

Commonwealth of The Bahamas 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



Pan American 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.



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	_ _ _ _	I1
2	Island/Constituency/District/Settlement name		I2
3	Interviewer ID	_ _ _ _	I3
4	Date of completion of the instrument	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ dd mm year	I4

Consent, Interview Language and Name		Response	Code
		Participant Id Number _ _ _ _ _ _ _ _ _ _	
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)	_ _ _ _ : _ _ _ _ hrs mins	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> _ _ _ _ _ _ _ _ _ _ _ <i>If known, Go to C4</i> dd mm year	C2
13	How old are you? Years _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years _ _	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			
Question		Response	Code
21	Which of the following best describes your main work status over the past 12 months? (USE SHOWCARD)	Employed Full Time 1 Employed Part Time 2 Self-employed 3 Non-paid/Voluntary work 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C8
22	How many people older than 18 years, including yourself, live in your household?	Number of people _ _ _ _ _	C9
23	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 _ _ _ _ _ _ _ _ _ _ Go to T1	C10a
		OR per month _ _ _ _ _ _ _ _ _ _ Go to T1	C10b
		OR per year _ _ _ _ _ _ _ _ _ _ Go to T1	C10c
		Refused 88	C10d
24	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? In Bahamian dollars, is it: (READ OPTIONS)	0-5,000 1 5,001-10,000 2 10,001-15,000 3 15,001-20,000 4 20,001-40,000 5 40,001-60,000 6 60,001-80,000 7 80,001-100,000 8 100,001 and over 9 Don't Know 77 Refused 88	C11

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	T1
		No 2 If No, go to T6	
26	Do you currently smoke tobacco products daily ?	Yes 1	T2
		No 2 If No, go to T6	
27	How old were you when you first started smoking daily?	Age (years) Don't know 77 _ _ 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 _ _ If Known, go to T5a	T4a
		OR in Months _ _ If Known, go to T5a	T4b
		OR in Weeks _ _	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 _ _	T5a
		Hand-rolled cigarettes _ _	T5b
		Pipes full of tobacco _ _	T5c
		Cigars, cheroots, cigarillos _ _	T5d
		Other _ _ If Other, go to T5other, else go to T9	T5e
		Other (please specify): _ _ _ _ _ _ _ _ Go to T9	T5other

EXPANDED: Tobacco Use			
Question		Response	Code
30	In the past, did you ever smoke daily ?	Yes 1 No 2 <i>If No, go to T9</i>	T6
31	How old were you when you stopped smoking daily ?	Age (years) Don't Know 77 _ _ <i>If Known, go to T9</i>	T7
32	How long ago did you stop smoking daily? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't Know 77</i>	Years ago _ _ <i>If Known, go to T9</i>	T8a
		OR Months ago _ _ <i>If Known, go to T9</i>	T8b
		OR Weeks ago _ _	T8c
33	Do you currently use any smokeless tobacco such as <i>[snuff, chewing tobacco, betel]</i> ? <i>(USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to T12</i>	T9
34	Do you currently use smokeless tobacco products daily ?	Yes 1 No 2 <i>If No, go to T12</i>	T10
35	On average, how many times a day do you use <i>(RECORD FOR EACH TYPE, USE SHOWCARD)</i> <i>Don't Know 77</i>	Snuff, by mouth _ _	T11a
		Snuff, by nose _ _	T11b
		Chewing tobacco _ _	T11c
		Betel, quid _ _	T11d
		Other _ _ <i>If Other, go to T12other, else go to T13</i>	T11e
		Other (specify) _ _ _ _ _ _ _ _ _ _ <i>Go to T13</i>	T11other
36	In the past , did you ever use smokeless tobacco such as <i>[snuff, chewing tobacco, or betel]</i> daily ?	Yes 1 No 2	T12
37	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 _ _	T13
38	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 _ _	T14
39	Have you smoked cigarettes in the last 12 months?	Yes 1	X4
		No 2	
40	Have you smoked cigarettes in the last 30 days?	Yes 1	X5
		No 2	

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 <i>If No, go to D1</i>	A1a
42	Have you consumed an alcoholic drink within the past 12 months ?	Yes 1 No 2 <i>If No, go to D1</i>	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 <i>If No, go to D1</i>	A3
45	During the past 30 days, on how many occasions did you have at least one alcoholic drink?	Number Don't know 77 _ _	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 _ _	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 _ _	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 _ _	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 _ _	A9a
		Tuesday _ _	A9b
		Wednesday _ _	A9c
		Thursday _ _	A9d
		Friday _ _	A9e
		Saturday _ _	A9f
		Sunday _ _	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 _ _ <i>If Zero days, go to D3</i>	D1
52 How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't Know 77 _ _	D2
53 In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Don't Know 77 _ _ <i>If Zero days, go to D5</i>	D3
54 How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77 _ _	D4

EXPANDED: Diet		
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 _ _ _ _ _ _ _ _	D5other
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 _ _	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 [carrying or lifting heavy loads, digging or construction work] 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 [or carrying light loads] 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. [Insert other examples if needed]</p>			
63	Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 If No, go to 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: 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			
Are you currently receiving any of the following treatments/advice for high blood pressure prescribed by a doctor or other health worker?			
76	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	

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	_ _ _ _	M1
102	Device IDs for height and weight	Height _ _ _ Weight _ _ _	M2
103	Height	in Centimetres (cm) _ _ _ _ . _	M3
104	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) _ _ _ _ . _	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	_ _ _	M6
107	Waist circumference	in Centimetres (cm) _ _ _ _ . _	M7
CORE: Blood Pressure			
108	Interviewer ID	_ _ _ _	M8
109	Device ID for blood pressure	_ _ _	M9
110	Cuff size used	Small 1 Medium 2 Large 3	M10
111	Reading 1	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
112	Reading 2	Systolic (mmHg) _ _ _ _	M12a
		Diastolic (mmHg) _ _ _ _	M12b
113	Reading 3	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	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) _ _ _ _ . _	M15
116	Heart Rate		
	Reading 1	Beats per minute _ _ _ _	M16a
	Reading 2	Beats per minute _ _ _ _	M16b
	Reading 3	Beats per minute _ _ _ _	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	_ _ _ _	B2
119	Device ID	_ _ _	B3
120	Time of day blood specimen taken (24 hour clock)	Hours : minutes _ _ : _ _ hrs mins	B4
121	Fasting blood glucose	mmol/l _ _ . _ _	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	_ _	B7
124	Total cholesterol	mmol/l _ _ . _ _	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

