

# National STEPS Survey Questionnaire for Chronic Disease (NCDs) Risk Factors

Fiji 2010



## Survey Information

| Location and Date |   | Response                      | Code |
|-------------------|---|-------------------------------|------|
| 1                 | Village ID                              | _____                         | I1   |
| 2                 | Village name                            |                               | I2   |
| 3                 | Interviewer ID                          | _____                         | I3   |
| 4                 | Date of completion of the questionnaire | _____<br>dd      mm      year | I4   |

Participant Id Number \_\_\_\_\_

| Consent, Interview Language and Name |                                      | Response                                       | Code |
|--------------------------------------|--------------------------------------|--|------|
| 5                                    | Consent has been read and obtained   | Yes 1<br>No 2 <b>IF NO, END</b>                | I5   |
| 6                                    | Interview Language                   | English 1<br>Fijian 2<br>Hindi 3               | I6   |
| 7                                    | Time of interview<br>(24 hour clock) | _____ : _____<br>hrs                      mins | I7   |
| 8                                    | Family Surname                       |  | I8   |
| 9                                    | First Name                           |  | I9   |
| 10                                   | Contact phone number where possible  |  | I10  |

Record and file identification information (I5 to I10) separately from the completed questionnaire.





















