

STEPS Mapped Instrument & Dataset Structure for Côte d'Ivoire (2005)



Prepared by (including date and contact information):

Respondent Identification, Location and Date

Location and Date			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--		Respondent Identification	1-999999		ID	missing	Numeric	Numeric
1		District code (Site (Numéro du site))	1-999		I1	I2	Numeric	Numeric
2		Centre/Village name	Text		I2	I10	Text	Text
3		Centre/Village code	1-999		I3	I11	Numeric	Numeric
4		Interviewer Identification	1-999		I4	I7	Numeric	Numeric
5		Date of completion of the instrument	Value entered as date dd/mm/yyyy		I5	I8	Date/Time	Date/Time
Country-Specific Questions								
--	--	Code du pays/région			X1	I1	Text	Text
--	--	Région sanitaire (nom de la région)			X2	I3	Text	Text
--	--	District sanitaire			X3	I4	Text	Text
--	--	Zone de résidence		1 Urban	X4	I5	Numeric	Numeric
				2 Rural				
--	--	Code superviseur			X5	I6	Numeric	Numeric
--	--	Nom de la localité			X6	I9	Text	Text
		Numéro ménage			X7	I12	Numeric	Numeric

Consent, Interview Language and Name

Consent, Interview Language and Name			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
6	--	Consent has been read out to participant	1 Yes		I6	--	Numeric	--
			2 No					
			77 Don't Know					
			88 Not applicable					
			99 Missing					
7	--	Consent has been obtained (verbal or written)	1 Yes		I7	--	Numeric	--
			2 No					
8	--	Interview Language [Insert Language]	1 English		I8	--		--
			2 [Add others]					
			3 [Add others]					
			4 [Add others]					
9	--	Time of interview (24 hour clock)	Numeric, entered as date hh:mm		I9	--	Numeric	--
10	--	Family Name	Text		I10	--	Not entered	--
11	--	First Name	Text		I11	--	Not entered	--
12	--	Contact phone number where possible	Text		I12	--	Not entered	--
13	--	Specify whose phone	1 Work		I13	--	Not entered	--
			2 Home					
			3 Neighbour					
			4 Other (specify)					
			Text- Other		I13other			

Step 1: Demographic Information

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
14	--	Sex (<i>Record Male / Female as observed</i>)	1 Male 2 Female		C1	C1	Numeric	Numeric
15	--	What is your date of birth? <i>Don't Know 77 777 7777</i>	Value entered as date dd/mm/yyyy		C2	C2	Date/Time	Date/Time
16	--	How old are you?	25-64	15+	C3	C3	Numeric	Numeric
17	--	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	0-22 77 Don't know 88 Refused 99 Missing		C4	C4	Numeric	Numeric
18	--	What is your [<i>insert relevant ethnic group / racial group / cultural subgroup / others</i>] <u>background</u> ?	1 [<i>Locally defined</i>] 2 [<i>Locally defined</i>] 3 [<i>Locally defined</i>] 88 Refused 99 Missing	1 Akan 2 Krou 3 Mandé nord 4 Mandé sud 5 Gur (Voltaïque) 6 Africain de l'ouest 7 Autre africain 8 Non africain 88 Refuse	C5	C5	Numeric	Numeric
19	--	What is the highest level of education you have completed?	1 No formal schooling 2 Less than primary school 3 Primary school completed 4 Secondary school completed 5 High school completed 6 College/University completed 7 Post graduate degree 77 Don't know 88 Refused 99 Missing	1 Analphabète 2 Ecole primaire 3 Ecole secondaire 4 Enseignement supérieur 5 Autre (Préciser)	C6	C6	Numeric	Numeric

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Step 1: Demographic Information, Continued

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
20	--	Which of the following best describes your <u>main</u> work status over the last 12 months?	1 Government employee	1 Employé de l'Etat	C7	C7	Numeric	Numeric
			2 Non-government employee	2 Employé dans le privé moderne				
			3 Self-employed	3 Employé dans le privé informel				
			4 Non-paid	4 Indépendant du privé moderne				
			5 Student	5 Indépendant du privé informel				
			6 Homemaker	6 Agriculteur				
			7 Retired	7 Employé agricole				
			8 Unemployed (able to work)	8 Elève ou Etudiant				
			9 Unemployed (unable to work)	9 Ménagère				
			77 Don't know	10 Retraité				
			88 Refused	11 Apprenti				
			99 Missing	12 Chômeur				
				13 Autre (Préciser)				
21	--	How many people older than 18 years, including yourself, live in your household?	0-25		C8	--	Numeric	--
			77 Don't Know					
			88 Refused					
			99 Missing					
22	--	Taking the past year, can you tell me what the average earnings of the household have been?	Per week	1-9999999 7777777 DK	C9a	--	Numeric	--
			Per month	1-9999999 7777777 DK	C9b			
			Per year	1-9999999 7777777 DK	C9c			
			88 Refused		C9d			

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Step 1: Demographic Information, Continued, Continued

STEP 1: Demographic Information			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
23	--	If you don't know the amount, can you give an estimate of the annual household income if I read some options to you? Is it	1 ≤ Quintile (Q) 1	1 ≤ 35.000 (Q) 1	C10	C9	Numeric	Numeric
			2 More than Q 1, ≤ Q 2	2 [35.000 à 50.000]				
			3 More than Q 2, ≤ Q 3	3]50.000 à 75.000]				
			4 More than Q 3, ≤ Q 4	4]75.000 à 100.000]				
			5 More than Q 4	5]150.000 à 200.000]				
			77 Don't Know	6]200.000 à 250.000]				
			88 Refused	7]250.000 à 300.000]				
			99 Missing	8]300.000 à 400.000]				
				9]400.000 à 500.000]				
				10 > 500.000				
				88 Refuser				
Country-Specific Questions								
--	--	Quel est votre niveau d'instruction le plus élevé ?		Préciser autre	X8	C6a	Text	Text
--	--	Laquelle des catégories suivantes décrit le mieux votre activité professionnelle principale ces douze derniers mois?		Préciser autre	X9	C7a	Text	Text
		Quelle est la périodicité de votre revenu ?		1 Hebdomadaire	X10	C8	Numeric	Numeric
				2 Mensuelle				
				3 Trimestrielle				
				4 Semestrielle				
				5 Annuelle				
				6 Aucune (<i>Aller à la Prochaine Section</i>)				
				7 Refus de réponse (<i>Aller à C9</i>)				

Step 1: Tobacco Use

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
24	--	Do you currently smoke any tobacco products , such as cigarettes, cigars or pipes?	1 Yes		T1	S1a	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
25	--	If Yes, Do you currently smoke tobacco products daily ?	1 Yes		T2	S1b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
26	--	How old were you when you first started smoking daily?	8-64		T3	S2a	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
27	--	Do you remember how long ago it was?	1-55 (years)		T4a	S2BANNE ES	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T4b	S2BMOIS	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T4c	S2BSEM	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
28	--	On average, how many of the following do you smoke each day?	Manufactured cigarettes	1-50	T5a	S3a	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Hand-rolled cigarettes	1-50	T5b	S3b	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Pipes full of tobacco	1-50	T5c	S3c	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Cigars, cheroots, cigarillos	1-50	T5d	S3d	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50	T5e	S3e	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other (please specify):	Text	T5other	S3e1	Text	Text

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
29	--	In the past, did you ever smoke daily ?	1 Yes		T6	S4	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
30	--	If Yes, How old were you when you stopped smoking daily ?	10-64		T7	S5a	Numeric	Numeric
			77 Don't Know					
			88 Refused					
			99 Missing					
31	--	How long ago did you stop smoking daily?	1-54 (years)		T8a	S5BANNE ES	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-24 (months)		T8b	S5BMOIS	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
			1-48 (weeks)		T8c	S5BSEM	Numeric	Numeric
			77 Don't Know					
			88 No Applicable					
			99 Missing					
32	--	Do you currently use any smokeless tobacco such as [snuff, chewing tobacco, betel]?	1 Yes		T9	S6a	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
33	--	If Yes, Do you currently use smokeless tobacco products daily?	1 Yes		T10	S6b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
34	--	On average, how many times a day do you use	Snuff, by mouth	1-50	T11a	S7a	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Snuff, by nose	1-50	T11b	S7b	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Chewing tobacco	1-50	T11c	S7c	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Betel, quid	1-50	T11d	S7d	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other	1-50	T11e	S7e	Numeric	Numeric
				77 Don't know				
				88 Refused				
				99 Missing				
			Other (please specify):	Text	T11other	S7e1	Text	Text

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Step 1: Tobacco Use, Continued

STEP 1: Tobacco Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
35		In the past, did you ever use smokeless tobacco such as <i>[snuff, chewing tobacco, or betel]</i> daily ?	1 Yes		T12	S8	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
Country-Specific Questions								
--	--	Y a-t-il quelqu'un dans votre environnement immédiat qui fume du tabac tels que cigarette, pipe ou cigare en votre présence ?		1 Oui	X11	S9	Numeric	Numeric
				2 Non				

Step 1: Alcohol Use

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
36	--	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 12 months ?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		A1	A1b	Numeric	Numeric
37	--	In the past 12 months, how frequently have you had at least one drink?	1 (Daily) 2 (5-6 days per week) 3 (1-4 days per week) 4 (1-3 days per month) 5 (Less than once a month) 77 Don't Know 88 Refused 99 Missing	1 5 jours ou plus/semaine 2 1 à 4 jours / semaine 3 1 à 3 jours /mois 4 Moins d'1 fois / mois	A2	A2	Numeric	Numeric
38	--	When you drink alcohol, on average , how many drinks do you have during one day?	Number 1-50 77 Don't Know 88 Refused / NA 99 Missing		A3	A3	Numeric	Numeric
39	--	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the past 30 days ?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		A4	--	Numeric	--

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Step 1: Alcohol Use, Continued

STEP 1: Alcohol Use					Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific	
40	--	During each of the past 7 days , how many standard drinks of any alcoholic drink did you have each day?	Monday	1-50		A5a	A4a	Numeric	Numeric	
				77 Don't know						
				88 Refused						
				99 Missing						
			Tuesday	1-50		A5b	A4b	Numeric	Numeric	
				77 Don't know						
				88 Refused						
				99 Missing						
			Wednesday	1-50		A5c	A4c	Numeric	Numeric	
				77 Don't know						
				88 Refused						
				99 Missing						
			Thursday	1-50		A5d	A4d	Numeric	Numeric	
				77 Don't know						
				88 Refused						
				99 Missing						
			Friday	1-50		A5e	A4e	Numeric	Numeric	
				77 Don't know						
				88 Refused						
				99 Missing						
			Saturday	1-50		A5f	A4f	Numeric	Numeric	
				77 Don't know						
				88 Refused						
				99 Missing						
			Sunday	1-50		A5g	A4g	Numeric	Numeric	
				77 Don't know						
				88 Refused						
				99 Missing						

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Step 1: Alcohol Use, Continued

STEP 1: Alcohol Use			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
41	--	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?	1-50 77 Don't Know 88 Refused / NA 99 Missing		A6	--	Numeric	--
42	--	For men only: In the past 12 months, on how many days did you have five or more standard drinks in a single day?	1-365 777 Don't Know 888 Refused / NA 999 Missing		A7	--	Numeric	--
43	--	For women only: In the past 12 months, on how many days did you have four or more standard drinks in a single day?	1-365 777 Don't Know 888 Refused / NA 999 Missing		A8	--	Numeric	--
Country-Specific Questions								
--	--	Avez-vous déjà consommé une boisson alcoolisée comme de la bière, du vin, de la liqueur, du cidre ou du koutoukou, du tchapalo, du bandji blanc ou du kendjous?		1 Oui 2 Non	X12	A1a	Numeric	Numeric

Step 1: Diet

STEP 1: Diet					Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific		STEPS Generic	Site Specific	STEPS Generic	Site Specific
44	--	In a typical week, on how many days do you eat fruit ?	Days 0-7				D1	D1a	Numeric	Numeric
			9 Missing							
45	--	How many servings of fruit do you eat on one of those days?	Number 1-15				D2	D1b	Numeric	Numeric
			77 Don't Know							
			88 Refused / NA							
			99 Missing							
46	--	In a typical week, on how many days do you eat vegetables ?	Days 0-7				D3	D2a	Numeric	Numeric
			99 Missing							
47	--	How many servings of vegetables do you eat on one of those days?	Number 1-15				D4	D2b	Numeric	Numeric
			77 Don't Know							
			88 Refused / NA							
			99 Missing							
48	--	What type of oil or fat is most often used for meal preparation in your household?	1 Vegetable oil				D5	D4a	Numeric	--
			2 Lard or suet							
			3 Butter or ghee							
			4 Margarine							
			5 Other							
			6 None in particular							
			7 None used							
			77 Don't know							
			99 Missing							
		Other (please specify):	Text			D5other	D4b	Text	--	
Country-Specific Questions										
--	--	Préparez-vous habituellement vos repas à la maison ?			1 Oui		X13	D3	Numeric	Numeric
					2 Non					

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Step 1: Diet, Continued

STEP 1: Diet			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Quelle est l'origine végétale de l'huile que vous utilisez le plus souvent pour la préparation des repas à la maison ?		1 (Entourer la réponse)	X14	D5a	Numeric	Numeric
				2 Palmier à huile				
				3 Arachide				
				4 Coprah				
				5 Maïs				
				6 Soja				
				7 Olive				
				8 Colza				
				77 Je ne sais pas				
				88 Autre				
				Préciser autre:	X15	D5b	Text	Text

Step 1: Physical Activity

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Activity at work								
49	--	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?	1 Yes		P1	P2	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
50	--	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Days 1-7		P2	P3a	Numeric	Numeric
			99 Missing					
51	--	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours 1-24		P3A	P3b1	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P3B	P3b2	Numeric	Numeric
			77 Don't Know					
52	--	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?	1 Yes		P4	P4	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
53	--	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Days 1-7		P5	P5a	Numeric	Numeric
			99 Missing					
54	--	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours 1-24		P6A	P5b1	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P6B	P5b2	Numeric	Numeric
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Travel to and from places								
55	--	Do you walk or use a bicycle (<i>pedal cycle</i>) for at least 10 minutes continuously to get to and from places?	1 Yes		P7	P7	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
56	--	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?	Days 1-7		P8	P8a	Numeric	Numeric
			99 Missing					
57	--	How much time do you spend walking or bicycling for travel on a typical day?	Hours 1-24		P9a	P8b1	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P9b	P8b2	Numeric	Numeric
			77 Don't Know					
			99 Missing					
Recreational activities								
58	--	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?	1 Yes		P10	P10	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
59	--	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P11	P11a	Numeric	Numeric
			99 Missing					
60	--	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours 1-24		P12a	P11b1	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P12b	P11b2	Numeric	Numeric
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Recreational activities								
61	--	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?	1 Yes		P13	P12	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
62	--	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities?	Days 1-7		P14	P13a	Numeric	Numeric
			99 Missing					
63	--	How much time do you spend doing moderate-intensity sports, fitness or recreational (<i>leisure</i>) activities on a typical day?	Hours 1-24		P15a	P13b1	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P15b	P13b2	Numeric	Numeric
			77 Don't Know					
			99 Missing					
Sedentary behaviour								
64	--	How much time do you usually spend sitting or reclining on a typical day?	Hours 1-24		P16a	P14a	Numeric	Numeric
			77 Don't Know					
			99 Missing					
			Minutes 1-60		P16b	P14b	Numeric	Numeric
			77 Don't Know					
			99 Missing					

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Step 1: Physical Activity, Continued

STEP 1: Physical Activity			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Country-Specific Questions								
--	--	GPAQ1P1			GPAQ1P1	P1	Numeric	Numeric
--	--	GPAQ1P6			GPAQ1P6	P6	Numeric	Numeric
--	--	GPAQ1P9			GPAQ1P9	P9	Numeric	Numeric

Step 1: History of Raised Blood Pressure

STEP 1: History of Raised Blood Pressure			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
65	--	When was your blood pressure last measured by a health professional?	1 Within past 12 months		H1	H1	Numeric	Numeric
			2 (1-5 years ago)					
			3 Not within past 5 years					
			77 Don't Know					
			88 Refused					
			99 Missing					
66	--	During the past 12 months have you been told by a doctor or other health worker that you have raised blood pressure or hypertension?	1 Yes		H2	H2	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
67	--	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	1 Yes		H3a	H3a	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H3b	H3b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to lose weight	1 Yes		H3c	H3c	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: History of Raised Blood Pressure, Continued

STEP 1: History of Raised Blood Pressure			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
67cont.	--	Advice or treatment to stop smoking	1 Yes		H3d	H3d	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice to start or do more exercise	1 Yes		H3e	H3e	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
68	--	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	1 Yes		H4	H4	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
69	--	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	1 Yes		H5	H5	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

Step 1: History of Diabetes

STEP 1: History of Diabetes			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
70	--	Have you had your blood sugar measured in the last 12 months?	1 Yes		H6	H6	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
71	--	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	1 Yes		H7	H7	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
72	--	Are you currently receiving any of the following treatments/advice for diabetes prescribed by a doctor or other health worker?						
		Insulin	1 Yes		H8a	H8a	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Oral drug (medication) that you have taken in the last 2 weeks	1 Yes		H8b	H8b	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Special prescribed diet	1 Yes		H8c	H8c	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice or treatment to lose weight	1 Yes		H8d	H8d	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

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Step 1: History of Diabetes, Continued

STEP 1: Diabetes			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
72 cont.	--	Advice or treatment to stop smoking	1 Yes		H8e	H8e	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
		Advice to start or do more exercise	1 Yes		H8f	H8f	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
73	--	During the past 12 months have you seen a traditional healer for diabetes?	1 Yes		H9	H9	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					
74	--	Are you currently taking any herbal or traditional remedy for your diabetes?	1 Yes		H10	H10	Numeric	Numeric
			2 No					
			77 Don't Know					
			88 Refused					
			99 Missing					

Step 1: Antecedents of Asthma (Country-Specific Module)

STEP 1: Antecedents of Asthma			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Avez-vous eu ces 12 derniers mois, la sensation d'étouffer, de manquer d'air et de ne pas pouvoir respirer?		1 Oui	X16	H11	Numeric	Numeric
				2 Non				
--	--	Est-ce qu'un professionnel de la santé vous a déjà dit que vous avez l'asthme? Advice to start or do more exercise		1 Oui	X17	H12	Numeric	Numeric
				2 Non				
--	--	Suivez-vous actuellement les traitements suivants contre l'asthme, prescrits par un professionnel de la santé ?						
		Bronchodilatateurs		1 Oui	X18a	H13a	Numeric	Numeric
				2 Non				
		Anti inflammatoires stéroïdiens		1 Oui	X18b	H13b	Numeric	Numeric
				2 Non				
		Corticoïde inhalé Corticoïde injectable Corticoïde comprimé		1	X18b	H13c	Numeric	Numeric
				2				
				3				
		Anti histaminiques		1 Oui	X18d	H13d	Numeric	Numeric
				2 Non				
		Cromoglycates		1 Oui	X18e	H13e	Numeric	Numeric
				2 Non				
		Conseil ou traitement pour arrêter de fumer		1 Oui	X18f	H13f	Numeric	Numeric
				2 Non				
		Conseil ou traitement pour arrêter de fumer		1 Oui	X18g	H13g	Numeric	Numeric
				2 Non				
		Conseil pour commencer une activité physique ou en faire plus		1 Oui	X18h	H13h	Numeric	Numeric
				2 Non				

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Step 1: Antecedents of Asthma (Country-Specific Module), Continued

STEP 1: Antecedents of Asthma, continued			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Au cours des 12 derniers mois avez-vous vu un guérisseur traditionnel pour l'asthme ?		1 Oui	X19	H14	Numeric	Numeric
				2 Non				
--	--	Au cours des 12 derniers mois avez-vous vu un guérisseur traditionnel pour l'asthme ?		1 Oui	X20	H15	Numeric	Numeric
				2 Non				

Step 2: Physical Measurements

STEP 2: Physical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Height and weight								
75	--	Interviewer ID	1-900 999 Missing		M1	M1	Numeric	Text
76	--	Device IDs for height and weight	Height 1-90 99 Missing Weight 1-90 99 Missing		M2a M2b	M2a M2b	Numeric	Text
77	--	Height	100.0-270.0 888.8 Refused 999.9 Missing		M3	M3	Numeric	Numeric
78	--	Weight	20.0-350.0 666.6 Too large for scale 888.8 Refused 999.9 Missing		M4	M4	Numeric	Numeric
79	--	(For women) Are you pregnant?	1 Yes 2 No 77 Don't Know 88 Refused 99 Missing		M5	M7	Numeric	Numeric

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Step 2: Physical Measurements, Continued

STEP 2: Physical Measurements			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
Waist								
80	--	Device ID for waist	1-90 99 Missing		M6	M6	Numeric	Numeric
81	--	Waist circumference	30.0-200.0 888.8 Refused 999.9 Missing		M7	M8	Numeric	Numeric
Blood pressure								
82	--	Interviewer ID	1-900 999 Missing		M8	M10	Numeric	Numeric
83	--	Device ID for blood pressure	1-90 99 Missing		M9	M11	Numeric	Numeric
84	--	Cuff size used	1 Small 2 Medium 3 Large 99 Missing		M10	M12	Numeric	Numeric
85	--	Reading 1	Systolic	40.0-300 888 Refused 999 Missing		M11a	M13a	Numeric
				30.0-200.0 888 Refused 999 Missing		M11b	M13b	Numeric
86	--	Reading 2	Systolic	40.0-300 888 Refused 999 Missing		M12a	M14a	Numeric
				30.0-200.0 888 Refused 999 Missing		M12b	M14b	Numeric

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Step 2: Physical Measurements, Continued

Step 2: Physical Measurements			Response			Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic		Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
87	--	Reading 3	Systolic	40.0-300.0		M13a	M15a	Numeric	Numeric
				888 Refused					
				999 Missing					
			Diastolic	30.0-200.0		M13b	M15b	Numeric	Numeric
				888 Refused					
				999 Missing					
88	--	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	1 Yes			M14	--	Numeric	--
			2 No						
			77 Don't Know						
			88 Refused						
			99 Missing						
Hip Circumference and Heart Rate									
89	--	Hip circumference	45.0-300.0			M15	M9	Numeric	Numeric
			888.8 Refused						
			999.9 Missing						
90	--	Heart Rate Reading 1	30.0-200.0			M16a	M16a	Numeric	Numeric
			888 Refused						
			999 Missing						
		Heart Rate Reading 2	30.0-200.0			M16b	M16b	Numeric	Numeric
			888 Refused						
			999 Missing						
		Heart Rate Reading 3	30.0-200.0			M16c	M16c	Numeric	Numeric
			888 Refused						
			999 Missing						
Country-Specific Questions									
--	--	Code ID du technicien (tour de taille)				X21	M5	Text	Text
--	--	Rythme cardiaque Indiquez si un appareil automatique de pression artérielle est utilisé ?			1 Oui	X22	M16	Numeric	Numeric
					2 Non				

Step 1: Blessure/Violence Intentionnelle

Step 1: Blessure/Violence Intentionnelle			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Durant les 12 derniers mois, combien de fois avez vous été impliqué dans un incident violent dans lequel vous avez subi un préjudice pour lequel vous avez bénéficié de soins ?		1 souvent (6 fois et plus)	X23	V1	Numeric	Numeric
				2 quelques fois (3-5 fois)				
				3 Rarement (1-2 fois)				
				4 Jamais				
				7 ne se souvient pas				
				8 Refuse de répondre				
--	--	Quand vous jetez un regard en arrière sur les plus sérieux incidents, indiquez lequel vous a le plus causé de préjudice ?		1 Blessure par arme à feu	X24	V2	Numeric	Numeric
				2 Battu, poignardé, brûlé, ou attaqué par autre type d'arme (couteau, vitre, liquide chaud, massue, cordon)				
				3 Vous avez été poussé, giflé, reçu un coup de pied, brutalisé sans d'autre type d'arme de la part de cette personne				
				7 Vous ne vous rappelez pas				
				8 Refuse de répondre				
--	--	Veuillez indiquer les liens existant entre cette ou ces personnes qui vous ont causé ce préjudice et vous		1 Partenaire intime	X25	V3	Numeric	Numeric
				2 Parent				
				3 Enfant ou autre lien de parenté				
				4 Ami ou camarade				
				5 Aucun lien de parenté				
				6 étranger				
				7 autorité officielle ou légale (officier de police soldat etc)				
				8 autre				
				77 ne se rappelle pas				
				88 autre				

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Step 1: Blessure/Violence Intentionnelle, Continued

Step 1: Blessure/Violence Intentionnelle, Continued			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Dans les 12 derniers mois, avez-vous eu peur pour votre propre sécurité et celle de votre famille à cause de la colère ou de la menace d'une ou plusieurs personnes? Si oui, veuillez spécifier par qui :		1 Partenaire intime	X26	V4	Numeric	Numeric
				2 Parent				
				3 Enfant ou autre lien de parenté				
				4 Ami ou camarade				
				5 Aucun lien de parenté				
				6 Etranger				
				7 Autorité officielle ou légale (officier de police soldat etc.)				
				8 Autre				
				9 aucun (exemple n'a jamais eu peur pour ma sécurité)				
				77 ne sait pas				
--	--	Quand il y a un problème et que je suis tenté de répondre par la violence, je sais comment contrôler mon tempérament et rester en dehors des situations violentes		88 Refuse de répondre	X27	V5	Numeric	Numeric
				1 Jamais				
				2 Pratiquement jamais				
				3 Quelques fois				
				4 Pratiquement toujours				
				5 Toujours				
--	--	Avez-vous transporté sur vous une arme à feu chargée en dehors de la maison dans les 30 jours précédents ? Si oui, justifiez pourquoi		8 Refuse de répondre	X28	V6	Numeric	Numeric
				1 Non				
				2 Pour protection				
				3 Pour le travail				
				4 Pour le sport				
				7 Ne sait pas				
				8 Refuse de répondre				

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Step 1: Blessure/Violence Intentionnelle, Continued

Step 1: Blessure/Violence Intentionnelle, Continued			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Quand vous regardez dans votre jeunesse, est ce qu'un parent ou un autre adulte dans votre maison vous a violemment frappé à telle enseigne que cela vous a laissé des traces durant plus d'une journée ou à jamais?		1 Jamais 2 Très rarement 3 Une fois par mois 4 Une fois par semaine 5 Pratiquement tous les jours 7 Ne sait pas 8 Refuse de répondre	X29	V7	Numeric	Numeric
--	--	Avez vous une fois expérimenté un acte sexuel entraînant une pénétration anale, orale, vaginale contre votre consentement ?		1 Oui 2 Non 7 Ne sait pas 8 Refuse de répondre	X30	V8	Numeric	Numeric
--	--	Généralement parlant, pourriez vous dire qu'il faut avoir confiance aux gens ou vous avez besoin d'être prudent quand vous traitez une affaire avec eux ?		1 Nécessite d'être prudent 2 On peut avoir confiance aux gens 7 Ne sait pas 8 Refuse de répondre	X31	EV1	Numeric	Numeric
--	--	Les gens ont le droit de tuer pour se défendre		1 Entièrement d'accord 2 d'accord 3 incertain 4 contre 5 Entièrement contre 7 Ne sait pas 8 Refuse de répondre	X32	EV2	Numeric	Numeric
--	--	Dans les 30 derniers jours, combien de fois avez-vous utilisé une ceinture de sécurité quand vous avez été conducteur ou passager d'un véhicule à moteur ?		1 Tout le temps 2 Quelques fois 3 jamais 4 n'a pas conduit les 30 jours précédents 7 ne sait pas/pas sûr 8 refuse de répondre	X33	T1	Numeric	Numeric

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Step 1: Blessure/Violence Intentionnelle, Continued

Step 1: Blessure/Violence Intentionnelle, Continued			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	Dans les 30 derniers jours, combien de fois avez-vous porté un casque quand vous roulez une moto ou une mobylette ?		1 Toujours 2 Quelques fois 3 jamais 4 n'a pas roulé à moto les 30 jours précédents 7 Ne sait pas 8 Refuse de répondre	X34	T2	Numeric	Numeric
--	--	Dans les 30 derniers jours, combien de fois avez-vous conduit quand vous avez eu plus de 2 consommations standard d'alcool ?		Nombre de fois 7 ne sait pas 8 refuse de répondre	X35	T3	Numeric	Numeric
--	--	Dans les 12 mois précédents, avez vous été impliqué dans un accident de la circulation en tant que conducteur, passager ou piéton ?		1 Oui (comme conducteur) 2 Oui (comme passager) 3 Oui (comme piéton) 4 Non 7 Ne sait pas 8 Refuse de répondre	X36	T4	Numeric	Numeric
--	--	Avez vous subi des préjudices dans cet accident de la circulation?		1 Oui 2 Non 7 Ne se rappelle pas 8 Refuse de répondre	X37	T5	Numeric	Numeric
--	--	Excluant les accidents de la circulation, dans les 12 mois précédents, avez-vous subi des préjudices accidentels qui ont nécessité un traitement médical ?		1 Oui 2 Non 7 Ne se rappelle pas 8 Refuse de répondre	X38	T6	Numeric	Numeric

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Step 1: Blessure/Violence Intentionnelle, Continued

Step 1: Blessure/Violence Intentionnelle, Continued			Response		Code (variable name)		Data Type	
STEPS Q No.	Site Q No.	STEPS Generic Question	STEPS Generic	Site Specific	STEPS Generic	Site Specific	STEPS Generic	Site Specific
--	--	En vous rappelant du plus sérieux accident, veuillez indiquer lequel des cas suivants était la plus importante cause du préjudice subi :		1 Chute 2 Feu, flammes ou chaleur 3 Poison 4 Naufrage (survivant) 5 Morsure d'animal 6 Autre 7 Ne se rappelle pas 8 Refuse de répondre	X39	T7	Numeric	Numeric
--	--	Où étiez vous lorsque vous avez subi votre plus grand préjudice dans les 12 derniers mois?		1 À la maison 2 A l'école 3 Au lieu de travail 4 la route/ voie publique 5 à la ferme 6 au sport /air de jeu 7 autre 77 Ne sait pas 88 Refuse de répondre	X40	ET1	Numeric	Numeric
--	--	Dans les 30 derniers jours, combien de fois avez-vous porté un casque lorsque vous rouliez une bicyclette ?		1 Toujours 2 Quelques fois 3 jamais 4 n'a pas fait de bicyclette les 30 jours précédents 7 Ne sait pas 8 Refuse de répondre	X41	ET2	Numeric	Numeric
--	--	Dans les 30 derniers jours, combien de fois avez-vous fait une promenade en voiture avec quelqu'un qui avait plus de 2 consommations alcooliques standard ?		Nombre de fois 7 ne sait pas 8 refuse de répondre	X42	ET3	Numeric	Numeric