



Panamerican STEPS Version

For Chronic Disease Risk Factor Surveillance

BARBADOS

Participant Id _____

National Id _____

Survey Information

Location and Date		Response	Code
1	District code/ED	_ _ _ _	I1
2	Center/Village name/Parish		I2
3	Center/Village code/HH	_ _ _ _	I3
4	Interviewer Identification	_ _ _ _	I4
5	Date of completion of the instrument	_ _ _ _ _ _ _ _ dd mm year	I5

National Id Number		Participant Id Number	
		_ _ _ _ _ _ _ _	
Consent, Interview Language and Name		Response	Code
6	Consent has been read out to participant.	Yes 1 No 2 If NO, read Consent	I6
7	Consent has been obtained (verbal or written)	Yes 1 No 2 If NO, END	I7
8	Interview Language [Insert Language]	English 1 [Add others] 2 [Add others] 3 [Add others] 4	I8
9	Time of interview (24 hour clock)	_ _ : _ _ hours minutes	I9
10	Last name		I10
11	First name		I11
Additional Information that may be helpful			
12	Contact phone number where possible		I12
13	Specify whose phone	Work 1 Home 2 Neighbour 3 Other 4	I13
14	Address		I14

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Step 1 Demographic information

CORE: Demographic information																			
Question		Response	Code																
15	Sex ((Record Male/Female as observed))	Male 1 Female 2	C1																
16	What is your date of birth? Do not know 77 777 7777	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Day</td><td>Month</td><td colspan="6">Year</td> </tr> </table>									Day	Month	Year						C2
Day	Month	Year																	
17	How old are you?	Years <table border="1"><tr><td></td><td></td></tr></table>			C3														
18	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		Response	Code																
19	What is your [insert relevant ethnic group / racial group / cultural subgroup / others] background?	[Locally defined] 1 [Locally defined] 2 [Locally defined] 3 Refused 8	C5																
20	What is your marital status?	Single 1 Married 2 Living together 3 Widow/Widower 4 Separated / Divorced 5	C5a																
21	What is the highest level of education you have completed? [INSERT COUNTRY-SPECIFIC CATEGORIES]	No formal education 1 Primary school incomplete 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/university completed 6 Post graduate degree 7 Refused 8	C6																
22	Can you read and write?	Yes 1 No 2	C6a																
23	Which of the following best describes your <u>main</u> work status over the last 12 months? [INSERT COUNTRY-SPECIFIC CATEGORIES] (USE SHOWCARD)	Government employee 1 Non-government employee 2 Self-employed 3 Non paid 4 Student 5 Home maker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88	C7																
24	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>			C8														

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Step 1 Behavioral 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?	Yes 1 No 2 If No, go to T6	T1
26	If Yes, 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 remember 777 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If known, go to T5a	T3
28	Do you remember how long ago it was?	In Years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If known go to T5a	T4a
	(RECORD ONLY 1, NOT ALL 3)	Or in months <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If known go to T5a	T4b
	Don't remember 777	Or in weeks <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T4c
29	On average, how many of the following do you smoke each day?	Manufactured cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5a
	(RECORD FOR EACH TYPE)	Hand-rolled cigarettes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5b
		Pipes full of tobacco <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5c
		Cigars, cheroots, cigarillos <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5d
		Other <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> If other go to T5	T5e
	Don't remember 777	Other (please specify): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	T5other

EXPANDED: Tobacco use

Question		Response	Code				
30	In the past, did you ever smoke daily?	Yes 1 No 2 If No, go to T9	T6				
31	If Yes, How old were you when stopped smoking daily?	Age (years) <table><tr><td></td><td></td><td></td><td></td></tr></table> If known go to T9 Don't remember 777					T7
32	How long ago did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't remember 777	Years ago <table><tr><td></td><td></td><td></td><td></td></tr></table> If known go to T9					T8a
		Or Months ago <table><tr><td></td><td></td><td></td><td></td></tr></table> If known go to T9					T8b
	Or Weeks before <table><tr><td></td><td></td><td></td><td></td></tr></table>					T8c	
33	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?	Yes 1 No 2	T9				
34	If Yes, Do you currently use smokeless tobacco products daily?	Yes 1 No 2	T10				

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CORE: Alcohol consumption							
The next questions ask about the consumption of alcohol.							
Questions		Response	Code				
35	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i>) within the past 12 months ? (USE SHOW CARDS OR SHOW EXAMPLES)	Yes 1 No 2 If No go to D1	A1				
36	In the past 12 months, how frequently have you had at least one drink? (READ RESPONSES SHOW CARDS)	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				
37	When you drink alcohol, on average , how many drinks do you have during one day? (READ RESPONSES SHOW CARDS)	Number <table border="1"><tr><td></td><td></td><td></td></tr></table> Don't Know 77				A3	
38	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i>) within the past 30 days ? (USE SHOW CARDS OR SHOW EXAMPLES)	Yes 1 No 2 If no go to A6	A4				
39	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day? (RECORD FOR EACH DAY USE SHOWCARD) Don't know 77	Monday <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A5a
		Tuesday <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A5b
		Wednesday <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A5c
		Thursday <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A5d
Friday <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A5e		
Saturday <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A5f		
Sunday <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A5g		
EXPANDED: Alcohol consumption							
Questions		Response	Code				
40	In the past 12 months, what was the largest number of drinks you had on a single occasion, counting all types of standard drinks together?	Largest Number <table border="1"><tr><td></td><td></td><td></td></tr></table>				A6	
41	For men only: In the past 12 months, on how many days did you have five or more standard drinks in a single day?	Number of Days <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A7
42	For women only: In the past 12 months, on how many days did you have four or more standard drinks in a single day?	Number of Days <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					A8
43	In the last 30 days, how many days on an average did you consume alcoholic beverages?	Days <table border="1"><tr><td></td><td></td><td></td></tr></table> Don't remember/Not sure 77 Don't want to respond 99				A9	

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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.										
Questions	Response		Code							
44 In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days <table border="1"><tr><td></td><td></td><td></td></tr></table> Do not know 77				<i>If none go to D3</i>	D1				
45 How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings <table border="1"><tr><td></td><td></td><td></td></tr></table> Do not know 77					D2				
46 In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days <table border="1"><tr><td></td><td></td><td></td></tr></table> Do not know 77				<i>If none go to D5</i>	D3				
47 How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings <table border="1"><tr><td></td><td></td><td></td></tr></table> Do not know 77					D4				
EXPANDED: Diet										
48 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 3 Margarine 4 Other 5 None in particular 6 None used 7 Do not know 77	<i>If other, go to D5 other</i>	D5							
	Other <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
49 In a typical week how many meals do you eat outside the house?	Number <table border="1"><tr><td></td><td></td><td></td></tr></table> Do not know 77					D6				

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CORE: Physical Activity (Recreational activities) continued.					
Questions		Response	Code		
62	Do you do any moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities that causes a small increase in breathing or heart rate such as brisk walking, (cycling, swimming, volleyball) for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	<p>Yes 1</p> <p>No 2 If No, go to P 16</p>	P13		
63	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Number of days <table border="1"><tr><td></td></tr></table>		P14	
64	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	<p>Hours : minutes <table border="1"><tr><td></td></tr></table> : <table border="1"><tr><td></td></tr></table></p> <p>hrs mins</p>			P15 (a-b)
Sedentary behaviour					
<p>The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping.</p> <p>[INSERT EXAMPLES] (USE SHOWCARD)</p>					
65	How much time do you usually spend sitting or reclining on a typical day?	<p>Hours : minutes <table border="1"><tr><td></td></tr></table> : <table border="1"><tr><td></td></tr></table></p> <p>hrs mins</p>			P16 (a-b)

A horizontal number line with vertical tick marks at intervals of 1, labeled from 0 to 10. A dashed line is drawn between the tick marks for 6 and 7.

EXPANDED: History of raised Blood Pressure				
Questions		Response		Code
66	Have you ever had your blood pressure measured by a health professional?	Yes	1	H1a
		No	2	
67	Have you been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes	1	H2a
		No	2	
68	If yes Were you told in the last 12 months?	Yes	1	H2b
		No	2	
69	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 last 2 weeks	Yes	1	H3a
		No	2	
	Special prescribed diet	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	
70	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension?	Yes	1	H4
		No	2	
71	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes	1	H5
		No	2	

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Step 2 Physical Measurements

CORE: Height and Weight		Response	Code
88	Interviewer ID	_ _ _ _	M1
89	Device IDs for height and weight	Height _ _ _	M2a
		Weight _ _ _	M2b
90	Height	In Centimeters (cm) _ _ _ _ . _	M3
91	Weight If too large for scale , code 666.6	In Kilograms (kg) _ _ _ _ . _	M4
92	(For women) Are you pregnant?	Yes 1 If Yes, go to M8 No 2	M5
CORE: Waist			
93	Device ID for waist	_ _ _	M6
94	Waist circumference	In centimeters (cm) _ _ _ _ . _	M7
CORE: Blood pressure			
95	Interviewer ID	_ _ _ _	M8
96	Device ID for blood pressure	_ _ _	M9
97	Cuff size used	Small 1 Medium 2 Large 3	M10
98	Reading 1	Systolic (mmHg) _ _ _ _	M11a
		Diastolic (mmHg) _ _ _ _	M11b
99	Reading 2	Sistólica (mmHg) _ _ _ _	M12a
		Diastólica (mmHg) _ _ _ _	M12b
100	Reading 3	Systolic (mmHg) _ _ _ _	M13a
		Diastolic (mmHg) _ _ _ _	M13b
101	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

