

Commonwealth of The Bahamas STEPS Instrument (Core and Expanded)



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

World Health Organization
20 Avenue Appia, 1211 Geneva 27, Switzerland

For further information: www.who.int/chp/steps



Pan American STEPS Instrument

Overview

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

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.



Pan American STEPS Instrument for Chronic Disease Risk Factor Surveillance

Commonwealth of The Bahamas Ministry of Health

Survey Information

Location and Date		Response	Code
1	Island/Constituency/District/Settlement ID	<div><div></div><div></div><div></div><div></div></div>	I1
2	Island/Constituency/District/Settlement 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

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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	English 1 Creole 2	I6
7	Time of interview (24 hour clock)	<div><div></div><div></div><div></div></div> : <div><div></div><div></div><div></div></div> <div>hrsmins</div>	I7
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>	<table border="0"> <tr> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td><table border="1"><tr><td></td><td></td></tr></table></td> <td><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></td> <td><i>If known, Go to C4</i></td> </tr> <tr> <td>dd</td> <td>mm</td> <td>year</td> <td></td> </tr> </table>	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>If known, Go to C4</i>	dd	mm	year		C2
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<i>If known, Go to C4</i>								
dd	mm	year																	
13	How old are you?	Years <table border="1"><tr><td></td><td></td></tr></table>			C3														
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years <table border="1"><tr><td></td><td></td></tr></table>			C4														

EXPANDED: Demographic Information				
15	What is the highest level of education you have completed?	No formal schooling	1	C5
		Less than primary school	2	
		Primary school completed	3	
		Secondary school completed	4	
		High school completed	5	
		Technical/Vocational School	6	
		College/University completed	7	
		Post graduate degree	8	
	Refused	88		
16	What is your ethnic background ?	Bahamian	1	C6
		Haitian	2	
		Other	3	
		Refused	88	
17	Where were you born ?	Bahamas	1	X1
		Abroad	2	
18	Of what country are you a citizen ? <i>Don't Know 77</i>	Bahamas	1	X2
		United States	2 Skip to C7	
		Haiti	3 Skip to C7	
		Jamaica	4 Skip to C7	
		Other Caribbean	5 Skip to C7	
		Other	6 Skip to C7	
19	By what method did you achieve citizenship?	Born to Bahamian parent/s	1	X3
		Married to Bahamian	2	
		Adopted by Bahamian	3	
		Other Naturalization	4	
20	What is your marital status ?	Never married	1	C7
		Currently married	2	
		Separated	3	
		Divorced	4	
		Widowed	5	
		Cohabiting/Common-law	6	
		Refused	88	

EXPANDED: Demographic Information. Continued

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					
25 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					
26 Do you currently smoke tobacco products daily ?	Yes 1 No 2 If No, go to T6	T2					
27 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			
28 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				
29 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

1

CORE: Alcohol Consumption					
The next questions ask about the consumption of alcohol.					
Question		Response	Code		
41	Have you ever consumed an alcoholic drink such as beer, wine, spirits, fermented cider or Guinness? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 If No, go to D1	A1a		
42	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 If No, go to D1	A1b		
43	During the past 12 months, how frequently have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2		
44	Have you consumed an alcoholic drink within the past 30 days ?	Yes 1 No 2 If No, go to D1	A3		
45	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A4
46	During the past 30 days, when you drank alcohol, on average , how many standard alcoholic drinks did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <table border="1"><tr><td></td><td></td></tr></table>			A5
47	During the past 30 days, what was the largest number of standard alcoholic 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>			A6
48	During the past 30 days, how many times did you have for men: five or more for women: four or more standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <table border="1"><tr><td></td><td></td></tr></table>			A7

EXPANDED: Alcohol Consumption					
49	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8		
50	During each of the past 7 days , how many standard alcoholic drinks did you have each day? (USE SHOWCARD) Don't Know 77	Monday <table border="1"><tr><td></td><td></td></tr></table>			A9a
		Tuesday <table border="1"><tr><td></td><td></td></tr></table>			A9b
		Wednesday <table border="1"><tr><td></td><td></td></tr></table>			A9c
		Thursday <table border="1"><tr><td></td><td></td></tr></table>			A9d
Friday <table border="1"><tr><td></td><td></td></tr></table>			A9e		
Saturday <table border="1"><tr><td></td><td></td></tr></table>			A9f		
Sunday <table border="1"><tr><td></td><td></td></tr></table>			A9g		

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		
51	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> If Zero days, go to D3			D1
52	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 <table><tr><td></td><td></td></tr></table>			D2
53	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 <table><tr><td></td><td></td></tr></table> If Zero days, go to D5			D3
54	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 <table><tr><td></td><td></td></tr></table>			D4

EXPANDED: Diet

EXPANDED D10									
55	What type of oil or fat is most often used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil 1 Fat back, 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>							
56	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, or seeking employment. 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			
57	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? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 4	P1
58	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
59	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)
60	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? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 7	P4
61	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
62	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>			
63	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 If No, go to P 10	P7
64	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
65	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
Recreational activities			
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 time activities).			
66	Do you do any vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause large increases in breathing or heart rate like <i>running</i> or <i>football</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P 13	P10
67	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <input type="text"/>	P11
68	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P12 (a-b)
69	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that cause a small increase in breathing or heart rate such as brisk walking, <i>cycling</i> , <i>swimming</i> , <i>volleyball</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
70	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <input type="text"/>	P14
71	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P15 (a-b)

EXPANDED: Physical Activity			
Sedentary behaviour			
The following question is about time spent sleeping.			
72	On average, how many hours of sleep do you get in a 24-hour period?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	X6 (a-b)

CORE: History of Raised (High) Blood Pressure			
Question		Response	Code
73	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
		No 2 <i>If No, go to H6</i>	
74	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	H2a
		No 2 <i>If No, go to H6</i>	
75	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

EXPANDED: History of Raised (High) Blood Pressure			
76	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	
77	Have you ever seen a traditional healer or herbal or natural medicine specialist (bush medicine person) for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
78	Are you currently taking any herbal or bush medicine for your raised blood pressure?	Yes 1	H5
		No 2	

CORE: History of Diabetes			
Question		Response	Code
79	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 <i>If No, go to M1</i>	
80	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 <i>If No, go to M1</i>	
81	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes			
82	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	
83	Have you ever seen a traditional healer, herbal or natural medicine specialist (bush medicine person) for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
84	Are you currently taking any herbal or bush medicine for your diabetes?	Yes 1	H10
		No 2	
85	When was the last time your eyes were examined as part of your diabetes control?	Within the past 2 years 1	H11
		More than 2 years ago 2	
		Never 3	
		Don't know 77	
86	When was the last time your feet were examined as part of your diabetes control?	Within the past year 1	H12
		More than 1 year ago 2	
		Never 3	
		Don't know 77	

EXPANDED: History of raised total cholesterol

Questions		Response		Code
87	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes	1	L1a
		No	2 <i>If No, go to F1a</i>	
88	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes	1	L2a
		No	2 <i>If No, go to F1a</i>	
89	Were you told in the past 12 months?	Yes	1	L2b
		No	2	
Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?				
90	Oral treatment (medication) taken in the last 2 weeks	Yes	1	L3a
		No	2	
	Special prescribed diet	Yes	1	L3b
		No	2	
	Advice or treatment to lose weight	Yes	1	L3c
		No	2	
	Advice or treatment to stop smoking	Yes	1	L3d
		No	2	
	Advice to start or do more exercise	Yes	1	L3e
		No	2	
91	During the past 12 months have you seen a traditional healer, herbal or natural medicine specialist (bush medicine specialist) for raised cholesterol?	Yes	1	L4
		No	2	
92	Are you currently taking any herbal or bush medicine for your raised cholesterol?	Yes	1	L5
		No	2	

EXPANDED: Family history

Questions		Response	Code
93	Have some of your family members been diagnosed with the following diseases?		
	Diabetes or raised blood sugar	Yes 1	F1a
		No 2	
	Raised Blood pressure	Yes 1	F1b
		No 2	
	Stroke	Yes 1	F1c
		No 2	
	Cancer or malignant tumor	Yes 1	F1d
		No 2	
	Raised Cholesterol	Yes 1	F1e
		No 2	
	Early Heart attack (below age 55 for men and below age 65 for women)	Yes 1	F1f
		No 2	

Step 1 Optional module

Section: Health Screening		Response	Code
94	Have you ever had your faeces/stool examined to look for hidden blood?	Yes 1 No 2	S1
95	Have you ever had a colonoscopy?	Yes 1 No 2	S2
96	<u>This question is for men only:</u> Have you ever had an examination of your prostate?	Yes 1 No 2	S3
97	<u>The following questions are for women only:</u> Have you been shown how to examine your breasts?	Yes 1 No 2	S4
98	When was the last time you had an examination of your breasts by a doctor/health personnel?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S5
99	When was the last time you had a mammogram?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S6
100	When was the last time you had a Pap test?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S7

Step 2 Physical Measurements

CORE: Height and Weight								
Question		Response	Code					
101	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M1	
102	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>					M2	
103	Height	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M3
104	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>						M4
105	For women: Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i> No 2	M5					
CORE: Waist								
106	Device ID for waist	<table border="1"><tr><td></td><td></td></tr></table>			M6			
107	Waist circumference	in Centimetres (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M7
CORE: Blood Pressure								
108	Interviewer ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M8	
109	Device ID for blood pressure	<table border="1"><tr><td></td><td></td></tr></table>			M9			
110	Cuff size used	Small 1 Medium 2 Large 3	M10					
111	Reading 1	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11b			
112	Reading 2	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12b			
113	Reading 3	Systolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13a	
Diastolic (mmHg) <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13b			
114	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	M14					

EXPANDED: Hip Circumference and Heart Rate								
115	Hip circumference	in Centimeters (cm) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						M15
116	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				
117	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1				
118	Technician ID	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B2
119	Device ID	<table border="1"><tr><td></td><td></td></tr></table>			B3		
120	Time of day blood specimen taken (24 hour clock)	Hours : minutes hrs mins <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					B4
121	Fasting blood glucose	mmol/l <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B5
122	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							
123	Device ID	<table border="1"><tr><td></td><td></td></tr></table>			B7		
124	Total cholesterol	mmol/l <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					B8
125	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				

