



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 _ _ _ _ _ _ _ _		Code
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	I13	
		Home 2		
		Neighbour 3		
		Other 4		
14	Address			I14

National Id Number

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Step 1 Demographic information

CORE: Demographic information		Response	Code																				
Question		Response	Code																				
15	Sex ((Record Male/Female as observed))	Male 1 Female 2	C1																				
16	What is your date of birth? <i>Do not know 77 777 7777</i>	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 40px; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> </table>				Day	Month	Year	C2														
Day	Month	Year																					
17	How old are you?	Years <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></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 style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>			C4																		
EXPANDED: Demographic Information		Response	Code																				
19	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> background?	<table style="margin: auto; border: none;"> <tr><td style="border: none;">[Locally defined]</td><td style="border: none;">1</td></tr> <tr><td style="border: none;">[Locally defined]</td><td style="border: none;">2</td></tr> <tr><td style="border: none;">[Locally defined]</td><td style="border: none;">3</td></tr> <tr><td style="border: none;">Refused</td><td style="border: none;">8</td></tr> </table>	[Locally defined]	1	[Locally defined]	2	[Locally defined]	3	Refused	8	C5												
[Locally defined]	1																						
[Locally defined]	2																						
[Locally defined]	3																						
Refused	8																						
20	What is your marital status?	<table style="margin: auto; border: none;"> <tr><td style="border: none;">Single</td><td style="border: none;">1</td></tr> <tr><td style="border: none;">Married</td><td style="border: none;">2</td></tr> <tr><td style="border: none;">Living together</td><td style="border: none;">3</td></tr> <tr><td style="border: none;">Widow/Widower</td><td style="border: none;">4</td></tr> <tr><td style="border: none;">Separated / Divorced</td><td style="border: none;">5</td></tr> </table>	Single	1	Married	2	Living together	3	Widow/Widower	4	Separated / Divorced	5	C5a										
Single	1																						
Married	2																						
Living together	3																						
Widow/Widower	4																						
Separated / Divorced	5																						
21	What is the highest level of education you have completed? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	<table style="margin: auto; border: none;"> <tr><td style="border: none;">No formal education</td><td style="border: none;">1</td></tr> <tr><td style="border: none;">Primary school incomplete</td><td style="border: none;">2</td></tr> <tr><td style="border: none;">Primary school completed</td><td style="border: none;">3</td></tr> <tr><td style="border: none;">Secondary school completed</td><td style="border: none;">4</td></tr> <tr><td style="border: none;">High school completed</td><td style="border: none;">5</td></tr> <tr><td style="border: none;">College/university completed</td><td style="border: none;">6</td></tr> <tr><td style="border: none;">Post graduate degree</td><td style="border: none;">7</td></tr> <tr><td style="border: none;">Refused</td><td style="border: none;">8</td></tr> </table>	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				
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																						
22	Can you read and write?	<table style="margin: auto; border: none;"> <tr><td style="border: none;">Yes</td><td style="border: none;">1</td></tr> <tr><td style="border: none;">No</td><td style="border: none;">2</td></tr> </table>	Yes	1	No	2	C6a																
Yes	1																						
No	2																						
23	Which of the following best describes your <u>main</u> work status over the last 12 months? <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i> <i>(USE SHOWCARD)</i>	<table style="margin: auto; border: none;"> <tr><td style="border: none;">Government employee</td><td style="border: none;">1</td></tr> <tr><td style="border: none;">Non-government employee</td><td style="border: none;">2</td></tr> <tr><td style="border: none;">Self-employed</td><td style="border: none;">3</td></tr> <tr><td style="border: none;">Non paid</td><td style="border: none;">4</td></tr> <tr><td style="border: none;">Student</td><td style="border: none;">5</td></tr> <tr><td style="border: none;">Home maker</td><td style="border: none;">6</td></tr> <tr><td style="border: none;">Retired</td><td style="border: none;">7</td></tr> <tr><td style="border: none;">Unemployed (able to work)</td><td style="border: none;">8</td></tr> <tr><td style="border: none;">Unemployed (unable to work)</td><td style="border: none;">9</td></tr> <tr><td style="border: none;">Refused</td><td style="border: none;">88</td></tr> </table>	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
Government employee	1																						
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Home maker	6																						
Retired	7																						
Unemployed (able to work)	8																						
Unemployed (unable to work)	9																						
Refused	88																						
24	How many people older than 18 years, including yourself, live in your household?	Number of people <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></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 <i>If No, go to T6</i>	T1
26	If Yes, Do you currently smoke tobacco products daily?	Yes 1 No 2 <i>If No, go to T6</i>	T2
27	How old were you when you first started smoking daily?	Age (years) _____ <i>If known, go to T5a</i> Don't remember 777	T3
28	Do you remember how long ago it was? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't remember 777</i>	In Years _____ <i>If known go to T5a</i>	T4a
		Or in months _____ <i>If known go to T5a</i>	T4b
		Or in weeks _____	T4c
29	On average, how many of the following do you smoke each day? <i>(RECORD FOR EACH TYPE)</i> <i>Don't remember 777</i>	Manufactured cigarettes _____	T5a
		Hand-rolled cigarettes _____	T5b
		Pipes full of tobacco _____	T5c
		Cigars, cheroots, cigarillos _____	T5d
		Other _____ <i>If other go to T5</i>	T5e
	Other (please specify): _____	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	If Yes, How old were you when stopped smoking daily?	Age (years) _____ <i>If known go to T9</i> Don't remember 777	T7
32	How long ago did you stop smoking daily? <i>(RECORD ONLY 1, NOT ALL 3)</i> <i>Don't remember 777</i>	Years ago _____ <i>If known go to T9</i>	T8a
		Or Months ago _____ <i>If known go to T9</i>	T8b
		Or Weeks before _____	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 [add other local examples] within the past 12 months ? <i>(USE SHOW CARDS OR SHOW EXAMPLES)</i>	Yes 1 No 2 <i>If No go to D1</i>	A1
36	In the past 12 months, how frequently have you had at least one drink? <i>(READ RESPONSES SHOW CARDS)</i>	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? <i>(READ RESPONSES SHOW CARDS)</i>	Number _____ Don't Know 77	A3
38	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or [add other local examples] within the past 30 days ? <i>(USE SHOW CARDS OR SHOW EXAMPLES)</i>	Yes 1 No 2 <i>If no go to A6</i>	A4
39	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day? <i>(RECORD FOR EACH DAY USE SHOWCARD)</i> Don't know 77	Monday _____	A5a
		Tuesday _____	A5b
		Wednesday _____	A5c
		Thursday _____	A5d
		Friday _____	A5e
		Saturday _____	A5f
		Sunday _____	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 _____	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 _____	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 _____	A8
43	In the last 30 days, how many days on an average did you consume alcoholic beverages?	Days _____ Don't remember/Not sure 77 Don't want to respond 99	A9

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CORE: Diet				
<p>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.</p>				
Questions		Response		Code
44	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days Do not know 77	<input type="text"/> <input type="text"/> <input type="text"/> <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 Do not know 77	<input type="text"/> <input type="text"/> <input type="text"/>	D2
46	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days Do not know 77	<input type="text"/> <input type="text"/> <input type="text"/> <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 Do not know 77	<input type="text"/> <input type="text"/> <input type="text"/>	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 <i>If other, go to D5 other</i> None in particular 6 None used 7 Do not know 77		D5
		Other	<input type="text"/>	D5other
49	In a typical week how many meals do you eat outside the house?	Number Do not know 77	<input type="text"/> <input type="text"/> <input type="text"/>	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)	Yes 1 No 2 If No, go to P 16	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 _____	P14
64 How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours : minutes _____ : _____ hrs mins	P15 (a-b)
Sedentary behaviour		
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. [INSERT EXAMPLES] (USE SHOWCARD)		
65 How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes _____ : _____ hrs mins	P16 (a-b)

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Step 3 Biochemical measurements

CORE: Blood glucose		Response	Code
102	During the last 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
103	Technician ID	_____	B2
104	Device ID	_____	B3
105	Time of day blood specimen taken (24 hour clock)	Hours : minutes _____ : _____ hrs mins	B4
106	Fasting Blood glucose	mmol/l _____ . _____	B5

CORE: Blood lipids			
107	Device ID		B6
108	Total cholesterol	mmol/l _____ . _____	B7

