

# **WHO STEPS Instrument**

## **(Core and Expanded)**



## **The WHO STEPwise approach to chronic disease risk factor surveillance**

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For further information: [www.who.int/chp/steps](http://www.who.int/chp/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. 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 finalised.
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. C5).</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.

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



# WHO STEPS Instrument for Chronic Disease Risk Factor Surveillance

<Ethiopia>

## Survey Information

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

Consent, Interview Language and Name		Response	Code
6	Consent has been read out to participant	Yes 1 No 2 <b>If NO, read consent</b>	I6
7	Consent has been obtained (verbal or written)	Yes 1 No 2 <b>If NO, END</b>	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)	<div> <div>_ _</div> <div>:</div> <div>_ _</div> </div> <div>hrs mins</div>	I9
10	Family Name		I10
11	First Name		I11
<b>Additional Information that may be helpful</b>			
12	Contact phone number where possible		I12
13	Specify whose phone	Work 1 Home 2 Neighbour 3 Other (specify) 4	I13
		Other <div>_ _ _ _ _</div>	I13 other

Record and file identification information (I6 to I13) separately from the completed questionnaire.

## Step 1 Demographic Information

**CORE: Demographic Information**

Questions		Response		Code
14	Sex (Record Male / Female as observed)	Male 1 Female 2		C1
15	What is your date of birth? Don't Know 77 777 7777	<div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> <div> <div>dd</div> <div>mm</div> <div>year</div> </div> <div>If known, go to C4</div>		C2
16	How old are you?	Years	<div> <div></div> <div></div> <div></div> </div>	C3
17	In total, how many years have you spent at school or in full-time study (excluding pre-school)?	Years	<div> <div></div> <div></div> <div></div> </div>	C4

EXPANDED: Demographic Information	Response	Code
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18	What is your <i>[insert relevant ethnic group / racial group / cultural subgroup / others]</i> <u>background</u> ?	<div>[Locally defined]</div> <div>[Locally defined]</div> <div>[Locally defined]</div> <div>Refused</div>	<div>1</div> <div>2</div> <div>3</div> <div>88</div>	C5
19	What is the highest level of education you have completed?  <i>[INSERT COUNTRY-SPECIFIC CATEGORIES]</i>	<div>No formal schooling</div> <div>Less than primary school</div> <div>Primary school completed</div> <div>Secondary school completed</div> <div>High school completed</div> <div>College/University completed</div> <div>Post graduate degree</div> <div>Refused</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>88</div>	C6
20	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>	<div>Government employee</div> <div>Non-government employee</div> <div>Self-employed</div> <div>Non-paid</div> <div>Student</div> <div>Homemaker</div> <div>Retired</div> <div>Unemployed (able to work)</div> <div>Unemployed (unable to work)</div> <div>Refused</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>88</div>	C7
21	How many people older than 18 years, including yourself, live in your household?	Number of people	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	C8
22	Taking <b>the past year</b> , can you tell me what the average earnings of the household have been?  <i>(RECORD ONLY ONE, NOT ALL 3)</i>	<div>Per week</div> <div>OR per month</div> <div>OR per year</div> <div>Refused</div>	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <i>Go to T1</i></div> <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <i>Go to T1</i></div> <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <i>Go to T1</i></div> <div>88</div>	<div>C9a</div> <div>C9b</div> <div>C9c</div> <div>C9d</div>
23	If you don't know the amount, can you give an <b>estimate</b> of the annual household income if I read some options to you? Is it  <i>[INSERT QUINTILE VALUES]</i> <i>(READ OPTIONS)</i>	<div>≤ Quintile (Q) 1</div> <div>More than Q 1, ≤ Q 2</div> <div>More than Q 2, ≤ Q 3</div> <div>More than Q 3, ≤ Q 4</div> <div>More than Q 4</div> <div>Don't Know</div> <div>Refused</div>	<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>77</div> <div>88</div>	C10

## Step 1 Behavioural 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.

Questions		Response		Code	
24	Do you currently smoke any <b>tobacco products</b> , such as cigarettes, cigars or pipes?	Yes 1		T1	
		No 2	If No, go to T6		
25	<b>If Yes,</b> Do you currently smoke tobacco products <b>daily</b> ?	Yes 1		T2	
		No 2	If No, go to T6		
26	How old were you when you <b>first started</b> smoking daily?	Age (years)		T3	
		Don't remember 77	<div><div></div><div></div><div></div></div> If Known, go to T5a		
27	Do you remember how long ago it was?	In Years	<div><div></div><div></div><div></div></div> If Known, go to T5a	T4a	
	(RECORD ONLY 1, NOT ALL 3)	OR in Months	<div><div></div><div></div><div></div></div> If Known, go to T5a	T4b	
		OR in Weeks	<div><div></div><div></div><div></div></div>	T4c	
		Don't remember 77			
28	On average, <b>how many</b> of the following do you smoke each day?	Manufactured cigarettes	<div><div></div><div></div><div></div></div>	T5a	
		Hand-rolled cigarettes	<div><div></div><div></div><div></div></div>	T5b	
	(RECORD FOR EACH TYPE)	Pipes full of tobacco	<div><div></div><div></div><div></div></div>	T5c	
		Don't remember 77	Cigars, cheroots, cigarillos	<div><div></div><div></div><div></div></div>	T5d
			Other	<div><div></div><div></div><div></div></div> If other, go to T5 other	T5e
		Other (please specify):	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	T5f	

### EXPANDED: Tobacco Use

Questions	Response	Code			
29 In the past, did you <b>ever</b> smoke <b>daily</b> ?	Yes No <i>If No, go to T9</i>	T6			
30 <b>If Yes,</b> How old were you when you <b>stopped</b> smoking <b>daily</b> ?	Age (years) <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> <i>If Known, go to T9</i> Don't remember 77				T7
32 Do you <b>currently use</b> any <b>smokeless tobacco</b> such as [snuff, chewing tobacco, betel]?	Yes) 1 No 2 <i>If No, go to T12</i>	T9			
33 <b>If Yes,</b> Do you <b>currently use smokeless tobacco</b> products <b>daily</b> ?	Yes 1 No 2 <i>If No, go to T12</i>	T10			
35 In the past, did you <b>ever use</b> smokeless tobacco such as [snuff, chewing tobacco, or betel] <b>daily</b> ?	Yes 1 No 2	T12			

CORE: Alcohol Consumption					
The next questions ask about the consumption of alcohol.					
Questions		Response	Code		
36	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the <b>past 12 months</b> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to D1</i>	A1		
37	In the past 12 months, <b>how frequently</b> have you had at least one 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		
38	When you drink alcohol, <b>on average</b> , how many drinks do you have during one day?	Number <table border="1"><tr><td> </td><td> </td></tr></table> Don't know 77			A3
39	Have you consumed alcohol (such as beer, wine, spirits, fermented cider or <i>[add other local examples]</i> within the <b>past 30 days</b> ? (USE SHOWCARD OR SHOW EXAMPLES)	Yes 1 No 2 <i>If No, go to A 6</i>	A4		
40	During each of the <b>past 7 days</b> , how many standard drinks of any alcoholic drink did you have each day?  (RECORD FOR EACH DAY USE SHOWCARD)  Don't Know 77	Monday <table border="1"><tr><td> </td><td> </td></tr></table>			A5a
		Tuesday <table border="1"><tr><td> </td><td> </td></tr></table>			A5b
		Wednesday <table border="1"><tr><td> </td><td> </td></tr></table>			A5c
		Thursday <table border="1"><tr><td> </td><td> </td></tr></table>			A5d
Friday <table border="1"><tr><td> </td><td> </td></tr></table>			A5e		
Saturday <table border="1"><tr><td> </td><td> </td></tr></table>			A5f		
Sunday <table border="1"><tr><td> </td><td> </td></tr></table>			A5g		

EXPANDED : Alcohol Consumption							
Questions		Response	Code				
41	In the past 12 months, what was the <b>largest number</b> of drinks you had on a single occasion, counting all types of standard drinks together?	Largest number <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				A6	
42	<b>For men only:</b> In the past 12 months, on how many days did you have <b>five or more</b> standard drinks in a single day?	Number of days <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					A7
43	<b>For women only:</b> In the past 12 months, on how many days did you have <b>four or more</b> standard drinks in a single day?	Number of days <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					A8

**CORE: Diet**

The next questions ask about the fruits and vegetables that you usually eat. I have a nutrition card here that shows you some examples of local fruits and vegetables. Each picture represents the size of a serving. As you answer these questions please think of a typical week in the last year.

Questions		Response	Code
44	In a typical week, on how many days do you <b>eat fruit</b> ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D3 Don't Know 77	D1
45	How many <b>servings</b> of fruit do you eat on <b>one</b> of those days? (USE SHOWCARD)	Number of servings <input type="text"/> <input type="text"/> <input type="text"/> Don't Know 77	D2
46	In a typical week, on how many days do you <b>eat vegetables</b> ? (USE SHOWCARD)	Number of days <input type="text"/> <input type="text"/> <input type="text"/> If Zero days, go to D5 Don't Know 77	D3
47	How many <b>servings</b> 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

**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
<b>Activity at work</b>		
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 4</i>	P1
50 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
51 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)
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 7</i>	P4
53 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
54 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>		
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>		
55 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
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?	Number of days <input type="text"/>	P8
57 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)
<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 ( <i>leisure</i> ), <i>[insert relevant terms]</i> .		
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? <i>[INSERT EXAMPLES] (USE SHOWCARD)</i>	Yes 1  No 2 <i>If No, go to P 13</i>	P10
59 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
60 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) contd.			
Questions		Response	Code
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? [INSERT EXAMPLES] (USE SHOWCARD)	<div>Yes 1</div> <div>No 2 If No, go to P16</div>	P13
62	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
63	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	<div>Hours : minutes <input type="text"/> : <input type="text"/></div> <div>hrs mins</div>	P15 (a-b)
<b>Sedentary behaviour</b>			
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)			
64	How much time do you usually spend sitting or reclining on a typical day?	<div>Hours : minutes <input type="text"/> : <input type="text"/></div> <div>hrs min s</div>	P16 (a-b)

EXPANDED: History of Raised Blood Pressure			
Questions		Response	Code
65	When was your blood pressure last measured by a health professional?	<div>Within past 12 months 1</div> <div>1-5 years ago 2</div> <div>Not within past 5 years 3</div>	H1
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?	<div>Yes 1</div> <div>No 2</div>	H2
67	Are you currently receiving any of the following treatments for raised blood pressure prescribed by a doctor or other health worker as well as any advice?		
	Drugs (medication) that you have taken in the last 2 weeks	<div>Yes 1</div> <div>No 2</div>	H3a
	Special prescribed diet	<div>Yes 1</div> <div>No 2</div>	H3b
	Advice or treatment to lose weight	<div>Yes 1</div> <div>No 2</div>	H3c
	Advice or treatment to stop smoking	<div>Yes 1</div> <div>No 2</div>	H3d
	Advice to start or do more exercise	<div>Yes 1</div> <div>No 2</div>	H3e
	During the past 12 months have you seen a traditional healer for raised blood pressure or hypertension	<div>Yes 1</div> <div>No 2</div>	H4
	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	<div>Yes 1</div> <div>No 2</div>	H5

EXPANDED: History of Diabetes			
Questions		Response	Code
70	Have you had your blood sugar measured in the last 12 months?	Yes 1	H6
		No 2	
71	During the past 12 months, have you ever been told by a doctor or other health worker that you have diabetes?	Yes 1	H7
		No 2	
72	Are you currently receiving any of the following treatments for diabetes prescribed by a doctor or other health worker as well as any advice?		
	Insulin	Yes 1	H8a
		No 2	
	Oral drug (medication) that you have taken in the last 2 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	
73	During the past 12 months have you seen a traditional healer for diabetes?	Yes 1	H9
		No 2	
74	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1	H10
		No 2	

## Step 2 Physical Measurements

CORE: Height and Weight		Response		Code						
77	Height	in Centimetres (cm)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M3
78	Weight <i>If too large for scale, code 666.6</i>	in Kilograms (kg)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M4
79	(For women) Are you pregnant?	Yes	1 If Yes, go to M 8	M5						
		No	2							
CORE: Waist										
81	Waist circumference	in Centimetres (cm)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M7
CORE: Blood Pressure										
85	Reading 1	Systolic ( mmHg)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11a		
Diastolic (mmHg)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M11b				
86	Reading 2	Systolic ( mmHg)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12a		
Diastolic (mmHg)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M12b				
87	Reading 3	Systolic ( mmHg)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13a		
Diastolic (mmHg)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					M13b				
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?	Yes	1	M14						
		No	2							
EXPANDED: Hip Circumference and Heart Rate										
89	Hip circumference	in Centimetres (cm)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							M15