your household? | Number of people <table border="1"><tr><td></td><td></td></tr></table> <i>If Not Known, Go to C10</i> | | | C9 |
| | | | | |

EXPANDED: Demographic Information, Continued

| Question | Response | | Code |
|---|---|---|------|
| Taking the past year , can you tell me what the average earnings of the household have been? (RECORD ONLY ONE, NOT ALL 3) | Per week | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Go to T1</div> | C10a |
| | OR per month | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Go to T1</div> | C10b |
| | OR per year | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Go to T1</div> | C10c |
| | Refused | 88 | C10d |
| Can you give an estimate of the annual household income if I read some options to you? Is it [INSERT QUINTILE VALUES IN LOCAL CURRENCY] (READ OPTIONS) | <div><div><div>≤ Quintile (Q) (per household <6000 AZN)</div><div>1</div></div><div><div>More than Q 1, ≤ Q 2 (per household 6.000 – 9.000 AZN)</div><div>2</div></div><div><div>More than Q 2, ≤ Q 3 (per household 9.000-12.000 AZN)</div><div>3</div></div><div><div>More than Q 3, ≤ Q 4 (per household 12.000-15.000AZN)</div><div>4</div></div><div><div>More than Q 4 (per household >15.000 AZN)</div><div>5</div></div><div><div>Don't Know</div><div>77</div></div><div><div>Refused</div><div>88</div></div></div> | C11 | |

Step 1 Behavioural Measurements

| CORE: Tobacco Use | | |
|---|--|----------------------|
| Now I am going to ask you some questions about tobacco use. | | |
| Question | Response | Code |
| Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD) | Yes 1 | T1 |
| | No 2 <i>If No, go to T8</i> | |
| Do you currently smoke tobacco products daily ? | Yes 1 | T2 |
| | No 2 | |
| How old were you when you first started smoking? | Age (years) Don't know 77 <i>If Known, go to T5a/T5aw</i> | T3 |
| Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3) Don't know 77 | In Years <i>If Known, go to T5a/T5aw</i> | T4a |
| | OR in Months <i>If Known, go to T5a/T5aw</i> | T4b |
| | OR in Weeks | T4c |
| On average, how many of the following products do you smoke each day/week ? (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777 | DAILY↓ WEEKLY↓ | |
| | Manufactured cigarettes | T5a/T5aw |
| | Hand-rolled cigarettes | T5b/T5bw |
| | Pipes full of tobacco | T5c/T5cw |
| | Cigars, cheroots, cigarillos | T5d/T5dw |
| | Number of Shisha sessions | T5e/T5ew |
| | Other <i>If Other, go to T5other, else go to T6</i> | T5f/T5fw |
| | Other (please specify): | T5other/ T5otherw |
| During the past 12 months, have you tried to stop smoking ? | 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 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No 2 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> No visit during the past 12 months 3 <i>If T2=Yes, go to T12; if T2=No, go to T9</i> | T7 |
| In the past, did you ever smoke any tobacco products? (USE SHOWCARD) | Yes 1 No 2 <i>If No, go to T12</i> | T8 |
| In the past, did you ever smoke daily ? | Yes 1 <i>If T1=Yes, go to T12, else go to T10</i> No 2 <i>If T1=Yes, go to T12, else go to T10</i> | T9 |

| EXPANDED: Tobacco Use | | | | | |
|--|---|---|---|--|------------------------|
| Question | Response | | | | Code |
| How old were you when you stopped smoking? | <div>Age (years)</div> <div>Don't Know 77 <div><div></div><div></div><div></div></div> If Known, go to T12</div> | | | | T10 |
| How long ago did you stop smoking? (RECORD ONLY 1, NOT ALL 3) Don't Know 77 | <div>Years ago</div> <div><div><div></div><div></div><div></div></div></div> | | | | T11a |
| | OR | Months ago | <div><div><div></div><div></div><div></div></div></div> | | T11b |
| | OR | Weeks ago | <div><div><div></div><div></div><div></div></div></div> | | T11c |
| Do you currently use any smokeless tobacco products such as [snuff, chewing tobacco, betel,? (USE SHOWCARD) | Yes | 1 | | | T12 |
| | No | 2 | If No, go to T15 | | |
| Do you currently use smokeless tobacco products daily ? | Yes | 1 | | | T13 |
| | No | 2 | If No, go to T14aw | | |
| On average, how many times a day/week do you use (IF LESS THAN DAILY, RECORD WEEKLY) (RECORD FOR EACH TYPE, USE SHOWCARD) Don't Know 7777 | DAILY↓ | | WEEKLY↓ | | |
| | Snuff, by mouth | <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> | | | T14a/ T14aw |
| | Snuff, by nose | <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> | | | T14b/ T14bw |
| | Chewing tobacco | <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> | | | T14c/ T14cw |
| | Betel, quid | <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> | | | T14d/ T14dw |
| | Other | <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>If Other, go to T14other, if T13=No, go to T16, else go to T17</div> | | | T14e/ T14ew |
| | Other (please specify): | <div><div><div></div><div></div><div></div><div></div><div></div></div></div> <div>If T13=No, go to T16, else go to T17</div> | | | T14other/ T14otherw |
| In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel]? | Yes | 1 | | | T15 |
| | No | 2 | If No, go to T17 | | |
| In the past , did you ever use smokeless tobacco products such as [snuff, chewing tobacco, or betel] daily ? | Yes | 1 | | | T16 |
| | No | 2 | | | |
| During the past 30 days, did someone smoke in your home ? | Yes | 1 | | | T17 |
| | No | 2 | | | |
| During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)? | Yes | 1 | | | T18 |
| | No | 2 | | | |
| | Don't work in a closed area | 3 | | | |

Tobacco Policy

| Tobacco Policy | | |
|---|--|------|
| You have been asked questions on tobacco consumption before. The next questions ask about tobacco control policies. They include questions on your exposure to the media and advertisement, on cigarette promotions, health warnings and cigarette purchases. | | |
| Question | Response | Code |
| During the past 30 days, have you noticed information about the dangers of smoking cigarettes or that encourages quitting through the following media? (RECORD FOR EACH) | | |
| Newspapers or magazines | Yes 1 No 2 Don't know 77 | TP1a |
| Television | Yes 1 No 2 Don't know 77 | TP1b |
| Radio | Yes 1 No 2 Don't know 77 | TP1c |
| During the past 30 days, have you noticed any advertisements or signs promoting cigarettes in stores where cigarettes are sold? | Yes 1 No 2 Don't know 77 | TP2 |
| During the past 30 days, have you noticed any of the following types of cigarette promotions? (RECORD FOR EACH) | | |
| Free samples of cigarettes | Yes 1 No 2 Don't know 77 | TP3a |
| Cigarettes at sale prices | Yes 1 No 2 Don't know 77 | TP3b |
| Coupons for cigarettes | Yes 1 No 2 Don't know 77 | TP3c |
| Free gifts or special discount offers on other products when buying cigarettes | Yes 1 No 2 Don't know 77 | TP3d |
| Clothing or other items with a cigarette brand name or logo | Yes 1 No 2 Don't know 77 | TP3e |
| Cigarette promotions in the mail | Yes 1 No 2 Don't know 77 | TP3f |
| <i>The next questions TP4 – TP7 are administered to current smokers only.</i> | | |
| During the past 30 days, did you notice any health warnings on cigarette packages ? | Yes 1 No 2 <i>If no, go to TP6</i> Did not see any cigarette packages 3 <i>If "did not see any cigarette packages", go to TP6</i> Don't know 77 <i>If Don't know, go to TP6</i> | TP4 |
| During the past 30 days, have warning labels on cigarette packages led you to think about quitting ? | Yes 1 No 2 Don't know 77 | TP5 |
| The last time you bought manufactured cigarettes for yourself, how many cigarettes did you buy in total? | Number of cigarettes <input type="text"/> Don't know or Don't smoke or purchase manuf. cigarettes 7777 <i>If "Don't know or don't smoke or purchase manuf. cig.", end section</i> | TP6 |
| In total, how much money did you pay for this purchase? (DIGITS TO BE ADAPTED TO COUNTRY NEEDS) | Amount <input type="text"/> Don't know 7777 Refused 8888 | TP7 |

| CORE: Alcohol Consumption | | | | |
|---|---|------|------|------|
| The next questions ask about the consumption of alcohol. | | | | |
| Question | Response | Code | | |
| Have you ever consumed any alcohol such as beer, wine, vodka, cognac, liquor, whiskey? (USE SHOWCARD OR SHOW EXAMPLES) | Yes 1 No 2 If No, go to A16 | A1 | | |
| Have you consumed any alcohol within the past 12 months ? | 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, how frequently 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 Never 7 | A4 | | |
| Have you consumed any alcohol within the past 30 days ? | Yes 1 No 2 If No, go to A13 | A5 | | |
| During the past 30 days, on how many occasions 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 standard drinks on average 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 largest number 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 six or more 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 past 7 days , 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 past 7 days , did you consume any homebrewed alcohol, any alcohol brought over the border/from another country , any alcohol not intended for drinking or other untaxed 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, how many standard drinks of the following did you consume during the past 7 days ? <i>[INSERT COUNTRY-SPECIFIC EXAMPLES]</i> <i>(USE SHOWCARD)</i> <i>Don't Know 77</i> | Homebrewed vodka <input type="text"/> | A12a |
| | Homebrewed beer or wine <input type="text"/> | A12b |
| | Alcohol brought over the border/from another country <input type="text"/> | A12c |
| | Alcohol not intended for drinking, e.g. alcohol-based medicines, perfumes, after shaves <input type="text"/> | A12d |
| | Other untaxed alcohol in the country <input type="text"/> | A12e |

EXPANDED: Alcohol Consumption

| | | |
|---|---|-----|
| During the past 12 months , 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 past 12 months , 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 past 12 months , 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 past 12 months , have you had family problems or problems with your partner due to someone else's drinking? | Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 Yes, once or twice 4 Never 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 eat fruit ? (USE SHOWCARD) | Number of days <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D3 | D1 |
| How many servings of fruit do you eat on one of those days? (USE SHOWCARD) | Number of servings <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/> | D2 |
| In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD) | Number of days <input type="text"/> <input type="text"/> Don't Know 77 <input type="text"/> <input type="text"/> If Zero days, go to D5 | D3 |
| How many servings of vegetables do you eat on one of those days? (USE SHOWCARD) | Number of servings <input type="text"/> <input type="text"/> Don't know 77 <input type="text"/> <input type="text"/> | D4 |
| Dietary salt | | |
| With the next questions, we would like to learn more about salt in your diet. Dietary salt includes ordinary table salt, unrefined salt such as sea salt, iodized salt, salty stock cubes and powders, and salty sauces such as soy sauce or fish sauce (see showcard). The following questions are on adding salt to the food right before you eat it, on how food is prepared in your home, on eating processed foods that are high in salt such as <i>[insert country specific examples]</i> , and questions on controlling your salt intake. Please answer the questions even if you consider yourself to eat a diet low in salt. | | |
| How often do you add salt or a salty sauce to your food right before you eat it or as you are eating it? (SELECT ONLY ONE) (USE SHOWCARD) | Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77 | D5 |
| How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household? | Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77 | D6 |
| How often do you eat processed food high in salt ? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, processed meat and as well as sausage, salami and etc. (USE SHOWCARD) | Always 1 Often 2 Sometimes 3 Rarely 4 Never 5 Don't know 77 | D7 |
| How much salt or salty sauce do you think you consume? | Far too much 1 Too much 2 Just the right amount 3 Too little 4 Far too little 5 Don't know 77 | D8 |

EXPANDED: Diet

| 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 | | |
| 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>[(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>[for carrying light loads]</i> for at least 10 minutes continuously? <i>(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) |
| 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> | | |
| 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) |

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 by a doctor or other health worker that you have raised blood pressure or hypertension 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 by a doctor or other health worker that you have raised blood sugar or diabetes 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 by a doctor or other health worker that you have raised cholesterol 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 No 2 | H17 |
| Are you currently taking aspirin regularly to prevent or treat heart disease? | Yes 1 No 2 | H18 |
| Are you currently taking statins (Simvastatin/Rosuvastatin/Atorvastatin/Lipimar/Vazolip/Rozvaks or any other statin) regularly to prevent or treat heart disease? | Yes 1 No 2 | H19 |

CORE: Lifestyle Advice

| Question | Response | Code |
|---|--|------|
| During the past 12 months, have you visited a doctor or other health worker? | Yes 1 No 2 <i>If No and C1=1, go to M1 If No and C1=2, go to CX1</i> | H20 |
| During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (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 No 2 | H20f |
| Reduce sugary beverages in your diet | Yes 1 <i>If participant is a male(C1=1) go to M1</i> No 2 <i>If participant is a female (C1=2) go to CX1</i> | H20g |

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.

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

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> | | | M10a | | | |
| | | | | | | | |
| Weight <table border="1"><tr><td></td><td></td></tr></table> | | | 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 | | M16a | | | | | |
| Reading 1 | Beats per minute <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> | | | | | | |
| | | | | | | | |
| 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> | 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> | B8 |
| [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] | mg/dl <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 |

CORE: Urinary sodium and creatinine

| | | |
|---|---|-----|
| Had you been fasting prior to the urine collection? | <div>Yes 1</div> <div>No 2</div> | B10 |
| Technician ID | <div><div></div><div></div><div></div><div></div></div> | B11 |
| Device ID | <div><div></div><div></div><div></div></div> | B12 |
| Time of day urine sample taken (24 hour clock) | <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> | B13 |
| Urinary sodium | <div>mmol/l</div> <div><div><div></div><div></div><div></div><div></div></div><div></div></div> | B14 |
| Urinary creatinine | <div>mmol/l</div> <div><div><div></div><div></div><div></div></div><div></div></div> | B15 |

EXPANDED: Triglycerides and HDL Cholesterol

| Question | Response | Code |
|--|--|------|
| Triglycerides [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] | mmol/l <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> | B16 |
| | mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | |
| HDL Cholesterol [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL] | mmol/l <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> | B17 |
| | mg/dl <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> | |

Mental health / Suicide

| Mental health / Suicide | | | |
|---|---|-----------------------------------|----------|
| The next questions ask about thoughts, plans, and attempts of suicide. Please answer the questions even if no one usually talks about these issues. | | | |
| Question | Response | | Code |
| During the past 12 months , have you seriously considered attempting suicide? | Yes | 1 | MH1 |
| | No | 2 <i>If No, go to MH3</i> | |
| | Refused | 88 | |
| Did you seek professional help for these thoughts? | Yes | 1 | MH2 |
| | No | 2 | |
| | Refused | 88 | |
| During the past 12 months , have you made a plan about how you would attempt suicide? | Yes | 1 | MH3 |
| | No | 2 | |
| | Refused | 88 | |
| Have you ever attempted suicide ? | Yes | 1 | MH4 |
| | No | 2 <i>If No, go to MH9</i> | |
| | Refused | 88 | |
| During the past 12 months , have you attempted suicide ? | Yes | 1 | MH5 |
| | No | 2 | |
| | Refused | 88 | |
| What was the main method you used the last time you attempted suicide? (<i>SELECT ONLY ONE</i>) | Razor, knife or other sharp instrument | 1 | MH6 |
| | Overdose of medication (e. g. prescribed, over-the-counter) | 2 | |
| | Overdose of other substance (e.g. heroin, crack, alcohol) | 3 | |
| | Poisoning with pesticides (e.g. rat poison, insecticide, weed-killer) | 4 | |
| | Other poisoning (e.g. plant/seed, household product) | 5 | |
| | Poisonous gases from charcoal | 6 | |
| | Other | 7 <i>If Other, go to MH6other</i> | |
| | Refused | 88 | |
| | Other (specify) | <input type="text"/> | MH6other |
| Did you seek medical care for this attempt? | Yes | 1 | MH7 |
| | No | 2 <i>If No, go to MH9</i> | |
| | Refused | 88 | |
| Were you admitted to hospital overnight because of this attempt? | Yes | 1 | MH8 |
| | No | 2 | |
| | Refused | 88 | |
| Has anyone in your close family (mother, father, brother, sister or children) ever attempted suicide? | Yes | 1 | MH9 |
| | No | 2 | |
| | Refused | 88 | |
| Has anyone in your close family (mother, father, brother, sister or children) ever died from suicide? | Yes | 1 | MH10 |
| | No | 2 | |
| | Refused | 88 | |

Violence and Injury

CORE: Injury

The next questions ask about different experiences and behaviours that are related to road traffic injuries.

| Question | Response | Code |
|--|---|---------|
| In the past 30 days, how often did you use a seat belt when you were the driver or passenger of a motor vehicle? | All of the time 1 Sometimes 2 Never 3 Have not been in a vehicle in past 30 days 4 No seat belt in the car I usually am in 5 Don't Know 77 Refused 88 | V1 |
| In the past 30 days, how often did you wear a helmet when you drove or rode as a passenger on a motorcycle or motor-scooter? | All of the time 1 Sometimes 2 Never 3 Have not been on a motorcycle or motor-scooter in past 30 days 4 Do not have a helmet 5 Don't Know 77 Refused 88 | V2 |
| In the past 12 months, have you been involved in a road traffic crash as a driver, passenger, pedestrian, or cyclist? | Yes (as driver) 1 Yes (as passenger) 2 Yes (as pedestrian) 3 Yes (as a cyclist) 4 No 5 <i>If No, go to V5</i> Don't know 77 <i>If don't know, go to V5</i> Refused 88 <i>If Refused, go to V5</i> | V3 |
| Did you have any injuries in this road traffic crash which required medical attention? | Yes 1 No 2 Don't know 77 Refused 88 | V4 |
| The next questions ask about the most serious accidental injury you have had in the past 12 months. | | |
| In the past 12 months, were you injured accidentally, other than the road traffic crashes which required medical attention? | Yes 1 No 2 <i>If No, go to V8</i> Don't know 77 <i>If don't know, go to V8</i> Refused 88 <i>If Refused, go to V8</i> | V5 |
| Please indicate which of the following was the cause of this injury. | Fall 1 Burn 2 Poisoning 3 Cut 4 Near-drowning 5 Animal bite 6 Other (specify) 7 Don't know 77 Refused 88 | V6 |
| | Other (please specify) | V6other |

| CORE: Injury, Continued | | | | | | | | | | |
|--|--|------|--|--|--|--|--|--|--|---------|
| Question | Response | Code | | | | | | | | |
| Where were you when you had this injury? | Home 1 | V7 | | | | | | | | |
| | School 2 | | | | | | | | | |
| | Workplace 3 | | | | | | | | | |
| | Road/Street/Highway 4 | | | | | | | | | |
| | Farm 5 | | | | | | | | | |
| | Sports/athletic area 6 | | | | | | | | | |
| | Other (specify) 7 | | | | | | | | | |
| | Don't know 77 | | | | | | | | | |
| | Refused 88 | | | | | | | | | |
| Other (please specify) | <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | V7other |
| | | | | | | | | | | |

| EXPANDED: Unintentional Injury | | | |
|---|----------------------------------|--|------|
| The next questions ask about behaviours related to your safety and whether or not you drink alcohol while driving or being a passenger. | | | |
| Question | Response | | Code |
| In the past 30 days, how often did you wear a helmet when you rode a bicycle or pedal cycle? | Always | 1 | V8 |
| | Sometimes | 2 | |
| | Never | 3 | |
| | Did not ride in the past 30 days | 4 | |
| | Don't Know | 77 | |
| | Refused | 88 | |
| In the past 30 days, how many times have you driven a motorized vehicle when you have had 2 or more alcoholic drinks? (USE SHOWCARD) | Number of times | <div><div></div><div></div><div></div></div> | V9 |
| | Don't Know | 77 | |
| | Refused | 88 | |
| In the past 30 days, how many times have you ridden in a motorized vehicle where the driver has had 2 or more alcoholic drinks? (USE SHOWCARD) | Number of times | <div><div></div><div></div><div></div></div> | V10 |
| | Don't Know | 77 | |
| | Refused | 88 | |

CORE: Violence

The following questions are about different experiences and behaviours that are related to violence.

| Question | Response | Code | | | | | | | |
|--|---|------|--|--|--|--|--|--|--|
| In the past 12 months, how many times were you in a violent incident in which you were injured and required medical attention? | Never 1 <i>If never, go to V14</i> Rarely (1- 2 times) 2 Sometimes (3 – 5 times) 3 Often (6 or more times) 4 Don't know 77 <i>If don't know, go to V14</i> Refused 88 <i>If Refused, go to V14</i> | V11 | | | | | | | |
| The next questions ask about the most serious violent incidence you have had in the past 12 months. | | | | | | | | | |
| Please indicate which of the following caused your most serious injury in the last 12 months. (USE SHOWCARDS) | Being shot with a firearm 1 A weapon (other than a firearm) was used by the person who injured me 2 Being injured without any weapon (slapped, pushed...) 3 Don't know 77 Refused 88 | V12 | | | | | | | |
| Please indicate the relationship between yourself and the person(s) who caused your injury. | Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authorities 7 Other (specify) 8 Refused 88 | V13 | | | | | | | |
| | Other (please specify) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| Looking back on your childhood (before age 18 years), did a parent or adult in the household ever push, grab, shove, slap, hit, burn, or throw something at you? | Never 1 Very rarely 2 Once a month 3 Once a week 4 Almost daily 5 Don't know 77 Refused 88 | V14 | | | | | | | |
| Looking back on your childhood, did an adult or anyone at least five years older than you ever touch you sexually or try to make you touch them sexually or force you to have sex? | Yes 1 No 2 Refused 88 | V15 | | | | | | | |
| Since your 18th birthday, have you ever experienced a sex act involving either vaginal, oral, or anal penetration against your will ? | Never 1 Once 2 A few times (2 to 3 times) 3 Many times (4 or more times) 4 Don't know 77 Refused 88 | V16 | | | | | | | |

| EXPANDED: Violence | | | | | | | | | |
|---|--|------|--|--|--|--|--|--|--|
| The next questions ask about behaviours related to your safety. | | | | | | | | | |
| Question | Response | Code | | | | | | | |
| In the past 12 months, have you been frightened for the safety of yourself or your family because of the anger or threats of another person(s)? | Yes 1 No 2 <i>If no, go to V19</i> Refused 88 <i>If refused, go to V19</i> | V17 | | | | | | | |
| Please specify of whom you were most often frightened. | Intimate partner 1 Parent 2 Child, sibling, or other relative 3 Friend or acquaintance 4 Unrelated caregiver 5 Stranger 6 Official or legal authority 7 Other (specify) 8 Refused 88 | V18 | | | | | | | |
| | Other (please specify) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| Have you carried a loaded firearm on your person outside the home in the last 30 days? | No 1 Yes, for protection 2 Yes, for work 3 Yes, for sport (e.g. hunting target practice) 4 Refused 88 | V19 | | | | | | | |