

# Pan American Version of the STEPS Instrument (Core and Expanded)



## The WHO STEPwise approach to chronic disease risk factor surveillance (STEPS)

World Health Organization  
20 Avenue Appia, 1211 Geneva 27, Switzerland

For further information: [www.who.int/chp/steps](http://www.who.int/chp/steps)



# Pan American STEPS Instrument

## Overview

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

- CORE items (unshaded boxes)
- EXPANDED items (shaded boxes).

**Core Items** The Core items for each section ask questions required to calculate basic variables. For example:

- current daily smokers
- mean BMI.

**Note:** All the core questions should be asked, removing core questions will impact the analysis.

**Expanded items** The Expanded items for each section ask more detailed information. Examples include:

- use of smokeless tobacco
- sedentary behaviour.

**Guide to the columns** The table below is a brief guide to each of the columns in the Instrument.

Column	Description	Site Tailoring
Number	This question reference number is designed to help interviewers find their place if interrupted.	Renumber the instrument sequentially once the content has been finalized.
Question	Each question is to be read to the participants	<ul style="list-style-type: none"> <li>• Select sections to use.</li> <li>• Add expanded and optional questions as desired.</li> </ul>
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"> <li>• Add site specific responses for demographic responses (e.g. C6).</li> <li>• Change skip question identifiers from code to question number.</li> </ul>
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.



## Step 1 Demographic Information

CORE: Demographic Information		
Question	Response	Code
11	Sex ( <i>Record Male / Female as observed</i> ) Male 1 Female 2	C1
12	What is your date of birth? <i>Don't Know 77 77 7777</i>  _ _ _ _   _ _ _ _ _   _ _ _ _ _  <i>If known, Go to C4</i> dd mm year	C2
13	How old are you? Years  _ _	C3
14	In total, how many years have you spent at school or in full-time study (excluding pre-school)? Years  _ _	C4

EXPANDED: Demographic Information		
15	What is the <b>highest level of education</b> you have completed?  <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Refused 88 C5
16	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> <b>background</b> ?	<i>[Locally defined]</i> 1 <i>[Locally defined]</i> 2 <i>[Locally defined]</i> 3 Refused 88 C6
17	What is your <b>marital status</b> ?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Refused 88 C7
18	Which of the following best describes your <b>main work</b> status over the past 12 months?  <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>  <i>(USE SHOWCARD)</i>	Government employee 1 Non-government employee 2 Self-employed 3 Non-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Refused 88 C8
19	How many people older than 18 years, including yourself, live in your household?	Number of people  _ _  C9





CORE: Alcohol Consumption			
The next questions ask about the consumption of alcohol.			
Question		Response	Code
36	Have you <b>ever</b> consumed an alcoholic drink such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1a
37	Have you consumed an alcoholic drink within the <b>past 12 months</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	A1b
38	During the past 12 months, <b>how frequently</b> have you had at least one alcoholic drink? (READ RESPONSES, USE SHOWCARD)	Daily 1 5-6 days per week 2 1-4 days per week 3 1-3 days per month 4 Less than once a month 5	A2
39	Have you consumed an alcoholic drink within the <b>past 30 days</b> ?	Yes 1 No 2 <i>If No, go to D1</i>	A3
40	During the past 30 days, on how many <b>occasions</b> did you have at least one alcoholic drink?	Number Don't know 77 <input type="text"/>	A4
41	During the past 30 days, when you drank alcohol, <b>on average</b> , how many <b>standard alcoholic drinks</b> did you have during one drinking occasion? (USE SHOWCARD)	Number Don't know 77 <input type="text"/>	A5
42	During the past 30 days, what was the <b>largest number</b> of standard alcoholic drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number Don't Know 77 <input type="text"/>	A6
43	During the past 30 days, how many times did you have for <b>men: five or more</b> for <b>women: four or more</b> standard alcoholic drinks in a single drinking occasion?	Number of times Don't Know 77 <input type="text"/>	A7

EXPANDED: Alcohol Consumption			
44	During the past 30 days, when you consumed an alcoholic drink, how often was it with meals? Please do not count snacks.	Usually with meals 1 Sometimes with meals 2 Rarely with meals 3 Never with meals 4	A8
45	During each of the <b>past 7 days</b> , how many standard alcoholic drinks did you have each day? (USE SHOWCARD)  Don't Know 77	Monday <input type="text"/>	A9a
		Tuesday <input type="text"/>	A9b
		Wednesday <input type="text"/>	A9c
		Thursday <input type="text"/>	A9d
		Friday <input type="text"/>	A9e
		Saturday <input type="text"/>	A9f
		Sunday <input type="text"/>	A9g

CORE: Diet		
The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.		
Question	Response	Code
46 In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to D3</i>	D1
47 How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings Don't Know 77     _ _	D2
48 In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days Don't Know 77     _ _  <i>If Zero days, go to D3</i>	D3
49 How many <b>servings</b> of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know 77     _ _	D4

EXPANDED: Diet		
50 What type of <b>oil or fat is most often</b> used for meal preparation in your household? (USE SHOWCARD) (SELECT ONLY ONE)	Vegetable oil    1 Lard or suet    2 Butter or ghee    3 Margarine    4 Other    5 <i>If Other, go to D5 other</i> None in particular    6 None used    7 Don't know    77	D5
	Other     _ _ _ _ _ _ _ _	D5other
51 On average, how many meals per week do you eat that were not prepared at a home? By meal, I mean breakfast, lunch and dinner.	Number Don't know 77     _ _	D6

CORE: Physical Activity			
<p>Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.</p> <p>Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. <i>[Insert other examples if needed]</i>. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.</p>			
Question	Response		Code
<b>Work</b>			
52	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 P 4</i>	P1
53	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
54	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)
55	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 P 7</i>	P4
56	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
57	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)
<b>Travel to and from places</b>			
<p>The next questions exclude the physical activities at work that you have already mentioned.</p> <p>Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. <i>[Insert other examples if needed]</i></p>			
58	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 P 10</i>	P7
59	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
60	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes <input type="text"/> : <input type="text"/> hrs mins	P9 (a-b)

CORE: Physical Activity, Continued			
Question	Response		Code
<b>Recreational activities</b>			
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 (leisure), <i>[Insert relevant terms]</i> .			
61	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 P 13</i>	P10
62	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
63	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)
64	Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, <i>[cycling, swimming, volleyball]</i> for at least 10 minutes continuously? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P16</i>	P13
65	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
66	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)

EXPANDED: Physical Activity			
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, traveling in car, bus, train, reading, playing cards or watching television, but do not include time spent sleeping. <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>			
67	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)

CORE: History of Raised Blood Pressure			
Question	Response	Code	
68	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1	H1
		No 2 <i>If No, go to H6</i>	
69	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1	H2a
		No 2 <i>If No, go to H6</i>	
70	Have you been told in the past 12 months?	Yes 1	H2b
		No 2	

EXPANDED: History of Raised Blood Pressure			
71	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 past two weeks	Yes 1	H3a
		No 2	
	Advice to reduce salt intake	Yes 1	H3b
		No 2	
	Advice or treatment to lose weight	Yes 1	H3c
	No 2		
Advice or treatment to stop smoking	Yes 1	H3d	
	No 2		
Advice to start or do more exercise	Yes 1	H3e	
	No 2		
72	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1	H4
		No 2	
73	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1	H5
		No 2	

CORE: History of Diabetes			
Question		Response	Code
74	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1	H6
		No 2 <i>If No, go to M1</i>	
75	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1	H7a
		No 2 <i>If No, go to M1</i>	
76	Have you been told in the past 12 months?	Yes 1	H7b
		No 2	

EXPANDED: History of Diabetes			
77	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	
	Drugs (medication) that you have taken in the past two weeks	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		
78	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1	H9
		No 2	
79	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	
80	When was the last time your eyes were examined as part of your diabetes control?	Within the past 2 years 1	H11
		More than 2 years ago 2	
		Never 3	
		Don't know 77	
81	When was the last time your feet were examined as part of your diabetes control?	Within the past year 1	H12
		More than 1 year ago 2	
		Never 3	
		Don't know 77	

<b>EXPANDED: History of raised total cholesterol</b>				
<b>Questions</b>		<b>Response</b>		<b>Code</b>
82	Have you ever had your cholesterol measured by a doctor or other health worker?	Yes	1	L1a
		No	2 <i>If No, go to F1a</i>	
83	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>	
84	Were you told in the past 12 months?	Yes	1	L2b
		No	2	
Are you currently receiving any of the following treatments/advice for raised cholesterol prescribed by a doctor or other health worker?				
85	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		
86	During the past 12 months have you seen a traditional healer for raised cholesterol?	Yes	1	L4
		No	2	
87	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes	1	L5
		No	2	

<b>EXPANDED: Family history</b>				
<b>Questions</b>		<b>Response</b>		<b>Code</b>
88	Have some of your family members been diagnosed with the following diseases?			
	Diabetes or raised blood sugar	Yes	1	F1a
		No	2	
	Raised Blood pressure	Yes	1	F1b
		No	2	
	Stroke	Yes	1	F1c
		No	2	
	Cancer or malignant tumor	Yes	1	F1d
		No	2	
	Raised Cholesterol	Yes	1	F1e
		No	2	
	Early Heart attack (below age 55 for men and below age 65 for women)	Yes	1	F1f
		No	2	

## Step 2 Physical Measurements

CORE: Height and Weight			
Question		Response	Code
89	Interviewer ID	_ _ _ _	M1
90	Device IDs for height and weight	Height  _ _ _ _	M2
		Weight  _ _ _ _	
91	Height	in Centimetres (cm)  _ _ _ _ _ _ _ _	M3
92	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg)  _ _ _ _ _ _ _ _	M4
93	<b>For women:</b> Are you pregnant?	Yes 1 <i>If Yes, go to M 8</i>	M5
		No 2	
CORE: Waist			
94	Device ID for waist	_ _ _ _	M6
95	Waist circumference	in Centimetres (cm)  _ _ _ _ _ _ _ _	M7
CORE: Blood Pressure			
96	Interviewer ID	_ _ _ _	M8
97	Device ID for blood pressure	_ _ _ _	M9
98	Cuff size used	Small 1	M10
		Medium 2	
		Large 3	
99	Reading 1	Systolic ( mmHg)  _ _ _ _	M11a
		Diastolic (mmHg)  _ _ _ _	M11b
100	Reading 2	Systolic ( mmHg)  _ _ _ _	M12a
		Diastolic (mmHg)  _ _ _ _	M12b
101	Reading 3	Systolic ( mmHg)  _ _ _ _	M13a
		Diastolic (mmHg)  _ _ _ _	M13b
102	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			
103	Hip circumference	in Centimeters (cm)  _ _ _ _ _ _ _ _	M15
104	Heart Rate		
	Reading 1	Beats per minute  _ _ _ _	M16a
	Reading 2	Beats per minute  _ _ _ _	M16b
	Reading 3	Beats per minute  _ _ _ _	M16c

### Step 3 Biochemical Measurements

CORE: Blood Glucose			
Question		Response	Code
105	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
106	Technician ID	_ _ _ _	B2
107	Device ID	_ _ _	B3
108	Time of day blood specimen taken (24 hour clock)	Hours : minutes  _ _  :  _ _  hrs mins	B4
109	Fasting blood glucose	mmol/l  _ _  .  _ _	B5
110	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6
CORE: Blood Lipids			
111	Device ID	_ _ _	B7
112	Total cholesterol	mmol/l  _ _  .  _ _	B8
113	During the past two weeks, have you been treated for raised cholesterol with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	B9
EXPANDED: Triglycerides, HDL Cholesterol and Oral Glucose Tolerance			
114	Triglycerides	mmol/l  _ _  .  _ _	B10
115	HDL Cholesterol	mmol/l  _  .  _ _	B11
116	Oral Glucose Tolerance	mmol/l  _ _  .  _ _	B12



## Step 1 Optional module

Section: Health Screening		Response	Code
117	Have you ever had your feces examined to look for hidden blood?	Yes 1 No 2	S1
118	Have you ever had a colonoscopy?	Yes 1 No 2	S2
119	<b><u>This question is for men only:</u></b> Have you ever had an examination of your prostate?	Yes 1 No 2	S3
120	<b><u>The following questions are for women only:</u></b> Have you been shown how to examine your breasts?	Yes 1 No 2	S4
121	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	S5
122	When was the last time you had a mammogram?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S6
123	When was the last time you had a Pap test?	1 year or less 1 Between 1 and 2 years 2 More than 2 years 3 Never 4 Don't know 77	S7