

Pan American Version of STEPS



STEPS Instrument

Overview

Introduction This is the generic STEPS Instrument template which sites/countries will use to develop their tailored instrument. It contains the:

- CORE items (unshaded boxes)
- EXPANDED items (shaded boxes)
- Response options for Step 1, Step 2 and Step 3

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. These should be included in your instrument if you want to obtain more detailed information on a risk factor. Examples include:

- Use of smokeless tobacco
- History of raised blood pressure

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. C5). • Change skips 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.

Note: It is recommended that you use both the core and expanded questions.



Panamerican STEPS Version

For Chronic Disease Risk Factor Surveillance

<Insert country / site name>

Survey Information

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

Consent, Interview Language and Name		Response	Code
Participant Id Number _ _ _ _ _			
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

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? <i>Don't know 77 777 7777</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ </td> <td style="border: none;"> _ _ _ _ </td> </tr> <tr> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Year</td> </tr> </table>	_ _	_ _	_ _ _ _	Day	Month	Year		C2
_ _	_ _	_ _ _ _								
Day	Month	Year								
17	How old are you?	Years _ _		C3						
18	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years _ _		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 88		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 88		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 _ _		C8						

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
27	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
28	If Yes, Do you currently smoke tobacco products daily?	Yes 1 No 2 <i>If No, go to T6</i>	T2
29	How old were you when you first started smoking daily?	Age (years) _____ Don't know 77 _____ <i>If known, go to T5a</i>	T3
30	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</i>	T4a
		Or in months _____ <i>If known go to T5a</i>	T4b
		Or in weeks _____	T4c
31	On average, how many of the following do you smoke each day? (RECORD FOR EACH TYPE) Don't know 77	Manufactured cigarettes _____	T5a
		Hand-rolled cigarettes _____	T5b
		Pipes full of tobacco _____	T5c
		Cigars, cheroots, cigarillos _____	T5d
		Other _____ <i>If Other, go to T5other</i>	T5e
	Other (please specify): _____	T5other	
EXPANDED: Tobacco use			
Question	Response		Code
32	In the past, did you ever smoke daily?	Yes 1 No 2 <i>If No, go to T9</i>	T6
33	If Yes, How old were you when stopped smoking daily?	Age (years) Don't remember 77 _____ <i>If known, go to T9</i>	T7
34	How long ago did you stop smoking daily? (RECORD ONLY 1, NOT ALL 3) Don't know 77	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
35	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?	Yes 1 No 2 <i>If No, go to T12</i>	T9
36	If Yes, Do you currently use smokeless tobacco products daily?	Yes 1 No 2 <i>If No, go to T12</i>	T10

EXPANDED: Tobacco use, contd.			
37	On average, how many times a day you use... <i>(RECORD FOR EACH TYPE)</i> <i>Don't know 77</i>	Snuff, by mouth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11a
		Snuff, by nose <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11b
		Chewing tobacco <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11c
		Betel, quid <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T11d
		Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>If Other, go to T11other</i>	T11e
		Other (please specify) <input type="checkbox"/>	T11other
38	In the past, did you ever use smokeless tobacco such as [<i>snuff, chewing tobacco, or betel</i>] daily ?	Yes 1	T12
		No 2	
39	In the last 7 days, how many days did someone in the house smoke when you were present?	0 days 1	T13
		1 - 2 days 2	
		3 - 4 days 3	
		5 - 6 days 4	
		7 days 5	
		Don't know 77	
		Don't know 77	
40	In the last 7 days, 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?	0 days 1	T14
		1-2 days 2	
		3-4 days 3	
		5-6 days 4	
		7 days 5	
		You do not work in a closed area 6	
		Don't know 77	

CORE: Alcohol consumption			
The next questions ask about the consumption of alcohol.			
Questions	Response	Code	
41	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i>) 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
42	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
43	When you drink alcohol, on average , how many drinks do you have during one day? <i>(READ RESPONSES SHOW CARDS)</i>	Number <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	A3
44	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i>) 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
45	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> <i>Don't know 77</i>	Monday <input type="text"/> <input type="text"/> <input type="text"/>	A5a
		Tuesday <input type="text"/> <input type="text"/> <input type="text"/>	A5b
		Wednesday <input type="text"/> <input type="text"/> <input type="text"/>	A5c
		Thursday <input type="text"/> <input type="text"/> <input type="text"/>	A5d
		Friday <input type="text"/> <input type="text"/> <input type="text"/>	A5e
		Saturday <input type="text"/> <input type="text"/> <input type="text"/>	A5f
		Sunday <input type="text"/> <input type="text"/> <input type="text"/>	A5g
EXPANDED: Alcohol consumption			
Questions	Response	Code	
46	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 <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	A6
47	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 777	A7
48	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know 777	A8
49	In the last 30 days, how many days on an average did you consume alcoholic beverages?	Days <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77 Refused 88	A9

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
50	In a typical week, on how many days do you eat fruit ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> <input type="text"/> <i>If Zero days, go to D3</i> Don't know 77	D1
51	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	D2
52	In a typical week, on how many days do you eat vegetables ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> <input type="text"/> <i>If Zero days, go to D5</i> Don't know 77	D3
53	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	D4

EXPANDED: Diet

54	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 D5other</i> None in particular 6 None used 7 Don't know 77	D5
		Other <input type="text"/>	D5other
55	In a typical week how many meals do you eat outside the house?	Number <input type="text"/> <input type="text"/> <input type="text"/> Don't know 77	D6

CORE: Physical Activity

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.

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. *[Insert other examples if needed]*. 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.

Questions		Response	Code
Activity at work			
56	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>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P4</i>	P1
57	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
58	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)
59	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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P7</i>	P4
60	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
61	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			
The next questions exclude the physical activities at work that you have already mentioned. 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>			
62	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 P10</i>	P7
63	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
64	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)
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 (<i>leisure</i>), <i>[insert relevant terms]</i> .			
65	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 or football,]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1 No 2 <i>If No, go to P13</i>	P10
66	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
67	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)

CORE: Physical Activity (Recreational activities) continued.

Questions		Response	Code
68	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, (<i>cycling, swimming, volleyball</i>) for at least 10 minutes continuously? [INSERT EXAMPLES] (USE SHOWCARD)	Yes 1 No 2 If No, go to P16	P13
69	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
70	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)
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)			
71	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P16 (a-b)

EXPANDED: History of raised Blood Pressure

Questions		Response	Code
72	Have you ever had your blood pressure measured by a health professional?	Yes 1	H1a
		No 2 <i>If No, go to H6a</i>	
73	Have you 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 H6a</i>	
74	If yes: Were you told in the last 12 months?	Yes 1	H2b
		No 2	
75	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	
76	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
77	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

EXPANDED: History of Diabetes				
Questions		Response		Code
78	Have you ever had your blood sugar measured by a health professional?	Yes	1	H6a
		No	2 <i>If No, go to L1a</i>	
79	Have you ever been told by a doctor or other health worker that you have diabetes?	Yes	1	H7a
		No	2 <i>If No, go to L1a</i>	
80	If yes: Were you told in the last 12 months?	Yes	1	H7b
		No	2	
81	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	
	Oral drug (medication) that you have taken in the last 2 weeks s	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	
82	During the past 12 months have you seen a traditional healer for diabetes?	Yes	1	H9
		No	2	
83	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes	1	H10
		No	2	

EXPANDED: History of raised total cholesterol				
Questions		Response		Code
84	Have you ever had your cholesterol measured by a health professional?	Yes	1	L1a
		No	2 <i>If No, go to F1a</i>	
85	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>	
86	If yes: Were you told in the last 12 months?	Yes	1	L2b
		No	2	
87	Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?			
	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	
88	During the past 12 months have you seen a traditional healer for raised cholesterol?	Yes	1	L4
		No	2	
89	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes	1	L5
		No	2	

EXPANDED: Family history		
Questions	Response	Code
90	Have some of your family members been diagnosed with the following diseases?	
	Yes 1 No 2	F1a
	Yes 1 No 2	F1b
	Yes 1 No 2	F1c
	Yes 1 No 2	F1d
	Yes 1 No 2	F1e
	Yes 1 No 2	F1f

Step 2 Physical Measurements

CORE: Height and Weight		Response		Code
91	Interviewer ID		_____	M1
92	Device IDs for height and weight	Height	_____	M2a
		Weight	_____	M2b
93	Height	In Centimeters (cm)	_____.__	M3
94	Weight If too large for scale, code 666.6	In Kilograms (kg)	_____.__	M4
95	For women only: Are you pregnant?	Yes	1 <i>If Yes, go to M8</i>	M5
		No	2	
CORE: Waist				
96	Device ID for waist		_____	M6
97	Waist circumference	In centimeters (cm)	_____.__	M7
CORE: Blood pressure				
98	Interviewer ID		_____	M8
99	Device ID for blood pressure		_____	M9
100	Cuff size used	Small Medium Large	1 2 3	M10
101	Reading 1	Systolic (mmHg)	_____	M11a
		Diastolic (mmHg)	_____	M11b
102	Reading 2	Systolic (mmHg)	_____	M12a
		Diastolic (mmHg)	_____	M12b
103	Reading 3	Systolic (mmHg)	_____	M13a
		Diastolic (mmHg)	_____	M13b
104	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	M14
		No	2	
EXPANDED: Hip circumference and Heart rate				
105	Hip circumference	In centimeters (cm)	_____.__	M15
106	Heart Rate (Record if automatic blood pressure device is used)			
	Reading 1	Beat per minute	_____	M16a
	Reading 2	Beat per minute	_____	M16b
	Reading 3	Beat per minute	_____	M16c

Step 3 Biochemical measurements

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

CORE: Blood lipids			
112	Device ID	_____	B6
113	Total cholesterol	mmol/l _____ . _____	B7

EXPANDED: Triglycerides, HDL Cholesterol and Glucose			
114	Triglycerides	mmol/l _____ . _____	B8
115	HDL Cholesterol	mmol/l _____ . _____	B9
116	Oral Glucose Tolerance	mmol/l _____ . _____	B10



Step 1 Optional modules

Section: Women's Health		Response	Code
117	Have you heard about breast cancer?	Yes 1 No 2	W1
118	Have you been shown how to examine your breasts?	Yes 1 No 2	W2
119	When was the last time you had an examination of your breasts?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	W3
120	A mammogram is an x-ray of each breast to check for the possibility of a breast cancer. 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 <i>If Never, go to W6</i> Don't know 77	W4
121	The mammograms are done as routine examinations, but are sometimes carried out after a visit to the physician or a health professional due to some irregularity. Was the last mammogram carried out for that reason?	Yes 1 No 2	W5
122	Have you heard about cervical cancer?	Yes 1 No 2	W6
123	Pap test or a cytological test is an exam to detect cervical cancer. 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	W7

Cancer screening		Response	Code
124	<u>This question is for men only:</u> A medical exam of the rectum is an exam in which a physician or health professional carries out with gloves in order to explore the prostate of the patient and look at the size, shape or hardness. Have you ever had this kind of examination?	Yes 1 No 2	R1
125	An examination of hidden blood in feces is an examination used to know if there is blood in the feces. Have you ever had this kind of examination?	Yes 1 No 2	R2
126	A colonoscopy is a medical examination in which a tube is introduced in the rectum to be able to visualize the intestine in order to know if there are alterations or problems. Have you ever had this kind of examination?	Yes 1 No 2	R3